

## Telling the story of drugs in West Africa: The newest front in a losing war?

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### Key Points

- The emergence of significant drug trafficking routes in West Africa, particularly of cocaine from Latin America to European markets, has drawn a great deal of attention from global drug authorities, including the UN Office on Drugs and Crime (UNODC), and the government of the United States, which sees West Africa as a setting for replicating drug-control interventions used in Latin America.
- UNODC and US reports have used limited data on drug seizures, drug consumption and drug-related terrorism in West Africa to weave a narrative of a region ‘under attack’ by unscrupulous drug dealers and seized by rapidly increasing problematic drug use.
- These authorities sometimes admit that these data are sketchy, but they nonetheless use this information to make broad generalisations about the urgent need for more policing and other ‘drug war’ measures.
- Though the link between drug trafficking and terrorism in West Africa is not very well established, the US also energises its arguments for repressive drug interventions in West Africa by highlighting this connection.
- West Africa undoubtedly has significant drug-related problems that merit an energetic response.
- It is, however, legitimate to question whether the hyped-up narrative that has been constructed of a lethal problem is meant to justify placement of military, surveillance and anti-terrorism hardware and software in the region at a time when the US-led ‘war on drugs’ is losing support within many Latin American countries. Rather than the simple replication of often harmful and ineffective policy interventions applied in Latin America, the response to illicit drugs in West Africa should benefit from a careful reflection about what has and has not worked in other parts of the world.

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*We see Africa as the new frontier in terms of counterterrorism and counternarcotics issues. It's a place that we need to get ahead of – we're already behind the curve in some ways, and we need to catch up.*

Jeffrey Breeden, Chief of Europe, Asia and Africa Section, US Drug Enforcement Administration (2012)<sup>1</sup>

*Drug planes don't have to fly below the radar, because in most cases there is no radar (or electricity). Soldiers sometimes help smugglers by closing airports and unloading the cargo. Police cars run out of gas when giving chase or are left in the dust by smugglers' all-terrain vehicles....Traffickers are seldom brought to trial; in some cases, there are no prisons to put them in.*

Antonio Maria Costa, former Executive Director of UNODC, in the *Washington Post* (2008)<sup>2</sup>

*[...] Numbers are used to help frame a particular narrative about the nature, size and growth of the illicit global economy. The story gives the numbers meaning and brings them to life, while the numbers give the story apparent credibility. The same is true in the presentation of the numbers in official policy debates and in media reporting.*

Peter Andreas, 'The Politics of Measuring Illicit Flows and Policy Effectiveness', (2010)<sup>3</sup>

## INTRODUCTION

The response of national governments to illicit drugs is a challenging area of public policy for many reasons. In most countries it is an extremely politicised domain in which repressive policy measures may be adopted despite evidence suggesting that they are ineffective, often rather because political leaders want to show that they are 'tough on drugs'. In addition, sometimes the evidence on which even the best-intended policies could be built is patchy or unreliable. In many parts of the world, for example, it is difficult to know the extent of consumption of illicit drugs in the general population because drug use is highly criminalised, and those who use drugs will be difficult to find using conventional survey methods. Drug trafficking, which also has many surreptitious elements, may also be hard to quantify.

West Africa is the subject of considerable global attention in mass media and in academic research as a significant locus of drug trafficking and, to some degree, consumption of illicit drugs.<sup>4</sup> It would be useful to base drug policy in West Africa on lessons learnt about what constitutes good, that is to say evidence-based and rights-based, policy in other parts

of the world. This policy brief considers the way in which the story of drugs in West Africa is being constructed by leading actors in the global response to illicit drugs and the possible impact of that narrative. It suggests that West Africa's drug experience may in the end be a cautionary tale about the repetition of ineffective and harmful policies unless other voices can be heard.

## THE RECEIVED WISDOM ON DRUGS IN WEST AFRICA

What is known about the extent of the drug trafficking and consumption in West Africa is generally captured in data on interdiction or seizure of trafficked drugs and on drug consumption. The most widely cited figures are those gathered every year by the United Nations Office on Drugs and Crime (UNODC) for its annual publication, the *World Drug Report*, and those featured in UNODC special publications. Data from various bodies in the United States are also relied upon, including the annual *International Narcotics Control Strategy Report* of the US Bureau of International Narcotics and Law Enforcement Affairs (INL).

## Seizure data

The *World Drug Report* of 2005 signalled, without quantification, the ‘new trend’ of the ‘rising importance of cocaine shipments from the Andean region through Western Africa to Europe,’ noting that this ‘trade is often organised by West African crime groups’.<sup>5</sup> For its part, INL’s annual report of 2005 was already citing the West African countries of Benin, Ghana, Nigeria and Togo as facing significant trafficking of South American cocaine through their borders and noted that West African networks dominated the cocaine trade in the Republic of South Africa.<sup>6</sup>

