NOTE

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Regional Dublin Group Report For Africa

Under the Swedish Chairmanship for the Africa region there are currently mini-Dublin groups in the following cities: Abidjan, Dar es Salaam, Harare, Lagos, Lusaka, Nairobi, Pretoria, Rabat and Windhoek.

Recently Sweden organised a seminar in Lusaka for the Chairs of the mini Dublin Groups in Africa in order to discuss current trends and drug control initiatives in Africa as well as the priorities and future initiatives within the framework of the Dublin Group. Resource persons from UNDCP and the European Commission participated.

During the seminar it was noted that there is an increasing need to stimulate more regional co-operation and inter-country co-ordination. This is particularly true for Eastern and Western Africa. It was also noted that the drug problem is becoming an important priority on the agenda of Dublin Group members and that there is an increasing awareness and political will to combat illicit drugs among many countries.

Furthermore it was decided to seek the approval of the Central Dublin Group for the creation of a new mini Dublin Group in Maputo in light of the increasing problem of drug trafficking and consumption. This mini Dublin Group would also cover Swaziland where there is a growing problem in regards to trafficking. It was noted that the drug trafficking is increasingly linked to the illegal arms trade and the smuggling of diamonds in certain countries.

The regional office of the ODCCP has now been established in Pretoria and the Country Director is in place. The SADC Protocol on Combating Illicit Drugs has been ratified by 7 countries and requires that one more country ratify the Protocol in order to obtain the 2/3 majority for it to enter into force. Recently, a US mission visited Nigeria in order to discuss co-operation in regards to future drug control initiatives.

Regional Overview

It is clear that cannabis is in terms of area and volume the most widely produced drug in Africa. It is mostly produced for the domestic market but it is evident that it is increasingly produced for export in certain regions of Southern and Western Africa as well as Western Europe. Reports also indicate that Khat is being produced as a cash crop in certain part of East Africa for local consumption and export to neighbouring countries.

The extent of the illicit manufacture and production of psychotropic substances in Africa is still relatively limited but is perceived as an emerging problem in light of the reduction in clandestine imports from Asia and in particular, India. Methaqualone laboratories have been found in Southern Africa and it is possible that several countries have developed the capacity to produce methaqualone and other psychoactive substances. In March 1998 a machine for the production of Mandrax was seized in the port of Dar es Salaam, originating from India.
Cannabis is the most frequently consumed illicit drug in Africa. It can be produced all over the continent and is cheap and readily available. Consumption data is mostly unreliable but certain indicators suggest that it is more prevalent in Southern Africa and some figures indicate that up to 30 percent of the population in certain regions are regular users with the highest incidence among young men from their mid-teen to 30s.

There is evidence that there has been a substantial increase in abuse of cocaine, crack and heroin in much of South and Western Africa. This is principally an urban phenomenon occurring in large cities in South Africa, Ghana, Nigeria and Zimbabwe. Street prices for these drugs seem to have fallen in South Africa and Nigeria during the last few years due to increased competition amongst suppliers and more efficient distribution networks. Ecstasy and other designer drugs are rarely used apart from in the principally white rave scenes in South Africa and Zimbabwe. Methaqualone, coming mainly from India has for several years been consumed in many parts of Southern and Eastern Africa and there is evidence that Amphetamine-type stimulants are increasingly being consumed as a performance enhance by different occupational groups.

During the 1990's it has become increasingly evident that a number of African countries have become transit points for international drug trafficking. The principle drugs that are involved are Cocaine from Latin America and Heroin from Southeast Asia en route to destinations in Europe and North America. Cannabis exportation is difficult to verify but information suggests that it does occur from West Africa to Europe. The most dramatic increase in scale of trafficking is notably South Africa where the spill over effect has led to increased availability of illicit drugs and a rise in consumption. Other notable transit point are Nigeria, Ghana and increasingly East Africa.

It is clear however, that many African nations are very vulnerable to illicit drug trafficking, abuse and production and it is therefore important to prevent such developments as soon as possible. In order to do this one must at an early stage analyse to what extent poverty, socio-economic marginalisation as well as political instability play a role in defining the potential for drug abuse, production and trafficking and hence define the appropriate development assistance and co-operation mechanisms.

Côte D'Ivoire

At the Mini-Dublin group meeting, 3 April 1997, it was decided that priority should be given to organisational reforms of CILAD (Comité Interministériel de Lutte Anti-Drogue), the foundation for a successful fight against drugs in Côte d'Ivoire. The mini-Dublin group is convinced that without a revitalisation of CILAD it is difficult achieve positive results in the fight against drugs.

As a consequence of this a call on the Ivorian Minister for Foreign Affairs was made by the president of the Mini-Dublin group. The president of the MDG, together with representatives from France, UNDCP and EU was received by the ministry of interior and representatives from the Ministry for Security and the National Council for security. The minister of the Ministry of Interior, Mr Emile Constant Bombet, one of the key
persons in the Ivorian fight against drugs, reaffirmed the willingness of the government to take action against drugs.

After this meeting the President of the MDG met with the Ivorian technical authorities, particularly the Secretary General and the Supervisor of CILAD to get informed on progress made in the fight against drugs. One of the issues discussed at this technical meeting, was the lack of co-operation and communication between concerned Ministries and CILAD.

However, after these meetings some action/progress by the government has been noted by the president of the MDG:
- A workshop took place August 10-12, 1998, in order to discuss the non-functioning of CILAD.
- An attempt to clarify the responsibilities of the Secretary General and the Supervisor of CILAD has been made.
- A political willingness to formulate a national drug control master plan has been noted. To do this some initial meetings between CILAD, UNDCP and PAAD has been organised.

I. General Situation in the Country

Côte d’Ivoire remains an important transit country for drugs, despite the fact that statistics indicate that law enforcement activities have been more efficient in combating drug trafficking. Heroin from south-east Asia and the Middle East and cocaine from South America passes Côte d’Ivoire on its way, primarily, to Western Europe. A serious problem regarding trafficking by sea is the fact that port authorities in the harbour of Abidjan do not authorise the police force or customs to control or to board vessels in the harbour.

