

Mainstreaming drug control into socio-economic development in Africa¹

Prince Mashele

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INTRODUCTION

Africa faces a number of developmental challenges. While the continent has made good progress over the past decade in the area of governance, much still needs to be done to improve the socio-economic standards of the African people. The provision of basic services such as education, water and sanitation remains a serious challenge for all African countries – more than half of the continent's population still live on less than one US dollar per day. Major resource shortages continue to undermine the capacity of public health systems to deal with a range of life-threatening diseases such as malaria and tuberculosis. In recent years the scourge of HIV/AIDS has severely complicated this situation and threatens to further dissipate the continent's human resources.

Recent efforts by the continent's political leaders to deal with these and other challenges provide room for optimism. The transformation of the Organisation for African Unity (OAU) into the African Union (AU) and the increasing political will to embrace the principles of good governance enshrined in the New Partnership for Africa's Development (NEPAD) are encouraging developments.

But a number of social ills have the capacity to reverse these positive developments and undermine efforts to deal with socio-economic challenges. The trafficking, illicit manufacture and abuse of drugs are among such ills. The drug problem has become a serious developmental challenge and continues to undermine collective and individual efforts of African governments. The negative impact of drugs on a range of developmental areas and their impact in fuelling conflicts and crime call for countries and the AU to mainstream anti-drug strategies and drug control into developmental programmes. This means that national as well as continental development programmes should, among other things, enhance the capacity of states to prevent drug abuse by creating an unfavourable environment for it.

This paper analyses the impact of drugs on agriculture, the youth, health and education, as well as the role of drugs in fuelling conflicts on the African continent. While the focus is mainly on a range of illicit narcotic and psychotropic drugs, the paper touches on licit substances such as tobacco and alcohol – as they have an impact similar to that of illicit drugs.

It is argued that, given the capacity of drugs to impact on a number of developmental areas and their negative influence on other forms of crimes, addressing the drug problem could be an important step in enhancing the capacity of African countries to deal with development challenges and prevent conflicts. Against this background the paper makes a number of recommendations that call for an integrated approach to the drug problem.

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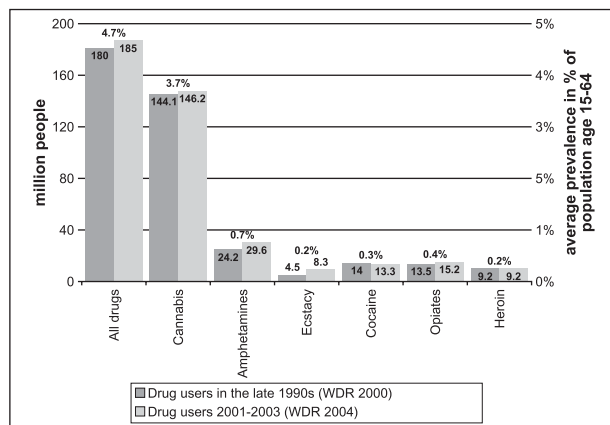
International context

Increases in the trafficking, illicit manufacturing and abuse of drugs are matters for global concern. More people in the world abuse drugs today than at any other time in history (184 million users).² Although the debate on

the accuracy of prevalence indicators continues to rage, drug seizures are among the indicators used by international organisations, such as the UN Office on Drugs and Crime (UNODC), to determine the prevalence of illicit drug use and trafficking around the globe. Indeed, seizures may indicate the detection and interceptive capacity of law enforcement agencies. For example, the volume of drug production is high in Asia, whereas seizures are not, suggesting a detection weakness on the part of authorities in that part of the world. Epidemiological surveys are also among important indicators, especially in relation to the extent of drug abuse in a given country.

International demand and supply patterns suggest that regions in the developing world (South America and South East as well as South West Asia) are the

Estimates of global annual drug prevalence in the late 1990s and in 2001-2003



Sources: UNODC Annual Reports Questionnaire Data, National Reports, UNODC estimates.

main suppliers, while the developed world (Europe and the US) provides the most important markets for drug traffickers. However, this does not mean that developing countries do not experience problems relating to both the production and the consumption of drugs. Neither does it suggest that there are no cases of developing country-to-developing country supply of illicit drugs. For example, mandrax is produced mainly in South East Asia (India) and consumed largely in South Africa and Nigeria (some of the mandrax, however, is produced in East Africa). A number of such cases do exist. Therefore, a focus on drugs by developing countries is equally important, especially considering the magnitude of the developmental challenges that they face.