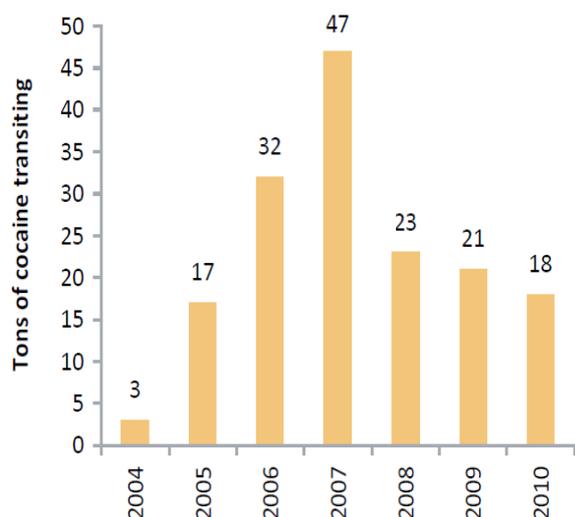
In 2007, UNODC produced a special report on cocaine trafficking in West Africa, which began with the sentence ‘West Africa is under attack,’ noted that ‘drug money is perverting fragile economies and rotting societies,’ and concluded that several states in the region were as a result ‘at risk of being captured by foreign or local criminal networks...or even collapsing.’<sup>7</sup> Beginning to bring data to these dramatic assertions, the report noted that in the three-year period 2005–2007, some 33 tons of cocaine bound for Europe was seized in West Africa, whereas previously reported seizures were no more than 1 ton annually.<sup>8</sup> UNODC further asserted that these 33 tons were likely the tip of the iceberg given the poor interdiction capacity in the region. In 2008, INL’s country profiles in its annual report added Guinea (Conakry) and the following year both Guinea and Guinea-Bissau, noting significant cocaine trafficking in the former and the pervasive influence of drug money on government in the latter that justified its being called a ‘narco-state’.<sup>9</sup> Although seldom defined, ‘narco-state’ is generally understood to be a state that is both economically dependent on the illicit drug economy and where government elites are complicit in the illicit drug trade.<sup>10</sup> Concurring with UNODC on the ‘tip of the iceberg’ assertion, US authorities and Interpol came up with the calculation that as much as 300 metric tons of cocaine may have passed through West Africa in 2007.<sup>11</sup>

UNODC and US reports have largely concurred on the reasons for this apparently dramatic increase: the decline of cocaine demand in the US relative to Europe (West Africa being geographically advantageous as a route to Europe); relative success in interdiction of cocaine in the Caribbean and other traditional routes; and, especially, factors inherent to West Africa – weak and politically unstable states, widespread corruption, porous borders, poor law enforcement practices and capacity, existing networks for trafficking of a variety of illicit products, and a ready and inexpensive workforce for smuggling and trafficking activities.<sup>12</sup> Indeed, the ‘weak state’ argument is very prominent – as in the somewhat hyperbolic suggestion by the former head of UNODC in the opening quotations above that electricity at the airports and corrections systems may even be absent – and used consistently to reinforce the call for international cooperation and assistance.

More recent reports by the US government and UNODC continue to raise the alarm about the volume of drugs moving through West Africa. INL reports list numerous instances of seized drugs in their analyses of countries in West Africa. In 2013, UNODC produced a report on illicit markets in West Africa<sup>13</sup> that provides much more detailed explanation of drug seizure data than is normally found in the *World Drug Report*. With respect to a reported post-2007 decline in cocaine seizures in West Africa (Fig. 1), for example, UNODC reiterates, first, that in any year these seizures probably dramatically understate the actual quantities trafficked, and secondly that it is likely that after 2007 traffickers turned from maritime shipments to use of private jets and large numbers of individual couriers on commercial airlines, including along new and less monitored routes.<sup>14</sup> In speaking about this report to the press in 2013, the UNODC regional representative for West and Central Africa stated that while data are limited, ‘officials

believe' that annual cocaine trafficking had rebounded to the level of 30-35 tons.<sup>15</sup> He called for greater support for interdiction of drugs trafficked by all means of transportation through multiple routes.

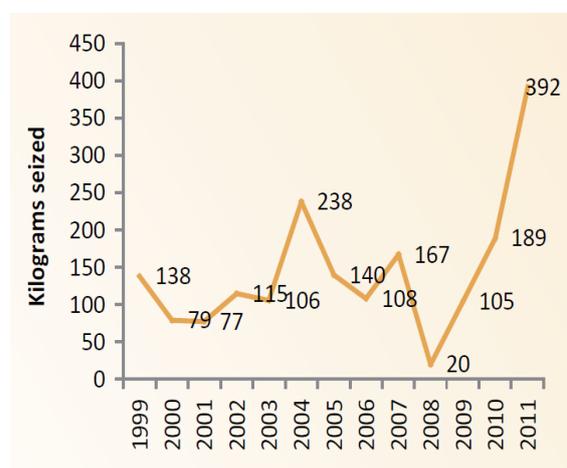
**Figure 1: Tons of pure cocaine transiting West Africa for European destinations (UNODC, 2013)<sup>16</sup>**