Cannabis is the most commonly cultivated drug in the country and takes place primarily in the regions where, traditionally, coffee and cacao are produced.

The spill over effect from the increase in trafficking has made drugs easily available at a low price. Corruption, poverty, limited resources and inadequate counter measures are contributing factors to increased availability and consumption. The most commonly consumed drug is cannabis. Cocaine, crack and heroin abuse is increasing in the urban areas.

II. Institutional Framework

Côte d’Ivoire has ratified all three UN conventions in the field of drug control. The interministerial committee established to fight drugs (CILAD) is weak and does not have the capacity to effectively implement and co-ordinate drug control activities. The National Drug Control Master Plan is currently being elaborated with the assistance of the UNDCP and the EU. It is expected to be completed around June 1999. Also important is the recent publication of a decree that defines the new status of the UFDA (Unité de Formation à la Lutte Contre la Drogue en Afrique) in order to strengthen its capacity to contribute to drug control in the region.
III. Need for External Assistance

There is an urgent need to assist Côte d'Ivoire to elaborate the National Drug Control Master Plan, a fundamental tool for future drug control activities. Even more important is the need to support activities and programmes within the Master Plan once it has been finalised.

III. Recommendations

The main priority of the mini-Dublin group will be given to organisational reforms of CILAD (Comité Interministériel de Lutte Anti-Drogue), the foundation in order to successfully fight the drugs in Côte d'Ivoire. The mini-Dublin group is convinced that without a revitalisation of CILAD it is difficult accomplish positive results in the fight against drugs.

Finally, two other issues have been propounded to the Ivorian authorities:
- the security and control situation at the airport Houphouet Boigny, as well as the harbour of Abidjan, is not satisfactory,
- the importance of finalising the National drug Control Master Plan and the revitalising of UFDA.

Kenya

1. The Mini Dublin Group in Nairobi produced a comprehensive report, dated 22 May 1998, on the drug situation in Kenya. Its observations and conclusions are to a large extent valid today. Therefore, the present report focuses on the development since then. Bearing in mind that this report partly relies on information made available by the authorities, it should be read in the light of allegations that some persons in official position may be involved in narcotics trade and production.

I. General Situation in the Country

2. The assessment of 22 May report remains valid. Kenya is a producer of cannabis and miraa (khat). These drugs are mostly consumed within Kenya or in the region, with a low level of export outside. Drug abuse in Kenya is on the rise, causing social problems.

3. Kenya is an important transit route for most types of drug both to Europe and the USA, and to and from South Africa and the neighbouring countries. Heroin, and since recently also cocaine, are readily available.

4. Resulting action by the Government of Kenya is necessary to address the problem successfully. Its performance to date stills falls short of its professed intentions. However the minister responsible, Minister of State Madoka, told members of the Mini Dublin Group on 29 October that the Government recognised the problems along the lines above and was determined to do better.
5. There are troubling allegations of involvement in cultivation and trafficking by persons in authority. If these allegations are true, they would raise serious questions about the extent of the adherence of elements of the government to the proclaimed anti-narcotics strategy.

II. Institutional Framework

6. In spite of international lobbying, Kenya is still not party to the 1971 Vienna Convention. However, Minister Madoka said that the government intended to ratify it during the current session of the parliament.

7. A National Strategy, expressing the priorities in all areas of drug-related problems, has not yet been elaborated. The national workshop which will initiate this process is planned for February 1999.

8. The relevant police authorities of Kenya, Tanzania and Uganda meet regularly and have recently agreed, at agency level, on a draft protocol on the prevention of drug-trafficking.

9. The Inter-Ministerial Drug Co-ordinating Committee continues to meet. With the exception of some preparation for the workshop for the National Strategy, it makes little progress. The problems of funding identified in the previous report continue, and informal contacts with the Committee suggest that they find it difficult to get their proposals for legislation accepted as a priority matter. The Anti Narcotics Unit is slowly improving its record. The ANU is also responsible for raising awareness and improving education. There is a need to address an increase in ANU staff, to allow ANU to focus on its main tasks.

Production-related issues

10. There has been little change from the previous report. However, more publicity is being given to the problems associated with illegal cultivation of cannabis and khat in Kenya. Opposition leaders in affected areas have seized on the issue as a means of attacking the central government in the media, with Government and Opposition freely trading accusations of responsibility and complicity.

11. Several donors, through law enforcement sources, continue to voice concern about the likelihood that, in addition to the cultivation of cannabis and khat, Kenya may have revived its capacity to manufacture methaqualone (Mandrax). This capacity was eliminated in 1993 with the destruction of two laboratories. Since then, however, several tablet-making operations utilising methaqualone powder smuggled from India have been discovered and dismantled, and tablet-making equipment entering the country has been seized.

12. Should it be proven that actual methaqualone production has been re-established (as opposed to simple tabletting operations), the likelihood is that Kenya will become a consumer of the relevant essential 'precursor' chemicals in addition to its present role as a
transit country. These needs would almost certainly be filled by diversion from existing producer countries rather than local manufacture. In view of this, Kenya's lack of legislation with regard to precursor chemicals should be rectified.

Demand

13. There has been no significant action taken by the Government of Kenya to tackle the question of demand. Efforts undertaken by the UNDCP in the year, to foster co-operation among NGO's in the area of demand reduction, have suffered a set-back.

Drug trafficking and money laundering

14. The routes identified in the previous report continue to operate. Methaqualone (Mandrax) trafficking appears to be falling off, possibly because of the emergence of local production. The Mandrax routes are now being used also for cocaine smuggling from South America. Authorities at the Jomo Kenyatta International Airport have made some important seizures recently, most often with donor assistance. The control at the land border checkpoints and along the coast remains ineffectual and are virtually impossible to control under the present conditions.

15. Nairobi serves as a regional financial centre. Some Kenyan banks are experiencing difficulties, in a few cases these problems are related to allegations of fraud. Although suspicions of money laundering persists, there is no direct evidence of large scale money laundering in Kenya.