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A wider range of narcotic and psychotropic drugs are trafficked through the illicit global drug markets, including heroin, cocaine, ecstasy, methcathinone and mandrax. Of these, 'cannabis is the most widely produced, trafficked and consumed illicit drug in the world'.³

The large-scale illicit manufacturing, trafficking and abuse of drugs has led the international community to develop elaborate instruments as a way of responding to the ever-changing modus operandi of the illicit drug market. Key among these instruments are the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, Convention on Psychotropic Substances of 1971 and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

It is a matter of serious concern that despite elaborate domestic and international drug control instruments, the global illicit supply and trafficking of drugs continue to find ways of circumventing existing

drug control measures and to fuel multifarious international crimes. Antonio Maria Costa, the executive director of the UNODC, has noted that the illicit drug market contributes to the financing of international terrorism. It is against this background that he suggested that eliminating drug trafficking is critical in the global fight against terrorism.⁴ This emphasises that the drug problem is linked to other forms of organised crime.

Drugs in Africa: a drain on the continent's much-needed resources

Trafficking

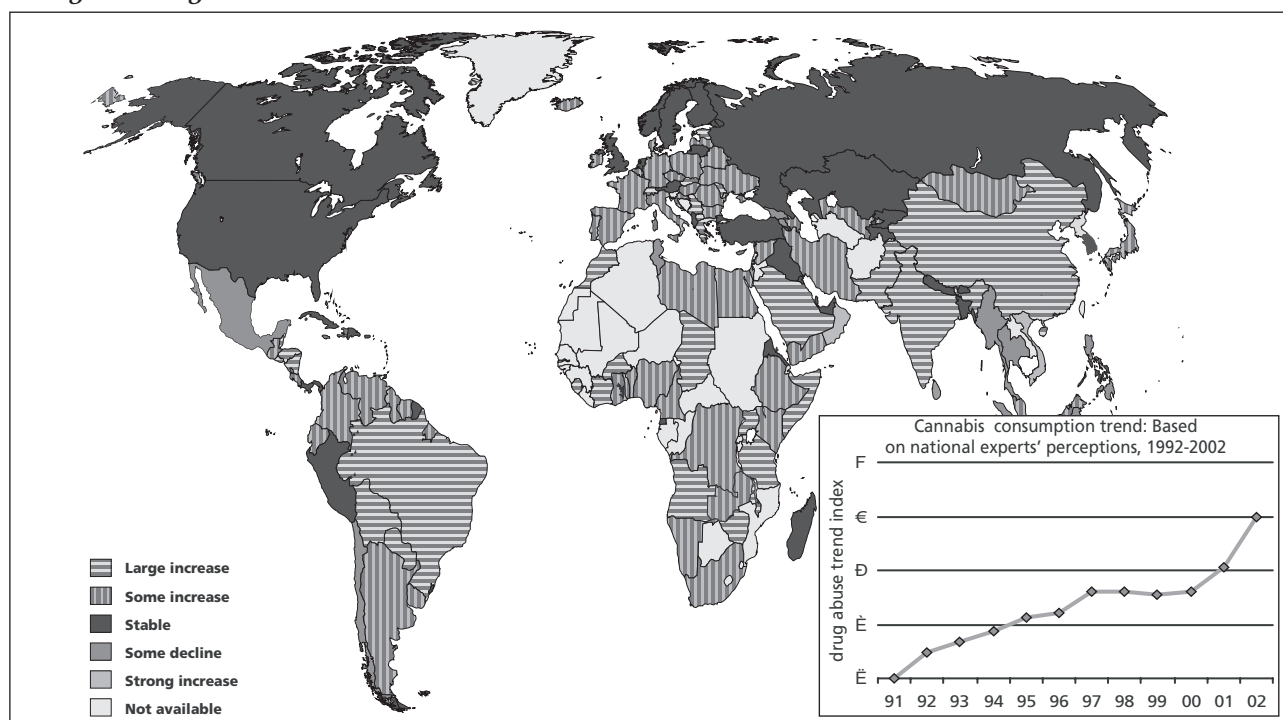
The international drug market affects the African continent in many ways. The observation that a regional summary of drug trends involves generalisations that do not hold for each individual member state is particularly true of Africa. African countries experience the phenomenon of illicit drugs in many different ways. However, this does not imply the absence of common challenges or discernible drug patterns.