In the same 2013 report, UNODC gives detailed information about West Africa's involvement in heroin and methamphetamine trafficking. Reported heroin seizures are shown to have increased dramatically in the region (see Fig. 2), especially in 2011. UNODC explains that most heroin destined for Europe via West Africa is transported by individual couriers on commercial flights, but the 2011 figure is boosted by several large seizures in shipping (maritime) containers.<sup>17</sup> With respect to methamphetamine, following the discovery of two production sites in Nigeria (and numerous sites in South Africa), UNODC has highlighted significant new trafficking of methamphetamine from West Africa to East Asia. The graph in Figure 3 depicts a dramatic increase in this phenomenon along one prominent trafficking route. UNODC hastens to note that somehow the methamphetamine originating in West Africa is largely produced with ingredients that come from East Asia,

and the cumbersome and costly business of shipping precursors to West Africa from East Asia and then the finished product back in the other direction will probably limit the growth of this enterprise in West Africa unless other markets are found.<sup>18</sup> Nonetheless, UNODC notes, the profitability of this activity means that even relatively small quantities have a high value relative to other contributors to GDP in West Africa – that is, it does not take a high profit margin in this business to yield enough of a return to exert influence over government officials.

**Figure 2: Heroin seizures in West Africa (UNODC, 2013)<sup>19</sup>**

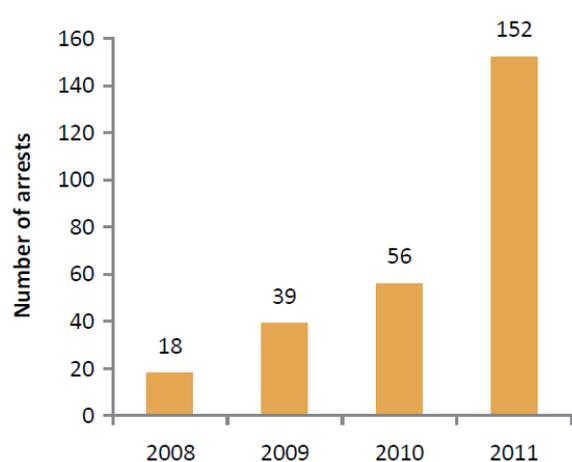


### Drug consumption data

With respect to drug consumption, there is no country in West Africa that has population-based data – i.e. sample-survey data that would enable direct prevalence calculations – from a survey designed specifically to assess drug use levels, let alone data at two points in time that would enable estimation of trends. Nonetheless, the US State Department INL's asserts that consumption of all illicit drugs is increasing in Ghana and that 'cocaine and heroin use increased in 2012' in Nigeria, though no numbers are cited.<sup>20</sup> UNODC's World Drug Reports estimate levels of consumption of illicit drugs. Drawing on data from 2012 and 2013, Table 1 below shows point

estimates for prevalence of annual use – that is, the percentage of persons aged 15-64 who used the given drug in the last year – and for the absolute number of persons implied by the prevalence, as well as the confidence intervals around those estimates. It also shows the number of West Africa countries that provided data for each drug or for which data were estimated by UNODC. (So, for example, in 2012-2013, there were estimates of cocaine consumption for only two countries – tiny Cape Verde and Nigeria.)

**Figure 3: Nigerian couriers arrested for methamphetamine trafficking in Malaysia, 2008-2011 (UNODC, 2013)<sup>21</sup>**



Prevalence estimates essentially did not change in these two years, but the absolute number of persons grew as a result of general population increase.

The *World Drug Report 2013* adds this comment:

The availability of cocaine in West Africa...may also have fuelled an increase in cocaine use in West and North Africa; over the period 2009-2011, Algeria, Burkina Faso, Côte d'Ivoire and Morocco each reported increases in cocaine use based on expert perceptions, and the latest changes reported by Ghana and Togo (relative to 2008) also indicated rising cocaine use.<sup>23</sup>

This reference is apparently to qualitative assessments since these countries, with the exception of Morocco, did not report numerical estimates of cocaine use to UNODC.

West Africa's data are naturally dominated by data from Nigeria, which has more than half the population of the region and which, unlike most countries in the region, has provided data to UNODC regularly, though not updated each year. Point estimates of prevalence of drug use in Nigeria for selected years since 2007 are shown in Table 2, representing the assessments of drug use that Nigeria made in 1999 and 2008.<sup>24</sup> (Confidence intervals were not reported before 2011.) While the point estimates of consumption are higher in the latter assessment, the confidence intervals show that they are not significantly higher in a statistical sense.

	COCAINE		OPIOIDS		CANNABIS	
	Prevalence (%) and number of users (millions)	Number of West African countries reporting	Prevalence (%) and number of users (millions)	Number of West African countries reporting	Prevalence (%) and number of users (millions)	Number of West African countries reporting
2012	0.7% (0.3-1.1) 1.5 mil (0.5-2.3)	2	0.4% (0.2-0.5) 0.97 mil (0.43-1.1)	7	12.4% (5.2-13.5) 27 mil (11.4-29.7)	6
2013	0.7% (0.3-1.1) 1.6 mil (0.57-2.4)	2	0.44% (0.19-0.5) 1 mil (0.44 -1.13)	7	12.4% (5.2-13.5) 28 mil (11.7-30.5)	6

**Table 1: Estimated drug use in West and Central Africa, by drug, in the adult population (aged 15-64), with confidence intervals, 2012-2013 (UNODC)<sup>22</sup>**