III. Needs for External Assistance

16. The needs assessment of the 22 May report remains valid. The Kenyan authorities would welcome assistance of all kinds. However, the Kenyan Government needs to demonstrate further its will to create the appropriate conditions to permit foreign assistance to produce effective results. Training of police, customs officers and prosecutors is a priority. Equipment is needed but there are limits to its possible utilisation. Support to the social sector and preventive action is also necessary.

17. Assistance to the Kenyan Government is at the moment provided by some Dublin Group members. The United Kingdom continues to fund the biannual regional meetings of the East African countries. On an ad hoc basis, Germany is providing technical assistance to the Anti Narcotics Unit (equipment and training courses). Kenya has benefited from Japan-sponsored courses, as well as from Sweden's regional projects for Africa (NGO support and the Drug Nexus Study).

18. The UNDCP Regional Office in Nairobi now covers the following countries: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Tanzania and Uganda.

19. In Kenya, UNDCP has in the latter half of 1998 provided equipment to a combined police/customs drug unit at the Mombasa port, to strengthen training provided in March;
convened a training course for police, customs and immigration officers from Kenya, Tanzania and Uganda in Nairobi during the first two weeks of December; and is providing advisory services to the Inter-Ministerial Drug Co-ordinating Committee which will culminate in an expert on formulation of national drug master plans coming to the country to facilitate the national workshop planned for early 1999. In the area of drug demand reduction, numerous NGO's benefited from small grants disbursed under a regional project, and a Kenyan NGO participated in a training workshop for NGO's held in Mauritius in October. In addition, four Kenyans from police and the judiciary participated in a regional workshop in South Africa in August, aimed at finalising a larger programme of training in the adjudication of drug offences due to commence in 1999.

IV. Recommendations

Political initiatives

20. The Kenyan Government needs to show sincere political will to fight against drug abuse and trafficking. Members of the Dublin Group should in the Mini Dublin Group, bilaterally and otherwise maintain the political pressure on the Government to address these issues seriously. The renewed dialogue between the Government and the Mini Dublin Group begun on 29 October should continue.

21. Pressure should continue to be brought to bear for an early ratification of the 1971 Convention and the conclusion of a protocol on drug trafficking between Kenya, Uganda and Tanzania.

22. Both with respect to trafficking and to possible production of methaqualone, a legislation against precursors should be considered.

Priorities

23. Donors should continue to encourage the elaboration of a Kenyan authored and realistic National Strategy to deal with the drug problem. Once adopted, this strategy could help the donors to identify Kenyan priorities and also help UNDCP in approaching donors for more assistance.

24. A high degree of co-ordination among the donors in the drug-combating area is needed. Donors should continue their co-ordination, exchange of information and close co-operation with the UNDCP.

25. The areas of intervention should include:
   - research and data collection;
   - legislation and institution-building;
   - support for drugs education and initiatives to reduce demand;
   - support for a national policy on treatment approaches for drug dependent persons;
   - co-operation in the field of law enforcement.
Morocco

1. General Situation in the Country

Over the past decade, Morocco has been a major producer of cannabis. Recent estimates put the area under cultivation in The Rif Mountain at over 80,000 hectares producing around 2,000 tons of cannabis per year. 70-80% of all cannabis reaching Europe (consumed primarily as hashish) comes from Morocco. The average purchasing price in Morocco for a kilo of high quality is 3,000-5,000 dirhams. The street value in Europe is more than ten times higher.

While cannabis (known locally as kif) is the traditional drug of choice for Moroccans, there is also a small but growing domestic market for harder drugs, such as heroin and cocaine.

Morocco ratified the 1988 Vienna Convention against the Illicit Traffic of Narcotic Drugs in 1992. Since then, it has committed itself to bringing domestic legislation into line with the Convention including a/ increasing penalties for drugs offences b/ establishing a legal framework for controlled deliveries c/ enacting money laundering and asset confiscation laws and d/ defining a judicial framework for international cooperation. Little progress has been made with the legislation.

Morocco does not have a coherent body of counter-drugs legislation. Various laws dating back to 1919 and elements of the Penal Code apply. The exploitation of kif was outlawed by dahir in 1954. A further dahir in 1974 banned the use and possession of drugs and set penalties for trafficking of up to 10 years imprisonment with a maximum fine of 500,000 dirhams. There is no money laundering legislation. A draft was produced several years ago but has yet to be submitted to Parliament. Similarly, there is no formal law on asset confiscation. However, the Moroccan authorities have been able to confiscate some criminal assets under articles of the Penal and Civil Codes.

The Ministry of the Interior has responsibility for Moroccan drugs policy concerning repression. The Sûreté Nationale is the lead law enforcement agency but the Gendarmerie, Customs and the Forces Auxiliaires also play an important role. The Regie de Tabac is responsible for destroying seized drugs.

In 1995, the Unité Coordination Lutte Anti Drogue (UCLAD) was established within the Ministry of the Interior to coordinate the activity of the law enforcement agencies.

II Institutional Framework

In 1994, Morocco published a white paper summarizing its efforts in the fights against drugs and the economic development of the North. In December 1995, a Campagne d'Assainissement was launched against drugs trafficking, corruption and contraband. A number of important drugs barons were arrested and charged with drugs related offences. This campaign lasted several months before losing momentum. Local human rights organisations criticised the campaign, judging it to be arbitrary and raising concerns of human rights violations in the treatment of those arrested.
Despite the campaign, the quantity of cannabis and cannabis resin seized by the Moroccan authorities has fallen from more than one hundred tonnes in 1993 to 65 tonnes in 1996, the last year for which figures are available. During the same period, seizures in Europe have increased considerably. The Government also arrested almost 19,000 Moroccans and foreigners for drug offenses.

In June 1998 the Drugs Working Group (EU) visited the Rif mountains. The visit was timed to coincide with the peak of the main cannabis crop with harvesting beginning in July. The Group also visited a number of the alternative cultivation projects funded by the EU and managed locally by the Crédit Agricole. A marked increase in cultivation compared to 1997 was noted and in the apparent quality of the crop. Crédit Agricole estimated that cannabis cultivation had increased by 50 percent in 1998, due in part to excellent rainfall.