In order to move drugs from the Americas and Asia to European markets, international drugs syndicates often use African countries as transit areas. The syndicates target coastal countries in particular. According to the International Narcotics Control Board (INCB), 'cocaine originating in South America and shipped mainly from Brazil, continues to transit countries in Western and Southern Africa on its way to Europe. Angola, Nigeria and South Africa continue to be major drug transit countries'.⁵

This is a worrying phenomenon not only for the affected countries, but also for the rest of the continent as there are spillover effects. The problem with the use of African countries as transit areas is that this creates a new set of challenges for these countries. The transit phenomenon in most African countries has created new consumption markets in these countries, giving rise to drug abuse and many related criminal problems. These problems also have the potential to permeate into states bordering the transit countries that are directly affected. The UNODC Regional Office for Southern Africa observed that:

South Africa presents the region as a whole with perhaps its greatest opportunities but also its most intractable challenges in countering ... drug abuse. Given its economic dominance, its range of sophisticated resources (by regional standards) and its attraction for criminal enterprise of all kinds, any significant

Changes in the global use of cannabis



Source: UNODC, Annual Reports Questionnaire Data.

improvement on the crime and drugs front in this country could reverberate positively around the whole of Southern Africa.⁶

This also holds true of countries such as Nigeria, Kenya, Morocco and Egypt in relation to the sub-regions in which they are located. In order to assist in countering such developments effectively, the 1988 UN Convention called on parties to the convention to afford one another the widest possible legal assistance in dealing with drug-related crimes.⁷

Although coastal countries warrant special focus, shipping is not the only mode of transport used by drug traffickers. Airplanes have increasingly been made part of the drug transport network – thereby making landlocked countries vulnerable (known as ‘transportation corridors’). Over the years traffickers have developed sophisticated methods of evading immigration authorities at airports, for example by swallowing drugs.⁸ These kinds of tactics call for the sharpening of detection strategies as well as the acquisition of advanced technological detection equipment by enforcement agencies. Very few African countries are well equipped. Data gathered by the East Africa Drug Information System show that all East African countries are concerned about their technological capacity to deal with drugs and their related crimes.⁹ South Africa is among the few African countries that are fairly well equipped.

Cultivation, manufacture and abuse

Africa is not an entirely inactive recipient of drugs produced in other parts of the world. The continent

contributes its share to the cultivation, manufacturing and abuse of a range of drugs. Consistent with global trends, cannabis is the most cultivated, trafficked and abused drug in Africa. In fact, some African countries are among the top ten cannabis-producing countries in the world – oiling the wheels of the international illicit drug market. For example, Morocco counts among the top three world producers (with Pakistan and Afghanistan) of cannabis resin.¹⁰ In 2000 the country accounted for 13% of global cannabis resin seizures.¹¹ South Africa also has high levels of cannabis seizures, while Ghana, Kenya, Malawi, Nigeria, Tanzania and a number of other countries in the continent’s various sub-regions contribute their share.

Cannabis is not the only drug produced or abused in Africa. Many other narcotics and a range of psychotropic drugs are, to varying degrees, prevalent in many African countries. For example, in 2001 cocaine seizures were reported in Benin and Togo, the Gambia and Ivory Coast in West Africa, Angola, Namibia, Swaziland, Malawi and Mozambique in southern Africa, Kenya and Tanzania in East Africa, and Morocco and Algeria in North Africa.¹² Laboratories for manufacturing drugs have been discovered by law enforcement agencies in a number of African countries – bearing testimony that countries in Africa have developed the capacity to illicitly manufacture drugs. Africa is a key exporter of cannabis; it is also an importer of other drugs, including cocaine, heroin, MDMA (ecstasy) and mandrax. There is an increasing trend in the manufacture of synthetic drugs such as ecstasy and mandrax.