	Cocaine	Opioids	Cannabis
2007	0.5	0.6	13.8
2009	0.5	0.6	13.8
2011	0.5	0.7 (0.3-1.0)	14.3 (11.8-16.8)
2012	0.7 (0.3-1.1)	0.7 (0.3-1.0)	14.3 (11.8-16.8)
2013	0.7 (0.3-1.1)	0.7 (0.3-1.0)	14.3 (11.8-16.8)

**Table 2: Estimated prevalence (%) of drug use in Nigeria in the adult population (aged 15-64 years), 2007-2013, with confidence intervals where available, (UNODC)<sup>25</sup>**

The confidence intervals after 2008 give the impression that these figures come from a sample survey, but we could not find documentation of the methods of the 2008 assessment. When the *World Drug Report 2011* was launched and Nigeria had among the highest estimated prevalence of use of all drugs in Africa, the director of the Nigerian National Drug Law Enforcement Agency remarked that the estimates did not come through a ‘scientist survey’ and thus should be taken with a grain of salt.<sup>26</sup> He also noted that Nigeria’s figures were higher because it has a bigger population than that of other African countries, but population size is not an issue in prevalence figures.

Nigeria participated in the World Health Organisation’s 17-country World Mental Health Survey Initiative with a national mental health survey conducted in 2002-03.<sup>27</sup> This survey estimated lifetime prevalence in the adult population of substance use (including cannabis, other illicit drugs and alcohol) and estimated cocaine consumption separately but not opiate use. One generally expects lifetime prevalence to be higher than annual prevalence, the indicator followed by UNODC, and the inclusion of alcohol in the WHO survey also skews the results. According to this survey, 3.7% of Nigerian adults were estimated to have had a substance use disorder (including alcohol, cannabis and narcotic and psychotropic drugs) in their lifetime.<sup>28</sup> Only two of the 17 countries, Italy and Lebanon, reported a lower rate. The authors of the study thought that in Nigeria stigma and the population’s not being accustomed to answering

survey questions about mental health may have led to under-reporting of this figure. The same survey estimated that 2.7% of Nigerian adults had used cannabis and 0.1% had used cocaine in their lifetimes,<sup>29</sup> both figures well below UNODC’s (and the Nigerian government’s) estimates noted above.

A 2008 study of the extent of drug injection globally, commissioned by a UNAIDS reference group, reviewed over 11,000 reports of small surveys in the published and grey literature.<sup>30</sup> That study made estimates for only a few sub-Saharan countries, none in West Africa, because data on injection drug use were so scarce. A series of WHO-supported rapid assessments in eight Nigerian cities from 2000 to 2005 identified 1147 people who use drugs, of which 8% said they currently injected and 13% said they formerly injected drugs.<sup>31</sup> People who injected drugs were found in all parts Nigeria, and in all places faced a lack of HIV information and HIV prevention services.

## RELIABILITY OF DRUG DATA FOR POLICY DECISION-MAKING

It is very inadvisable if not impossible to judge drug trafficking trends on the basis of seizure data alone. Drug seizures are a reflection of the level of activity of law enforcement officials. Judging year-to-year trafficking trends from seizure data assumes that interdiction activity of the police is constant or at least similar from year to year.<sup>32</sup> It is difficult to see how that assumption can be justified in West Africa, given the many influences on levels of interdiction activity, including varying degrees of resource availability and changing levels of corruption. UNODC includes many cautions about weak data in its reports and has recognised that seizure data reflect the aggressiveness of policing, and that the quality of seizure figures can also be undermined when there are multiple police forces in a jurisdiction (possibility of double counting) and, for example, when there are lags in

dismantling trafficking networks such that a major seizure may not make an immediate dent in quantities trafficked. Nonetheless, it asserts that over a long period and especially at a regional level – where the importance of national-level changes in policing may be somewhat diluted – seizure data remain an important indicator of trafficking.<sup>33</sup>

Isidore Obot's analysis of official data on a number of drug law enforcement outcomes in Nigeria in the 1990s illustrates the weakness of seizure data in the West African context. Official seizure data in Nigeria during this period were influenced by changes in the leadership of the national drug control agency, pressures arising from the US denunciation of the laxity of Nigerian drug control efforts, and possibly even an attempt to deflect international attention away from non-drug-related abusive practices of the military regime.<sup>34</sup> In spite of such factors, seizure data are central to the story that UNODC and the INL tell about growing drug trafficking in the region.

For advocates of prohibition-oriented drug policy, one of the advantages of seizure data is partly that they allow for loose 'tip of the iceberg' kinds of improvisations. Thus, while UNODC may release report that shows a clear drop in cocaine seizures in West Africa in the 2008-2012 period relative to 2007, its West African representative, as noted above, can say that seizures may be up again to 2007 levels or above, but for various plausible reasons those increases are not in the official figures. Or, while cocaine seizures in the region hover below 25 tons yearly, US officials and INTERPOL can say that they might really be more like 300 tons annually,<sup>35</sup> and it is hard to argue the point.