EU/Morocco Cooperation

More than one third of the MRDA funds for Morocco (1996-1999) has been allocated to development projects in the north of Morocco. Many member states also provide bilateral development aid and drugs related assistance.

UCLAD project

The European Commission agreed a financial protocol to provide 1.3 Mecu of equipment and training to Moroccan law enforcement agencies to reinforce their efforts against drugs and improve inter-agency cooperation through UCLAD. Most of the training was carried out in 1997 and the equipment received by the Ministry of the Interior in the first half of 1998.

Alternative Cultivation

In March 1998, the EU assigned 880.000 Ecu for the second phase of a project for the introduction and development of alternative cultivation in the Rif and to show local farmers that they can make a living by legal means.

Drug Masterplan

Following a request by UCLAD, the Commission Delegation is considering funding the preparation of a Drugs Masterplan which would provide Morocco with a long term drugs strategy covering repression, institution building, legislation, education, prevention and international cooperation.

A number of member states (France, Spain, Germany, Italy, Portugal and the UK) have negotiated broad cooperation agreements with Morocco on the fight against drugs and international crime.

UNDCP

UNDCP has no projects in Morocco at present. It closed its office in Rabat in the early 1990s following a dispute with the Ministry of the Interior over their link agency. UNDCP now cover the country from their regional office in Cairo and are represented locally by the UNDP office in Rabat.

Local Dublin Group
The local Dublin Group has not been active in recent years due to the following reasons:
- Moroccan reluctance to engage in dialogue
- Limited US interest (very little Moroccan cannabis finds its way to the US)
- Other Dublin Groups members have only limited representation in Morocco.

As a result, local Dublin Group meetings (one meeting was held and one had to be cancelled under 1998) add little value. The current Swedish Presidency is trying with support from the EU Drugs Group to strengthen the role of the Dublin Group.

Current Moroccan Position and Conclusions

In its report to the African Conference of Heads of Narcotics Law Enforcement Agencies (HONLEA) in April 1998, Morocco claimed to have dismantled all the principal drug trafficking networks as a result of the Campagne d'Assainissement.

Instead, it now faced a "new and worrying phenomenon" of the "unrelenting traffic of hard drugs by foreigners" (referring to the six tonnes of cocaine accidentally washed up on Moroccan beaches in 1997). "Morocco could not continue to tackle the problem with its own limited means".

The development of the North will play a vital role in the longer term in encouraging the region away from cannabis production. The establishment of a Northern Development Agency (NDA) in 1996 is a particularly positive development. The EU has an advisory role to the Agency as a member of the Conseil D'Orientatation. The Conseil has met twice, in 1996 and 1998.

The NDA has devised an ambitious strategy for the region covering all sectors including agriculture, industry, infrastructure, tourism, environment, housing and education. The strategy estimates that Dh 15.4 billion will be required in the medium term and is now developing links with domestic and foreign organisations (eg UNDP) to fund the projects.

There is, however, still a long way to go.
- The cost of developing the north is high
- The income generated by drugs
- Corruption, which is believed to be widespread
- The political sensitivity of cracking down on drugs in a region whose population feels it has been forgotten by the central authorities and
- The view that cannabis is a soft drug that has been decriminalised in parts of Europe and could be legalised in the future.

III Recommendations

We should
- Continue to support development projects in the North
- Continue multi- and bilateral projects to strengthen the law enforcement agencies
- Collaborate actively with the Ministry of Justice to improve legal and judicial cooperation and encourage reform of the justice system and
- Continue to strengthen, with support from the EU Drugs Group, the role of the Dublin group.
Namibia

Namibia has long been able to avoid any serious problems stemming from illicit narcotics production and trafficking. However, recently one is beginning to see that increased amounts of drugs are entering the country en route to other destinations. At the same time increased abuse of new drugs is being observed.

The illicit drugs that are most frequently consumed in Namibia is cannabis and methaqualone and which are often consumed simultaneously. Ecstasy and to a lesser extent cocaine has been detected and is consumed primarily by young people in Windhoek and other places where there is a nightlife. The consumption of new drugs is considered a serious problem since it is expected to increase over the next few years.

Cannabis and methaqualone is usually imported from Zambia and South Africa and lies in the hand of local Namibian and South African persons. Namibia is increasingly being used as a transit country for cocaine from Latin America, primarily Peru and Brazil. According to the officials this enters the country via Angola and Frankfurt and is then shipped on to South Africa and is largely controlled by the Nigerian syndicates. It is notable that in 1997 the Drug Enforcement Unit seized over 45 kg of cocaine, corresponding to an over 50% increase in comparison to the previous year.

Namibia has a drug control strategy which provide an outline of their priorities and there exists a Drug Enforcement Unit which consists of approximately forty people.

Namibia has signed the Mmabatho Protocol in 1996 within the framework of the SADC Regional Drug Control Programme, which was ratified by the Namibian Government in 1998. Namibia still has weak drug control legislation which traffickers take advantage of. However, work is in progress to update and synchronise legislation with the UN Vienna Conventions.

There is also increasing evidence that the drug trade is linked to the smuggling of diamonds and weapons in which, it is speculated, UNTA in Angola play an important role.

Nigeria

1. General situation in the country

The current trends marked by the existing socio-economic situation combined with the population and demographic patterns and indicators; a higher proportion of the young among the population, the increase in the availability and the use of psychotropic substances, the alarming increase in the cultivation of cannabis believed to be expanding to almost all states and regions of the country and its use by more and more people point to a future where drug abuse by the population in general and by the vulnerable groups,
Plan, which is an improvement on the Drug Control Strategy has also been developed by the Interministerial Committee and the Government of Nigeria and the final draft has been prepared. The Drug Control Master Plan is expected to be released by the Government of Nigeria before the end of 1998.

Production related issues

Although conditions favourable for cultivation do exist in several parts of Nigeria, opium poppy cultivation has, thus far, not been detected in Nigeria. Reports that cultivation of opium poppies were taking place along the Cameroon border were not confirmed.