There has also been evidence of illicit manufacture of amphetamines in South Africa and Egypt. The international Narcotics Control Board¹³ has reported that mandrax is the second most commonly abused drug in South Africa and is a source of concern for most countries in southern and eastern Africa. Furthermore, the trafficking and abuse of amphetamine-type stimulants is reported to be widespread in Central and West Africa.¹⁴

The illicit drug market in Africa is largely concentrated in big cities such as Johannesburg, Cape Town, Nairobi and Lagos. Poorer parts of the continent experience fewer and different types of drug abuse than richer parts.

The abuse of drugs is a matter of serious concern for the African continent. As will be discussed below, the youth is the most vulnerable group to drug abuse. Unfortunately, most countries on the continent do not have the capacity to detect the extent of drug abuse. According to the UNODC, South Africa is the only country with the necessary capacity¹⁵ and it follows that the rest of the continent could learn from the South African experience.

Drugs and agriculture

The most trafficked and abused drug in Africa is cannabis. Although there is a market for it in African countries themselves, cannabis grown in most African countries finds its way into the growing and almost insatiable markets of Europe and other parts of the world. A disturbing observation is that there is a growing trend among small farmers to grow cannabis at the expense of food crops. In Sudan, for instance, 'there has been a shift from the cultivation of food crops to the cultivation of cannabis, resulting in a concomitant widespread shortage of food'.¹⁶ This phenomenon is prevalent in many rural parts of the continent, especially West and southern Africa. Countries such as Tanzania, Ethiopia and Kenya in East Africa have reported the growing of cannabis. The INCB has warned that the growing cannabis market is threatening food security in parts of the continent.

The shift from growing food crops to growing cannabis is a new and worrying development. The shrinking of the demand for traditional food crops produced locally such as cassava and yam is one of the factors that are perceived to be driving farmers into growing cannabis. Another, perhaps more serious, contributing factor is the lack of access for African agricultural products to the markets of the developed world. The decision taken at the World Trade Organisation (WTO) for the '[f]ull implementation of the long-standing commitment to the fullest liberalisation of trade in

tropical agricultural products and for the products of particular importance to the diversification of production from the growing of illicit narcotic crops'¹⁷ is welcome. The speedy implementation of this decision would go a long way towards encouraging the development of agriculture in Africa and would also serve to dissuade African farmers from investing in growing cannabis.

Apart from food security problems, the cultivation of cannabis contributes to other environmental and agricultural problems such as deforestation (arising from the clearing of forests).

The cultivation of cannabis in rural parts of the continent is also caused by a lack of integration, in most countries, between the rural and urban economies. On the positive side, countries such as Morocco and Sudan have started to implement rural development strategies that are intended to address this problem. For example, the government of Morocco has allocated a 'substantial amount of money to the national development programme, for the ... development of the Rif area, the poorest and most underdeveloped area'¹⁸ in that country. This is a strategy other countries could emulate.