UNODC and US officials also do not hesitate to use seizure data to calculate the market value of trafficked drugs. The value of cocaine trafficked annually through West Africa was estimated by US officials in 2012 as between \$3 billion and \$14 billion.<sup>36</sup> UNODC's special

2013 report on organised crime in West Africa said that if indeed only 18 tons of cocaine was transiting the region at that time, it would be worth \$1.25 billion, and hastens to note that even this figure represents 'immense resources to traffickers to sow corruption and support violent groups'.<sup>37</sup> As Peter Reuter and Victoria Greenfield note, caution should always be taken to distinguish sales based on revenue from final consumption – which the high end of the US estimate is likely to be – from estimates of trade flows, given that the value of drugs varies so greatly depending on place and time in the trafficking trajectory.<sup>38</sup> Billions of dollars, in any case, help to bolster the calamitous quality of the story.

With respect to drug consumption, it is clear that the available data are not sufficient to draw substantial conclusions about the size or tendencies of use of illicit drugs in the region. The *World Drug Report* repeatedly notes that drug demand-related data are weaker than supply data. The most telling figures in Table 1 are the small numbers of countries in West Africa even making estimates of drug use in their populations.

In its careful methods chapters in the *World Drug Reports*, UNODC notes that many countries, not just West African countries, do not have population-based data on prevalence of drug use, not least because drug use and possession are criminalised in most countries, and drug users may be a relatively hidden population, difficult to include in normal sample surveys. In these cases, there are several methods of indirect assessment of prevalence that can be brought to bear. One such method is to find the number of people being treated for drug dependence, a sub-group easier to find than the general population of drug users, and then calculate a factor by which the number of people in treatment should be multiplied to approximate the likely number of drug users.<sup>39</sup> In a region as bereft of treatment facilities as West Africa, let alone regular reporting of

data from such facilities, this method is of little use. Another indirect method is based on extrapolation from school-based surveys of drug use.<sup>40</sup> Again, in West Africa, there are few such surveys, and there is relatively low secondary school attendance in the general population in some countries. The secondary school population is likely to over-represent young people from wealthier families. Interpreting data from such a survey would likely require some background knowledge on the relationship between income and drug use in young people that is unlikely to be available in the region.

Assessing the prevalence of drug use and drug injection should be a public health priority in West Africa, particularly in view of the presence in most countries of the region of generalised HIV epidemics (that is, >1 percent HIV prevalence in the adult population).<sup>41</sup> Even if it can be determined that drug injection is rare, countries should be assisted in helping it to remain rare and ensuring HIV prevention services where it does exist. It is difficult to find examples of donor assistance to West African countries in the area of addressing the link between drug use and HIV in spite of considerable numbers of donor-supported HIV programs. Where to find injection drug users and how to deliver HIV prevention services to them are crucial assessment challenges in the region, perhaps more important than trying to get an exact headcount of people who use drugs, which is likely to be extremely difficult.

UNODC, again, at least in the World Drug Reports, is frank about the weakness of data on the West African situation. For instance, the *World Drug Report 2013* states:

While it is clear that the African continent is becoming increasingly important and vulnerable in terms of the proliferation of trafficking routes, the availability of data is very limited. In order to effectively monitor this worrying trend, there is an urgent need to improve the data collection and analysis capacity of countries in the region.<sup>42</sup>

As UNODC notes, problems with the data do not mean that there is not a significant drug problem in the region. The question is how best to depict it to inform a sensible and effective policy response.

## THE WEST AFRICA DRUG NARRATIVE

In view of the great caution with which one should treat data on the drug supply and demand in West Africa, why are these data so much a part of the statements of prominent drug officials? What drives the need for a robust, data-supported narrative of a West Africa ‘under attack’ by drug traffickers and developing a ‘growing’ population of addicted persons? (See Box 1). We would like to suggest that West Africa may find itself in a situation in which the depiction of its drug situation is greatly influenced by shifts in the global ‘drug war’ that are beyond the control of West African states.

### **Box 1. View from the ground: Illicit drugs in West Africa: Data vs. Narratives** Axel Klein, Social Anthropologist at the University of Kent.\*

The proliferation of drug trafficking routes in West Africa has received considerable attention from the international drug control agencies (e.g. the UNODC) and governments in the US and Europe since the mid-2000s. Conceptions about West Africa being ‘under attack’ from powerful drug trafficking organisations and the consequent increase in drug use in the region have also been present in the discourse of these leading actors in the global arena during this period. Axel Klein believes this narrative, based on very limited and often poor quality data, seems to reflect

the approach and priorities of these powerful actors, who are worried about heroin and cocaine transiting the region to their own countries. Furthermore, it has led to the implementation of drug control measures that have not always taken into consideration Africa-specific concerns.

According to Klein there is a drug scene in West Africa *'and so has been for a long time'* however there is *'no evidence that this West African route is as widely used as it has been claimed. Most of the literature on this is self referential.'* The first reports that came out in 2007 (mainly from the UNODC) were based on limited evidence and the *'methodology used to wave the seizures was very quickly coming into dispute.'* In this respect, Klein wonders what the real scale of drugs transiting the region is, and where this narrative comes from: *'Is it really that close to the actual volume of trade or does it fulfil another function? Maybe a function that is determined by the needs of the various agencies that are behind it. This needs a closer investigation'*.