Cannabis in the form of marijuana (or "Indian hemp" as it is referred to locally) is the only illicit substance produced on a commercial basis in Nigeria. Marijuana use in Nigeria has been generally tolerated with few arrests made for simple possession. The frequency of seizures outside and in Nigeria, the spread of cultivation to almost all the regions in the country and the increase in the quantity of cannabis destroyed by NDLEA during the last few years indicate that the output could be substantial. Except for locally grown marijuana processing, no illegal refining or manufacturing of drugs has been confirmed in Nigeria.

Demand related issues

The lack of data and statistics on drug abuse poses serious problems in the assessment of drug demand and drug abuse in the country. No systematic and empirical studies, surveys or assessments have been carried out in Nigeria during the last few years. The current assessments are based on information available from scattered and localised studies by research organisations, the experiences and unofficial information provided by the functionaries of government agencies, youth groups, the media and a few rapid appraisal studies and assessments sponsored by UNDCP.

Cannabis/psychotropic substances (pharmaceutical preparations containing diazepam, pemoline, ephedrine), cocaine and heroin constitute the principal drugs of abuse in Nigeria. Increased use of solvent/glue etc. has also been reported. The principal drug of abuse, however, is cannabis. Stimulants most abused in Nigeria include amphetamines and amphetamine derivatives.

A substantial increase in drug abuse in the schools and universities has been reported by the student groups and youth organisations. The disruption and deterioration of the educational system, worsening situation of violence and crime related to the development of "cults" in the campuses of the educational institutions, are believed to be related and mutually aggravating to drug abuse.

Trafficicting issues, including money laundering and chemical precursors.
The principal drugs trafficked in Nigeria are cannabis, cocaine, heroin and psychotropic substances. Cannabis remains the principal drug trafficked in Nigeria, constituting 93.8 per cent of all seizures in 1996.

An astronomical rise in the seizure of psychotropic substances was recorded in 1996. According to NDLBA 1203.7892 kilograms of psychotropic substances compared to 210.3939 in 1995 represent a marked increase of 472.1 per cent in the seizures of these substances in 1996.

There has been a noticeable change in the drug trafficking trends. It has been observed that the amount of Nigerians that are flying from source countries via commercial airlines directly into Nigeria is on a decrease. More of the drug trafficking organisations will fly their couriers into neighbouring countries with less security and transport the narcotics via road over the land borders undetected. There is an increase in narcotics traffickers using mail parcel services (DHL; Red Star, etc.) The parcels will be destined for countries neighbouring Nigeria and be either received by established Nigerian communities outside of Nigeria or transported by road through the common borders of Nigeria. Shipping narcotics via containers is also on the increase. The shift in trends are due to heightened security measures at the Murtala Mohammed International Airport (MMIA) in Lagos and also because the neighbouring countries Togo, Benin, Niger and Cameroon have no agencies dedicated to narcotics law enforcement and minimal security at airports, harbours, etc.

A major transit country for Asian heroin and Latin American cocaine, Nigeria remains the focal point for most West African trafficking organisations. Nigerian traffickers continue to expand their operations in Nigeria and other parts of West Africa. In addition, Nigerian traffickers are well established in south-east Asia, Europe, and are rapidly entrenching themselves in such diverse places as South Africa, the former Communist block countries of Eastern Europe, Brazil and New Zealand.

The traffickers are reported to have resorted to more complex routes using fake and multiple documents. The drug traffickers use the Brazzaville/Abidjan route as transit points for drugs from Asia and Latin America. Traffickers utilise at least two passports, starting their trips with one passport from country of departure to Brazzaville and then on to Asia and Latin America with the second passport. On return journey the passport used in the first leg is once again used to enter Abidjan, Lome or Cotonou from where they enter Nigeria by land border or travel directly from Brazzaville to Lagos.

The Nigeria-South Africa-Rio de Janeiro route has also been reported to be an emerging drug trafficking route. The traffickers travel to Harare via Accra and Swaziland, obtain a visa for South Africa, travel by road to South Africa and proceed to Latin America. The use of minors with foreign passports as couriers to convey drugs to Europe and the United States of America from Nigeria is an emerging trend in trafficking.

No progress on the amendment of the Money Laundering Decree to broaden its scope to make it more potent and effective, an intention announced by the Government of Nigeria and widely reported in the local press, has been recorded so far.
III. Short prioritised identification of needs for external assistance as put forward by the authorities

The development and strengthening of the human resources and technical capacities in drug control, the capacities in drug supply reduction especially the drug law enforcement capacities at the airports, the seaports and land boarders; the communications system and automation; the collection of data and statistics, studies and analysis for drug demand reduction; support to the NGO community and the civil society in drug abuse control.

Review and strengthening of the existing legislation to cover the loopholes and make the drug related law more effective for implementation.

The lack of cooperation and the coordination between NDLEA and other entities and organs of the government related to drug control remains one of the major weaknesses in drug control in Nigeria.

IV. Mini-Dublin Group recommendations

with respect to

Political initiatives

The Mini-Dublin Group and the Major Donors may initiate a dialogue with the Government of Nigeria to review, *inter alia*, the amendment of the existing drug legislation to make them more practical, effective and easy in implementation.

The dialogue at the highest political level for the implementation of the various political declarations by OAU and ECOWAS may be useful in strengthening the coordination and cooperation on drug control among the states.

The substantive implementation of the political commitment of the Government of Nigeria as indicated and expressed by a comprehensive drug legislation, strategy and the Master Plan may be another area for political discussions at the highest level.

Donor community priorities in the light of points II and III above.

The strengthening of the law enforcement capacities, the human resource development both in supply and demand reduction and the collection, analysis and the management of data, statistics and information especially in drug demand reduction.