Drugs and conflicts

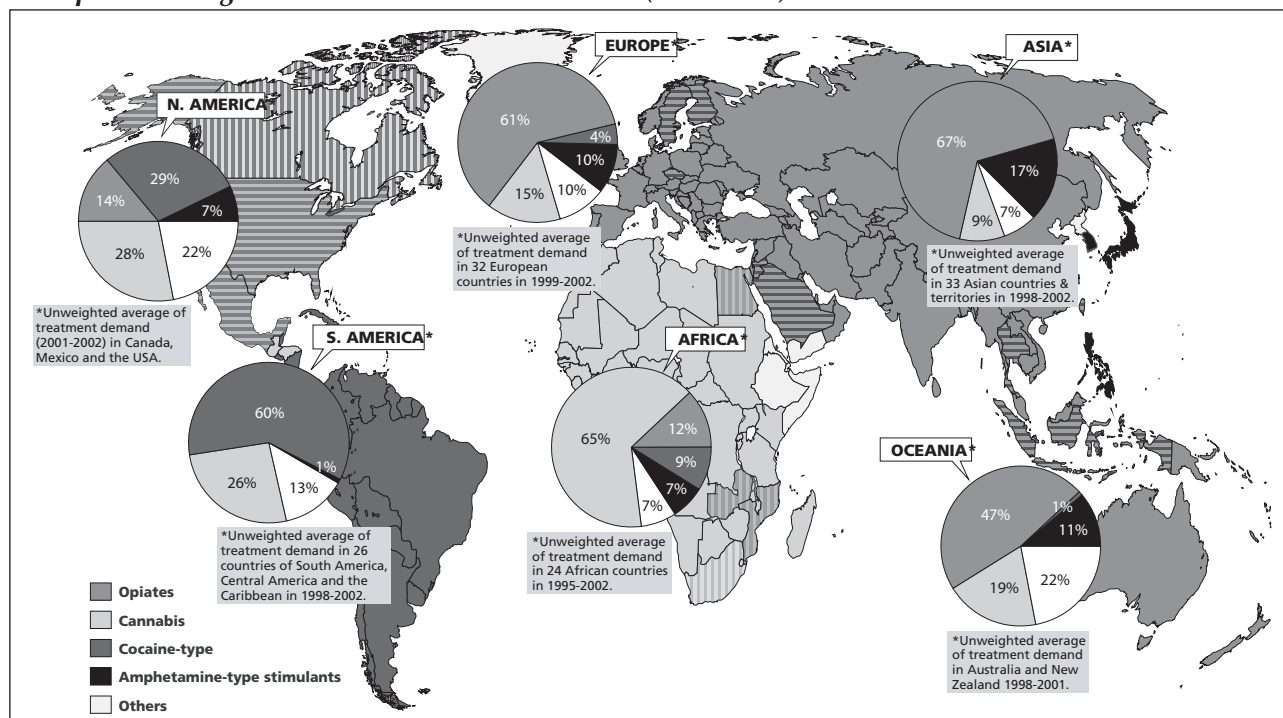
As pointed out above, coastal countries on the continent serve as drug trafficking routes. The International Narcotics Control Board (INCB) has suggested that drugs have contributed to fuelling conflicts in Western African countries such as Liberia and Côte d'Ivoire. Although difficult to confirm, allegations are rife that activities of rebel groups in such countries are financed by money made through the sale of illicit drugs.

It has also been suggested that rebels, as well as child soldiers, engage in combat while under the influence of a variety of drugs, especially marijuana. This poses a serious challenge for post-conflict countries in the sense that they need to incorporate or even prioritise drug rehabilitation in their already underfunded disarmament, demobilisation and reintegration (DDR) processes. People who went through traumatic experiences during conflict often turn to opiates for solace in the post-conflict era. This complicates post-conflict reconstruction efforts, as there is increasingly a need for post-conflict reconstruction programmes and development strategies to incorporate drug control measures.

The relationship between illicit drugs and violence has been documented in countries throughout the

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Main problem drugs as reflected in treatment demand (1998-2004)



Source: UNODC, Annual Reports Questionnaire Data / DELTA and National Government Reports.

world; Africa is no exception. Examples of drug-related violence range from domestic violence, fights in sexual relationships, fighting between rival drug dealers, and gangs terrorising communities to traffickers intimidating the highest levels of national governments. This includes extortion, bribery, robberies, as well as the execution of witnesses and police informants.

Large-scale drug consumption and trafficking in communities are often characterised by a breakdown of the social fabric and social disorder. Such developments can lead to anxiety, hopelessness or anger in communities, which in turn can lead to political consequences and possible conflict. Vigilante groups that use violence and can threaten national security tend to exploit such conditions. People Against Gangsterism and Drugs (PAGAD) in South Africa and the Hezbollah in Mauritius are examples.

Marginalised communities, often in poverty-stricken ghettos around the large cities, are frequently the targets of drug dealers, contributing to social disintegration, increased criminality and urban crime as well as an increase in the potential for conflict between the state and its citizens.

The power and wealth of large drug traffickers and their determination to consolidate their markets and trafficking routes could potentially jeopardise the sovereignty of democratically elected governments in Africa, particularly in weak states with limited resources to counter their influence. This infiltration into state and political structures tends to come about

rather subtly through bribery, corruption and the infiltration of key government institutions by allies of the traffickers. This has a tendency to undermine the credibility of institutions and might lead to general dissatisfaction in society as well as giving rise to different forms of conflicts.