Another problem linked to this narrative and the internationalisation of the drug control effort is the disconnect between the analysis of the situation made by international agencies and those made by local partners: *'International partners become involved in West Africa because they are concerned with cocaine trafficking ending up in their own countries i.e. North America, Europe. Local partners interpret the drug control efforts in a literal way. They will be waging very vigorous campaigns against drugs, but not against the drugs that concern their partners – that is cocaine because quite simply there isn't very much – but to cannabis which seems to be enjoying some popularity particularly in Nigeria and Ghana but I presume right across the region'*.

Notwithstanding this there is considerable alarm about the spread of illicit drugs within West Africa: *'There is concern at the state level about the security implications and then at the population level about health and crime issues'*. Health and treatment facilities within West African countries, Klein notes, are very poor and *'when you have competing needs on your health services, drug treatment does not get priority status because in the eyes of many there are greater priorities – let's say the health of women in childbirth, underfed. So there isn't much left in health budget that could be allocated for drug treatment. Much of the work that is being done is therefore carried out by private charities often affiliated to religious groups'*.

\* With a background in African Studies, Dr Axel Klein has been working in the drugs field for over 20 years. This has included work with non-government organisations, the European Commission and the UNODC. He has conducted extensive fieldwork in West Africa and published on various aspects of the drug issue in the region. Dr Klein is the editor of *Drugs and Alcohol Today*, author of *Drugs and the World* (London: Reaktion, 2008), co-author of *The Khat Nexus. Stimulating the Debate on Drugs* (Oxford: Berg, 2007) and editor of *Caribbean Drugs: From Criminalisation to Harm Reduction* (London: Zed, 2004).



### A new drug debate in Latin America

Latin America has arguably been the most active front in the 'war on drugs' in recent years. As part of 'Plan Colombia', from 2000 to 2008 the US government gave about US \$500 million per year in military assistance to the armed forces of Colombia for anti-drug efforts, and the Colombian government spent over \$700 million

per year on drug control in the same period.<sup>43</sup> This programme was followed by the Mérida Initiative, in which the US sent about \$2 billion in military and surveillance assistance mostly to Mexico from 2008 to 2012, complemented by about \$47 million per year in military-based anti-drug efforts paid for by Mexico.<sup>44</sup> Mérida funds helped to underwrite what most observers

consider the disastrous miscalculation of former Mexican President Calderón's all-out assault on drug trafficking organisations working in Mexico whereby the targeted groups splintered and thrived in new and violent forms.<sup>45</sup>

Extraordinary levels of violence in Mexico and elsewhere in Latin America, linked to a prohibitionist law enforcement-dominated and militarised approach to illicit drug markets as well as a growing appreciation of the futility and side effects of coca eradication programmes, have led to unprecedented public challenges by sitting Latin American presidents of the U.S.-supported prohibition.<sup>46</sup> A major drug policy review by the Organization of American States (OAS), which resulted from calls by Latin American governments for a new drug control paradigm, recognised that alternatives to hyper-criminalisation of drugs, including possibly state-regulated cannabis markets, at least need to be discussed.<sup>47</sup>

An extraordinary session of the OAS to deepen the discussion about alternative drug control regimes is planned for early 2014. US statements on these developments have reiterated that the US does not believe in legalisation and state regulation of illicit drug markets. The US, nonetheless, has to be reading the writing on the wall, especially as legalisation of cannabis for recreational use is now within its borders following the marijuana referenda in the states of Washington and Colorado in November 2012.

It is telling that public statements of US officials draw so many links between what they regard as successes in Latin America and the new challenges in West Africa. US officials are at pains to suggest that many of the same drug traffickers that big US money has pursued in Latin America are also operating in West Africa. A US Drug Enforcement Administration (DEA) official told a US Senate hearing in 2012 that the DEA knows of 'at least nine top-tier South American and Mexican' drug trafficking organisations that operate in West Africa.<sup>48</sup> He noted that while much of the

cocaine transiting through West Africa may be bound for Europe, these traffickers with links to Latin America are also responsible for the movement of methamphetamine precursors from West Africa to Mexico for the production of methamphetamines destined for the US.<sup>49</sup> This connection is an important one for the DEA to document in that the US criminal code (Title 1 U.S. C. § 959) gives the DEA 'extraterritorial jurisdiction' over drug offenses with some link to the US, even if there is no actual entry into US borders by the drugs at issue.<sup>50</sup>

Thus, while Latin America in the coming years may be less friendly to the US drug control apparatus' heavy presence, US authorities can transfer the same rationale and the same expensive military and surveillance hardware to Africa. The US has already announced an initiative for West Africa that has some of the same elements as its recent drug-control programmes in Latin America. The West Africa Cooperative Security Initiative (WACSI) will 'build capacity to detect, disrupt and dismantle drug trafficking networks,' reinforce justice systems, and 'harmonize legal frameworks' in the region with an initial price tag of \$60 million.<sup>51</sup> Not to be left behind after its heavy involvement in drug activities in Latin America, the Pentagon is involved in WACSI in executing security operations and training military and police personnel on airport interdiction, detecting methamphetamine labs, and money laundering control, among other things.<sup>52</sup>

### **Terrorism thickens the plot**

There is nothing like terrorism for drawing the attention of media and politicians to a subject, and so it is with drug trafficking's ostensible link to terrorism in West Africa. Since the destabilisation of Mali linked to Al Qaeda in the Maghreb (AQIM) that led to the French military incursion in Mali in January 2013, mass media have been filled with stories about the proceeds of drug trafficking funding terrorism in West Africa.<sup>53</sup> But attention to 'narco-terrorism', like 'narco-state' an often used but rarely defined term, by the U.S. and UNODC in West Africa predates the events in Mali.