South Africa

The seventh meeting with the mini-Dublin Group in South Africa was held on 25 November 1998 in Pretoria under the chairmanship of Sweden. It was the second meeting convened by the Swedish chair in Pretoria. Advocate Frank Kahn, chairman of the South African Drug Advisory Board, was invited to make a presentation of the drug
situation in South Africa and to inform the members of the mini-Dublin Group about the Draft National Drug Master Plan. Ms Bes Steyn, Deputy Director at the Department of Foreign Affairs, also attended the meeting and Mr Frank Albert representative of ODCCP in Southern Africa gave a presentation of the work of the organisation.

I. General situation in the country

There is a political will on the South African Government's side to deal with the drug situation in the country. Over the past six months the strategic planning to come to terms with the drug situation and the South African adherence to the international and regional legal framework have moved forward considerably. Parliament has approved South Africa's accession to the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and the accession instrument will most likely be deposited in December. Furthermore, the country has become a signatory to the SADC-protocol on Combating Illicit Drug Trafficking and a National Drug Master Plan has been approved by Cabinet.

However, the gap between the political will and the strategic planning on the one hand and the implementation of these strategies on the other hand is still significant. The drug situation in South Africa in respect of production, demand as well as trafficking has not improved over the last six months and there is no indication that the country will turn the situation around in the immediate future.

In his presentation to the mini-Dublin Group Advocate Kahn gave prominence to the fact that alcohol and cannabis (dagga) abuse is the biggest drug related problem facing South Africa at the moment. Even if the use of drugs such as cocaine, crack and heroin is on the increase, in his view, it is marginal in comparison with the abuse of alcohol and dagga and the consequences these latter abuses have on individuals and the society at large. 45 percent of the drug abusers in South Africa live in remote rural areas and of these 50 percent are illiterate. To disseminate information on drugs and drug abuse to this group and to implement rehabilitation programmes, taking into account that 11 official languages are spoken, constitutes a major and costly task for the South African Government.

II. Institutional and legal framework

Since the last report of the mini-Dublin Group in Pretoria in June 1998 the South African Parliament has approved the country's accession to the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Ms Steyn advised the Group that South Africa should be able to deposit the accession instrument in December and that the country now will be able to implement the 1988 United Nations Convention fully. After acceding to this Convention, South Africa will be a party to all relevant United Nations treaties on drugs and drug control.

South Africa attaches importance to regional efforts and co-operation to combat illicit drugs and the country has now ratified the SADC-protocol on Combating Illicit Drug Trafficking. The Protocol will only enter into force when 2/3 of the SADC member states have ratified it. The fact that no more member states, than
the seven that have already ratified the Protocol, are likely to ratify the SADC-protocol at this stage, with the consequence that the Protocol will not enter into force in the immediate future, is therefore of great concern to the South African Government. South Africa is under the impression that donor funds for the implementation of the Protocol are not likely to appear until the Protocol has entered into force and even if South Africa and other SADC-countries are committed to its implementation, this will most likely be hampered by lack of funds.

As regards the elaboration of a National Drug Master Plan, a draft Master Plan has been presented to and approved by the Cabinet. Approval by Parliament is now the next step in the process. South Africa looks upon its National Drug Master Plan as a framework for the development of a five year strategic plan of action. It puts emphasis on establishing capacity to deal with the drug situation nationally as well as on provincial and local levels. In order to achieve its aims the Master Plan identifies five main areas of focus, namely crime, youth, community health and welfare, research and information dissemination and international involvement. Communication has been identified as a sixth overriding and overarching goal.

Production related issues

The production of cannabis (dagga) continues in South Africa and the country ranks among the world’s most significant producers of cannabis. The bulk of this production is destined for the domestic or regional market, with some shipments made to the UK and the Netherlands. Large scale commercial cultivation for export is mainly confined to KwaZulu-Natal and the Transkei (the former “homeland” situated in the Eastern Cape).

The production of mandrax in South Africa is still relatively small in relation to the quantities imported and is mainly for domestic consumption.

Demand related issues

Alcohol remains the most commonly abused substance in South Africa followed by cannabis (dagga). The simultaneous use of dagga and mandrax or dagga and alcohol is widespread. The abuse of alcohol and dagga constitutes an overwhelming problem in South Africa.

An increase in the use of Rohypnol has been noticed over the past six months.

The demand for ecstasy on the South African market is increasing, especially at clubs and discos in the big cities such as Johannesburg, Cape Town and Durban. Most supplies of ecstasy originate from the UK and the Netherlands and are linked through co-ordination among the syndicates to the import of cannabis from South Africa to these two countries.

The demand for cocaine and crack is still on the increase. Although cocaine was not initially popular, Nigerian syndicates succeeded by creating a crack market. As more cocaine has been imported for conversion into crack a demand for the pure product has developed.
Heroin was not available in South Africa nine months ago, but is now sold at a low price, mainly in the big cities. This trend is driven by the Nigerian syndicates, which have succeeded in establishing an export market via South Africa and are now trying to establish an internal market for the product. The market for this drug is however still limited, but an increase in demand is expected.

**Trafficking issues**

As the mini-Dublin Group in Pretoria mentioned in its last report, South Africa is being used as a springboard for international trafficking syndicates, especially those from Asia and South America. Furthermore, Johannesburg has rapidly replaced Lagos as the primary Nigerian operations centre for the continent and the Nigerians have consolidated their position over the last six months. Russian groups also operate in the city as well as syndicates from Israel.

The country has emerged as a key destination for cocaine traffickers with the Nigerian syndicates controlling the supply of cocaine to the South African market and overseeing the movement of drugs direct from South America to Europe.

As mentioned above the Nigerian syndicates in Johannesburg have established an export route for heroin via South Africa and trafficking seems to be on the rise.

In respect of the widely abused drug mandrax, 80 percent of the global production of this drug is imported to South Africa.

**III. Need for External Assistance**

The United Nations Office for Drug Control and Crime Prevention (ODCCP) has now established a regional office in Pretoria for Southern Africa. The aim of ODCCP’s regional office is to develop on a bilateral basis support for the basic structures controlling drugs and crime prevention in the countries for which it is responsible and also to work on a regional basis to address these issues. To enhance regional co-operation ODCCP aims at concluding a memorandum of understanding on drug control issues with the SADC-secretariat in Gaborone. Co-operation with the Southern African Regional Police Chiefs Co-ordinating Organisation (SARPCCO) and the SADC Legal Committee is also anticipated.