The role of drugs in fuelling conflicts and crime places an obligation on African countries to focus spending on strengthening the capacity of the security sector, thereby diverting scarce resources from developmental priority areas such as education, health, and general infrastructure development. The citizenry also tend to channel energies into improving individual security rather than focusing on development priorities. Mainstreaming the combating of drugs into the developmental plans of the continent would therefore be an important step in conflict prevention.

Drugs and health

It is common knowledge that drug abuse has a number of consequences for the human body. The abuse of substances interferes with and alters the functioning of the human brain and thereby creates health problems for the abuser.

While the abuse of drugs straddles age groups, class, race and gender, the most vulnerable group are the youth. Young drug abusers range from street children, school-going youth – who commonly abuse glue, alcohol and tobacco – to young people in their late twenties and early thirties who abuse more dangerous drugs such as heroin, cocaine and mandrax.

The WHO estimates that tobacco kills about 4 million people around the world each year and that this figure might rise to about 10 million deaths per year by 2030.¹⁹ Although the estimates were based on a study that focused on the developed world, their relevance for the developing world is obvious, given the growing evidence of the spread of Western culture among the youth. In fact, other studies have borne testimony that tobacco use is a serious problem for the developing world. It is estimated that, should current trends continue, tobacco use might result in the death of about '250 million children and young people alive today, many of them in the developing countries'.²⁰

Studies have shown that alcohol abuse has a devastating impact on unborn babies. The abuse of alcohol by pregnant women is reportedly prevalent in South Africa. This often leads to obstetric complications and developmental characteristics of the foetus – with consequences carrying over into childhood.²¹ Treating these children presents an extra drain on a country's health resources.

Increasing incidences of injecting drug abuse in most parts of the continent are even more threatening – and here North Africa is in the lead. This phenomenon is of particular concern given the HIV/AIDS pandemic. For example:

In 2002, most heroin was smoked ... but between one-third and one-half of patients with heroine as their primary drug of abuse in Cape Town and Gauteng reported some injecting use ... One risk associated with injecting heroine is the spread of HIV/AIDS.²²

This is a worrying development for South Africa and the rest of continent, especially since Africa is battling to contain the spread of HIV/AIDS. To make matters worse, drug abuse contributes to irresponsible sexual behaviour, compounding the AIDS problem.

Another disturbing trend is the increasing phenomenon of licit drug diversion into the illicit drug market. This makes it difficult for health authorities in African countries to accurately account for drugs that are legally distributed by their health sectors. The complicity of health officials complicates matters. Tighter systems to deal with this problem are needed.

The vulnerable group and the education sector

As observed above, of all age groups in society the youth are the most vulnerable to drugs. Apart from the health problems drugs impose on them,

an array of education-related problems result from drug abuse. Studies have shown that drug abuse, especially the abuse of cannabis, may result in the impairment of short-term memory and other cognitive functions such as the impairment of tracking ability, sensory and perceptual functions and may lead to adverse emotional and social development of young people.²³

When under the influence of drugs, pupils can be difficult to deal with, as they tend to cause problems for their teachers at school. While drug abuse may be a social problem, schools cannot afford to ignore this problem as it has a direct impact on their day-to-day work. For this reason, schools find themselves compelled to do something about the problem. Since schools experience drug abuse problems differently, most countries in Africa tend to leave schools to develop their own strategies. Some schools adopt extreme approaches such as expulsion, while others adopt constructive rehabilitative approaches. It is becoming increasingly clear that governments need to adopt national approaches to drug-related problems

in their education systems. The South African Department of Education, for example, adopted a national Drug Abuse Policy Framework in 2002 as a coordinated approach for schools in dealing with drug abuse. This is a commendable step from which other countries could learn. Most importantly, countries would benefit if they were to develop experience-exchange and information-sharing mechanisms.

Not all youth of school-going age are at school. Many young people in many African countries are out of school. While formal school-targeted strategies are important, they do not cater for this large pool of young people. It is therefore important for African countries to diversify their youth-oriented drug prevention, control, rehabilitation and eradication programmes. Non-governmental organisations (NGOs), among other role players, could make an important contribution.