Officials from the DEA, the US Department of State Bureau of African Affairs, the US Department of Defense and the INL have all publicly depicted ‘narco-terrorism’ as a central threat of the drug situation in West Africa and noted that combating the phenomenon is central to the US foreign policy mandate in the region.<sup>54</sup> As the Pentagon spokesperson at a 2012 Congressional hearing on drugs in West Africa, noted:

Where once DOD’s [the Department of Defense’s] counter-narcotics efforts were focused in the Western Hemisphere, today we are supporting counter-narcotics activities worldwide....For the foreseeable future drug trafficking will continue to be the most lucrative criminal enterprise and therefore the one with the greatest ability to fund terrorist, insurgents and other threats to our national security.<sup>55</sup>

Once again, US law gives the drug war’s front-line perpetrators good motivation to make a link between drug control and anti-terrorism. The criminal code (Title 1 U.S. C. § 960a) authorises US agencies to pursue and prosecute drug offenses outside the US if a link to terrorism is established.<sup>56</sup> Unlike section 959 discussed above, in the case of terrorism, there does not need to be any link to US drug markets or consumption for US anti-drug efforts to be authorised.

It is beyond the scope of this paper to assess the AQIM-drug link, but it is worth noting that some experts believe that the drug connection to AQIM in West Africa has been exaggerated

or not accurately depicted (see Box 2). Some of the attention to ‘narco-terrorism’ in West Africa seems to have been inspired by a 2009 case heard in US federal court in which three men were accused of drug trafficking in support of Al Qaeda.<sup>57</sup> In this case, the judge concluded that the men acted not out of any terrorism-driven motive but out of poverty. The men had been caught by US agents posing as operatives of the Revolutionary Armed Forces of Colombia (FARC), an organisation involved to varying degrees with some aspects of the drug trade within the country. It was later shown, however, that the defendants did not know what FARC was, and at least one of them had never met anyone affiliated with AQIM.<sup>58</sup> The ‘narco-terrorism’ charges were dropped.

Wolfram Lacher, who conducted field research on AQIM in Libya, Mali and Mauritania, asserts that AQIM’s drug involvement and that of other organisations labeled ‘terrorist’ in the region has been overblown in that (1) AQIM’s main source of revenue is clearly ransom payments linked to its kidnappings; and (2) the focus on AQIM and drugs has unhelpfully distracted attention from high-level corruption and state complicity with organised crime, leaving governments off the hook in the mind of Western powers. In this regard, he concludes that the AQIM-drug story is also something of a smoke-screen for the hard reality that Western donors saw Mali as a model of democracy for many years as they failed to see the close and collusive relationship that was being developed between organised crime entities and the highest levels of government.<sup>59</sup>

## **Box 2. View from the ground: The drug-terror nexus in the Sahel-Sahara region: Myths, evidence and implications**

**Virginia Comolli, Research Associate for Transnational Threats at the International Institute for Strategic Studies (IISS)**

There is evidence that Islamic extremist groups – such as al-Qaeda in the Islamic Maghreb (AQIM) or the Movement for Monotheism and Jihad in West Africa (MUJAO) – have been using criminal activities such as kidnapping and cigarette smuggling to raise funds for some time. However it now seems, though the evidence is patchy, that they are starting to play a role in regional drug

smuggling networks within West Africa. Whilst it is not yet clear what the character, size and scope of this cooperation is, in recent years narratives emphasising strong links between drug trafficking and terrorism in the region have spread throughout the discourse of drug control officials and the media.

When asked why this narrative has become so widespread, Comolli highlights three main reasons. First, the search for sensationalist headlines by the media, *'may have contributed to this conflation of terrorism and drug trafficking'*. Second, local governments are aware that *'by emphasising or inflating any connections to terrorist organisations, especially al-Qaeda, it becomes easier to attract donors' attention and also additional funds'*. Finally, she believes that *'shifting the focus on to extremist groups and placing a disproportionate blame for drug trafficking on [groups like MUJAO] serves the purpose of hiding the involvement, which is often considerable, of local political elites in criminal activities, including the narcotics business'*. In this way, the strengthening of the drug-terror nexus is functional to key players involved in the political economy of narcotics in West Africa (including local elites, international counter-terrorism actors and drug control agencies) and this seems to explain the emphasis on this link, even if the connections between criminals and terrorists have existed for some time.