ODCCP will soon start a programme on capacity building and human resource development in South Africa through Train the Trainer and drug interdiction programmes. The conclusion of an agreement in respect of this programme has been delayed, but it is now ready to be signed and implementation is envisaged for the coming two years. ODCCP also has bilateral crime prevention programmes with South Africa and bilateral drug control programmes with other countries in the region.

France, Germany, Sweden, UK, and USA are contributing bilateral assistance to South Africa. A customs officer from UK has provided training for the Narcotics Bureau staff at Johannesburg Airport for a period of three months earlier this year and this exercise will most probably be repeated in the future. UK has also performed a training needs
analysis in South Africa and the report is now being finalised. USA is cooperating with the South African Police Services on controlled deliveries and also works with different outreach programmes in schools. Sweden has supported the reprinting of the brochure “The South African Guide to Drugs and Drug Abuse” with information in all 11 official languages. Canada, France and Germany are cooperating with South Africa in the field of crime prevention, organised crime and immigration related issues. Germany will appoint a drug liaison officer to South Africa during 1999. Portugal is in the process of initiating co-operation between the Portuguese and South African Police Services.

The European Commission is mainly adopting a regional focus to address drug related issues. The officer within the SADC-secretariat working with the SADC-protocol and related programmes is financed by the Commission. His contract has been extended until June 2000. The development of two studies on the drug situation in Africa is being supported by the Commission and a financial contribution is being considered for the SADC Regional Drug Control Programme (SRDCP) for 1998-2002. The Commission finally covers a major part of the cost of the ODCCP programme on capacity building and human resource development in South Africa.

In his presentation Advocate Frank Kahn drew the attention of the mini-Dublin Group to South Africa’s need for support to purchase TV and video sets to be used by the 382 locally established action committees as envisaged in the Draft National Drug Master Plan.

IV. Recommendations

- It was agreed that the political profile on questions related to the drugs and narcotics situation in South Africa must be raised and made more visible. To this end the chair will continue to liaise with the ODCCP in Pretoria to discuss how the mini-Dublin Group could contribute to such efforts.

- The member states of the mini-Dublin Group stressed the importance of not looking at donor assistance to combat drug abuse as an isolated phenomenon, but to mainstream the question of drugs and drug abuse into more general development assistance strategies.

- The member states also underlined the importance for ODCCP in Pretoria to be a resource for the whole region and not only for South Africa and recognised that the work of ODCCP so far has had a regional approach.

- The fact that no more member states, than the seven that have already ratified the SADC-protocol on Combating Illicit Drug Trafficking, are likely to ratify the Protocol at this stage, with the consequence that the Protocol will not enter into force in the immediate future, is of concern to the mini-Dublin Group in Pretoria. It is therefore recommended that this issue is brought up with representatives of Governments in the region that have not yet ratified the Protocol, possibly through the ODCCP in Pretoria.
Tanzania

The Mini-Dublin group met in Dar es Salaam on 2 December. The meeting was attended by representatives of 11 countries, the EU, UNDP, UNDCP Nairobi office as well as the Regional Drug Liaison Officer of the British High Commission in Nairobi. The following is an updated report on the situation in Tanzania.

I. General Situation in the Country

Before 1989, Tanzania's only contact with drugs was the traditional cultivation of Bhang (Cannabis) and Khat in some parts of the main-land. Since then the situation has radically changed and new forms of drugs have found their way into the country. Tanzania has become a transit route for drugs such as Hashish, Methaqualone, Cocaine, Heroin, Opium and precursor chemicals.

Tanzania has a favourable geographical location along trafficking routes with numerous possible illegal points of entry. The drugs are transited to Europe, the United States and South Africa. Their origin is in Asia (Pakistan, Syria, India, Thailand and Burma) and South America. A new route is via air by Iran. The drugs are brought in by Sea, air, roads and train. Main points of entry are the airports of Dar es Salaam, Zanzibar and Kilamanjaro and the ports of Dar es Salaam and Zanzibar. Another port of entry is via Mombasa, Kenya.

As a result the drug abuse, mainly Cannabis and Khat is augmenting, especially amongst young people. Heavier drugs, mostly heroin, are being used in small quantities within the richer classes of the population. Furthermore the growing tourism industry has stimulated a larger demand for narcotics which has stimulated traffickers to increase supply in certain regions. This also has an effect on the local populations.

In addition there are recent strong indications of a drugs-arms connection in the country which is linked to the great arms demand in the Great Lakes Region.

II. Institutional Framework

In 1995 Tanzania passed The Drugs and Prevention of illicit Traffic and Drugs Act, which establishes severe punishments for the production and trafficking of narcotics. It stipulate long sentences, including life imprisonment, and forfeiture of property derived from or used in the illicit trafficking of narcotic drugs. The offences are not bailable.

Tanzania has ratified one of the three UN conventions, namely the 1988 convention on narcotics. Within the SADC framework, Tanzania has signed the Mmabatho Protocol in November 1995. In January 1997 The Inter-ministerial Anti-Drug Commission was established, it is chaired by the Prime Minister and it co-ordinates drug control policies as well as national and sub-regional co-operation. The Commission has a small budget (USD 250 000) and has since last year organised its offices and staff have been engaged.
The country has two anti-drug police units, one on the mainland, the other on Zanzibar. There is evidence that a structured co-operation between the drug police in Uganda, Kenya and Tanzania has recently been established.

Production related issues

Traditional cultivation of Cannabis and khat takes place in remote parts of the country, mainly for domestic use but increasingly for export. No figures exist, but the production is said to be increasing. In March 1998 a machine for the production of Methaqualone was seized in the port of Dar es Salaam which originated from India. It has been established that the trafficking of Mandrax along the East African coast to South Africa has diminished. It is still unclear whether Mandrax has been substituted by other drugs or if Mandrax is produced locally.