Perhaps one of the most daunting challenges is steering out-of-school youth into productive economic life. All African countries are faced with the problem of structural unemployment – the youth being most affected in many countries. This poses a serious challenge for anti-drug strategies and programmes targeted at this group, as it would not be easy for such programmes to be effective without a supportive economic base. Empowering the youth with skills that are relevant to their local economies could be an important element of national youth drug rehabilitation. However, it is important for such training programmes to be in line with broader national economic development strategies.

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Collective African efforts to address drug-related problems

In response to problems of illicit drugs, a number of initiatives and instruments have been developed on the continent. For example, the Southern African Development Community (SADC) adopted a Protocol on Combating Illicit Drugs in Maseru, Lesotho, in August 1996. High-level government conferences have taken place in the Economic Community of West African States (ECOWAS) sub-region. Ten countries in the East Africa region (Ethiopia, Kenya, Uganda, Tanzania, Rwanda, Burundi, Seychelles, Mauritius, Madagascar and Comores) take part in the East Africa Drug Information System, an initiative of the UNODC that was launched in 2001.²⁴

In addition to these and other sub-regional instruments and efforts, the most comprehensive African multilateral response to the challenge posed by drugs is the AU's Plan of Action on Drug Control in Africa: 2002-2006 (APD), which built on the 1996 Declaration and Plan of Action on Drug Control, Abuse and Illicit Drug Trafficking in Africa adopted in Yaoundé, Cameroon, at the Thirty-Second Ordinary Session of the OAU.

Individual countries have adopted and implemented national legislation as well as a range of other drug-combating programmes. Since 2002 Madagascar and Namibia, for example, have adopted drug control master plans. Algeria, Malawi and Mozambique have also followed this approach. The government of Morocco, with the assistance of the UNODC, has conducted a national comprehensive survey to inform its national integrated development strategy.²⁵

South Africa has implemented a number of anti-drug trafficking operations and tightened monitoring systems. A number of other African countries have implemented an array of measures as a response to the illicit drug problem. Most countries on the continent are parties to the three international instruments on drugs. According to the INCB, by 2003 Angola, Congo Brazzaville and Equatorial Guinea were the only African countries that were not parties to the international treaties, while Chad had still not acceded to the 1972 protocol amending the 1961 convention. Liberia was not a party to the 1971 convention, while the DRC, Gabon, Liberia, Namibia and Somalia were not parties to the 1988 convention.

Conclusion: policy recommendations

While global trends show that drug trafficking and its illicit manufacture and abuse are more prevalent

in other parts of the world than in Africa, drugs pose a number of developmental challenges for African countries. Drugs have a negative impact on Africa's health sector, education, and, in some countries, serve as drivers of conflicts. The vulnerability of the continent's youth to drug abuse is devastating – raising serious questions about the future of the continent if a large number of young people should be dissipated owing to drug-related causes, as suggested by expert studies.

While a great deal has been done, collectively and individually by African countries to combat drug trafficking, illicit manufacture and abuse on the continent, drug traffickers have shown resilience and the ability to constantly find ways of moving ahead of strategies that are developed to counter their criminal activities. The following recommendations may be considered to enhance existing African efforts at combating the illicit drug market on the continent:

Recommendations

The most comprehensive African multilateral response to the challenge posed by drugs is the AU's Plan of Action on Drug Control in Africa: 2002-2006.

- *African governments should put in place mechanisms to enhance inter-agency cooperation against drug trafficking as a way of harmonising their individual efforts. This would give effect to the provisions of the APD that call for cooperation among AU member states in the fight against drugs.*
- *Countries should review and harmonise their laws in line with international instruments on drugs. Those that have not yet acceded to one or all of the instruments should do so as a matter of urgency.*
- *African leaders should show more political will to combat trafficking and abuse of illicit drugs by implementing the commitments made in the various regional and international instruments.*
- *The capacity by law enforcement agencies to effectively investigate and prosecute organised criminal groups should be enhanced as the trafficking of drugs tends to be interlinked with organised crime.*
- *Governments should ratify and implement the provisions of the United Nations Convention against Organised Crime (Palermo Convention) to facilitate, among others, improved international cooperation in the investigation and prosecution of drug-related organised crime.*
- *Law enforcement agencies should adopt a multi-disciplinary approach when investigating and prosecuting drug traffickers so that they can manage the challenge in a more coordinated and comprehensive manner.*