So what is the actual level of knowledge about extremist groups involvement on drug trafficking? Comolli explains that because US and Algerian counter-terrorism operations succeeded in limiting AQIM's abilities to carry out attacks, they have been forced into criminal activities in order to survive. She notes that it is usually elements within the extremist groups, rather than the entire group itself that are involved in drug trafficking, *'as they [criminal activities] are really against al-Qaeda ideology and therefore it has also resulted in some fractures within the group'*. The involvement of AQIM in criminal drug trafficking activities has changed over the time: *'originally they simply charged traffickers for passing through the territory it controlled but then, according to some Western and also Malian officials, AQIM has increased its involvement. And both AQIM and MUJAO they now offer armed escorts to drug convoys and they charge between 10 to 15 per cent of the value of the cocaine, which is a currency they can use to sponsor their recruitment programmes and also to buy weapons'*.

However, Comolli points out, while drugs are likely to make a significant contribution to the finances of these groups, *'kidnapping remains by far their most lucrative source of revenue'*. The French military intervention in Mali that started in January 2013 *'has partly disrupted the narcotics flow but the Islamic ties to the drug traffickers are likely to have remained largely intact'*. It should be noted that it is not just AQIM or al-Qaeda sympathisers who are involved in the narcotics trade: *'There have been a number of investigations by the US government that have explored very tight links between South American drug traffickers and Hezbollah, the Lebanese terrorist organisation [...] The cocaine trade through West Africa is a very important source of income for Hezbollah, and this was also confirmed by the UN and the Interpol already back in 2009'*.

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### Weak state argument

Complementing both terrorism and the West Africa situation as a continuation of the drug war in Latin America, the ‘weak state’ depiction of West African countries vulnerable to drug traffickers also nourishes the idea of the need for large-scale anti-drug ‘assistance’ from outside to come to the rescue. Neil Carrier and Gernot Klantschnig assert that the ‘weak state’ argument clouds what may be more useful characterisations of states that are reliably complicit with drug traffickers in ways that may not be linked to overall weakness of the state, or those that are willfully neglectful of drug trafficking because other problems are more pressing.<sup>60</sup> They argue, in fact, that states whose weakness is in the form of political instability and frequent turnover of political leaders may be more challenging for drug traffickers than states with stable and corruptible leaders. Distinguishing types of state ‘weakness’ is important for knowing how to address drug trafficking in a given place.

### CONCLUSION: A NARRATIVE TO GUIDE POLICY?

There is compelling evidence that drug trafficking in West Africa is causing considerable harm, including corruption and involvement of vulnerable people in drug markets, and that important trafficking routes in the region must be a priority for law enforcement officials nationally, regionally and internationally. It is undoubtedly the case that drug use, including problematic drug use, is also a significant concern, as it virtually always is when illicit drugs become more available.

Our concern is that questionable data and selective narrative are being used to bolster support for a new campaign in the ‘war on drugs’, which is likely to be as harmful and ineffective as previous ones have been. The emergence of West Africa as an important drug hub in world markets should be an occasion for rigorous reflection on the approaches

that have dominated drug control elsewhere and their real record of success or failure. It would be a gross disservice to West Africa to replicate the experience of militarised repression in Central and South America, for example, without a nuanced assessment of which measures have exacerbated violence and corruption and whether any made a dent in trafficking without simply pushing it to a new location. The need to learn from past errors is crucial for any region of the world in which new trafficking routes might emerge, but it is especially important for a region that depends heavily on external aid, including from the very parties that have perpetuated ill-conceived and ineffective drug policies.

With respect to drug consumption, rather than insisting on estimates that are meant to be based on surveys that are generally not being done in this region, UNODC and the US would do well to encourage and support proven measures to limit the harms of whatever level of drug use exists, and ensure access to scientifically sound treatment for drug dependence for all who need it. Particularly in light of the significant underlying prevalence of HIV in the general population of most West African countries, it is dismaying that there is so much attention to repressing trafficking by any means necessary and so little to assisting these countries in averting a drug-related HIV epidemic and developing humane and affordable modes of treatment. It would also be very useful for UNODC and others concerned about drug use to help West African countries develop appropriate methods short of conventional national surveys to identify pockets of highest risk of drug-related harms so as to target interventions most effectively.

In a 2012 assessment of the US’ ‘significant expansion of the war on drugs’ into West Africa, the *New York Times* noted that this ‘aggressive response by the United States is also a sign of how greater attention and resources have turned to efforts to fight drugs

as the wars in Iraq and Afghanistan have wound down.’<sup>61</sup> Could it be that West Africa simply has the misfortune to have emerged as a new drug trafficking hub at a time when military hardware and technical security assistance are in search of new workplaces? If it were another part of the world, would the ‘weak state’ and ‘narco-terror’ narratives simply have been adjusted to fit another context?

The politicisation of drug policy makes it difficult under the best of circumstances for rational, evidence-based thinking to prevail and for countries with new drug challenges to learn from the best practices of others. The din of the chest-beating around narco-trafficking and state failure in West Africa is rendering very difficult a useful debate about affordable and effective measures that might avert the well documented worst consequences of the ‘war on drugs’. The US and UNODC have beaten the drum to call the world to follow this approach for a long time. People seeking to understand drugs in West Africa should also understand this record of narrative and practice.

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