- *A framework for experience and information sharing* should be developed to facilitate peer capacity-building among African metropolitan areas that are experiencing similar problems.
- *Mechanisms to enhance the capacity of health institutions* to prevent licit drug diversion should be considered by African governments.
- *There should be greater collaboration and information sharing regarding border controls* among African countries to prevent the smuggling of drugs across borders.
- *Young drug abuser identification strategies and a coordinated response framework* should be developed and integrated/mainstreamed into the curricula of schools. The framework should include a model/principles for preventive drug abuse education. The AU may need to consider developing such a framework to guide its member states.
- *Drug rehabilitation strategies for out-of-school youth should aim at skills development* to ensure the sustainable integration of rehabilitated youth into the mainstream of national economies. This should be accompanied by the creation of employment opportunities so that rehabilitated youth do not lapse back into drugs or engage in criminal activities.
- *Targeted education strategies involving the wider community should be developed.* These strategies should aim at educating the public about drugs and drug abuse.
- *Youth rehabilitation strategies and programmes should be developed.* In post-conflict countries, such strategies should be integrated into DDR programmes. A plan of action for the demobilisation and detoxification of child soldiers should be developed by the AU to inform DDR programmes of countries emerging from conflicts.
- *National development strategies, among others, should seek to create links between rural and urban economies* to prevent the complete de-linking of the two – often resulting in rural economies becoming breeding grounds for cannabis cultivation. National strategies should be explored to facilitate the development and integration of small farmers into mainstream national economies.
- *Continental anti-drug trafficking instruments should afford coastal countries a special focus as well as 'transit corridors' with advanced systems of air transport.*
- *Countries should periodically conduct national drug surveys* to inform their prioritisation and targeting in their fight against drugs.
- *The AU Commission should mainstream drug control and crime prevention in its programme and activities.* This should be done in a manner that promotes a multi-disciplinary approach.

Notes

- 1 Updated paper originally prepared and presented by the Institute for Security Studies at the Second African Union Ministerial Conference on Drug Control in Africa, 14-17 December 2004, Grand Baie, Mauritius.
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- 3 UNODC, 2004 World drug report, op cit, p 45.
- 4 <www.unis.unvienna.org/unis/pressrels/2004/uniscp500.html>.
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- 6 Strategic Programme Framework: Southern Africa 2003, UNODC Regional Office for Southern Africa, Pretoria, p 38.
- 7 Article 7 of the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.
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- 21 United Nations International Drug Control Programme, *The social impact of drug abuse*, Vienna, United Nations, p 15.
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- 23 United Nations International Drug Control Programme, op cit, p 22.
- 24 See the East African Drugs Information System (EADIS) Training Workshop Report (February 5-7 2001) and the EADIS First Annual Meeting Report (November 26-28 2001).
- 25 op cit.



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About this paper

While the increase in trafficking, illicit manufacture and abuse of drugs is a growing global concern, it has even more severe implications for African countries. The continent is facing daunting developmental challenges. These include a range of health challenges such as the HIV/AIDS pandemic, the provision of social services such as education, clean water and sanitation, food security, and a range of other human security challenge. The problem of illicit drugs in one way or another impedes existing continental efforts aimed at dealing with these challenges. It is increasingly becoming clear that the challenge of drugs can no longer be viewed as a side issue, but an issue that needs to be placed at the core of the continent's developmental strategies. The question, therefore, is: how can Africa mainstream drug control into its socio-development programmes? This paper is a modest attempt to respond to this vexing question. It looks at the impact of illicit drugs on critical areas of development such as health, education, agriculture and the youth. Finally, the paper puts on the table some recommendations on how to mitigate the severity of the drug problem in Africa.

About the author

Prince Mashele is Senior Researcher in the Regional Projects Programme of the ISS. His research interests include governance, foreign policy analysis as well as peace and security issues on the African continent.

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