Demand related issues

There has been no study of consumption in Tanzania. But it is said that the domestic demand is increasing. One factor is the “spill-over effect” from the increased drug trafficking, another is the increased tourism. Cannabis is mainly used amongst the young people, where as heroin and cocaine among the more affluent in the society. The tourist Industry has brought with it increased demand and has for example, brought ecstasy to Zanzibar.

Trafficking related issues

Due to a favourable geographical location and poor control at the borders as well as poor law enforcement capacity Tanzania has become a major transit country for narcotics. It should be pointed out that the control at the ports is especially difficult as refined methods of forged documents are being used. This combined with poor controls and easily bribed officials makes the situation extremely precarious. Trafficking through private mail courier companies is becoming more common. Only small amounts are seized due to the lack of resources and to corruption. It is feared that cocaine can grow into a larger problem. Illegal West African immigrants in South Africa apparently are handling this traffic and there is a substantial risk for “spill over” in Tanzania.

It is very difficult to obtain information on money laundering but for many years money laundering has existed in Zanzibar and more recently on the mainland, due to the liberalisation of the economy.

III. Need for External Assistance

Tanzania has not yet produced a National Drug Control Plan. According to the Anti-Drug Commissioner the process has started and UNDCP will assist in formulating the Plan. It appears however, that it is not likely to be finalised before 1999. The Commission is playing a more active role now than in 1997 although it has a small budget.
Tanzania has received technical assistance from the UNDCP. After a delay of three years a 698,000 USD multisectoral project is in progress. The recruitment of a local Project Coordinator is under way. The project is housed with the Anti Drug Commission and includes strengthening of both sea and airport surveillance. Tanzania also receives UNDCP support in capacity building and law enforcement (training of police, port officials, sniffer dogs etc.) together with other countries in the region.

Bilaterally there are few project but the US supports training of high and low level air and sea port personnel as well as immigration officers to be coordinated with the UNDCP. The UK supports co-operation between heads of the drug police in Tanzania, Uganda and Kenya.

The Tanzanian authorities call for provision of working equipment and training of the law enforcement officers as well as preventive education in schools and the rehabilitation of drug addicts.

IV. Recommendations

Considering that Tanzania - according to the UNDCP - is one of the priority countries in the region, little is being done. The mini-Dublin Group has already recommended that Tanzania should be considered a vulnerable country for trafficking and abuse in the region and that a representative of the UNDCP should be installed there. More bilateral assistance should also be considered. A concrete step forward has now been achieved through the starting of the UNDCP multisectoral programme.

There is a close link between the fight against drugs and good governance. The co-operation on good governance should therefore continue and if possible be strengthened. The co-operation on good governance should therefore if possible be strengthened.

Special efforts should be made in order to suppress the development of the interlinking of the arms and drug trade in the region.

Priorities identified for extended co-operation are:
- Capacity building through training of officials.
- Information campaigns, education on the prevention of drug abuse in conjunction with institutions and NGO’s.
- Assistance in the elaboration of the National Drug Control Master Plan as well as support for the ratification of the 1971 UN Convention on Drugs and the East African Protocol on Drug Trafficking between Kenya, Uganda and Tanzania.

Zambia

I. General Situation in the Country

Zambia is still considered an important transit country for illicit drugs within Africa. Like other countries that suffer from drug trafficking it is becoming increasingly apparent that there has also been a spill over effect. Zambia today faces problems with local...
consumption and more recently in the production of cannabis and methaqualone. However, the general drug situation and the trafficking patterns have not changed much during the last six months.

II. Institutional Framework

Zambia has a relatively well developed institutional framework for combating illicit drugs. The implementation of the National Drug Control Masterplan Strategy for the period 1996-2000, which has been developed by the Drug Enforcement Commission (DEC), proceeds at a slow pace due primarily to a lack of funding.

- At a policy level, there have been three important developments during 1998:
- in August the cabinet ratified the SADC Protocol on cross border drug trafficking,
- in June, Zambia participated at a ministerial level in the UNGASS where a strong statement was made against legalisation of cannabis, and
- at the just ended session of Parliament, a quite progressive Bill on Prohibition and Prevention of Money Laundering was presented. The second reading was done in November.

Production related issues

Zambia today faces problems with production of cannabis and methaqualone. The extent of the production is relatively limited.

Demand related issues

Due to the increased trafficking of drugs there has been a spill over effect of hard drugs. A new drug abuse problem, “drug tourism”, is also emerging in Livingstone. In the area of prevention, the DEC are running awareness programmes to
- educate the youth in secondary schools, and
- create awareness through seminars and workshops in higher institutions.

Trafficking related issues

According to the DEC, over 1,000 drug dealers have been arrested and approximately 1 million US$ worth of drugs have been seized during 1998.

III. Need for External Assistance

The following projects have been identified by different donor countries needing external assistance:
- Finland provides FMK 500,000 ($100,000) for 1998, as well as for 1999, for sniffer dogs, training and some infrastructure.
- A European Commission programme for 1999-2001 in the area of demand reduction & data/information collection has been approved and will commence in October. The total budget is 1,100,000 ECU.
US Embassy is planning a project on border security and will invite other donors to join.

UK completed a three-year programme building management capacity and staff development, and providing equipment for the DEC in 1998. The total budget was £250,000 (US$415,000).

Sweden financed a visit to Stockholm in May 1998 for DEC and the city council of Lusaka to participate in the seminar “European Cities Against Drugs”.

Sweden financed a City Mayors Seminar in August 1998 with the purpose of sensitising all mayors in Zambia on the emerging drug problem in Zambia.

Mini-Dublin Group Activities in Zambia

The MDG in Zambia has met twice during 1998. In addition to that a smaller number of MDG-members have met to discuss means and ways to strengthen the role and function of the MDG.

In Lusaka, Sweden also organised an internal seminar for the chairmen of all MDG’s in Africa with the purpose of informing and discussing on the drug situation in the region. Resource persons from UNDCP and the European Commission participated.

The DEC took the advantage of these resource persons being present to organise a workshop for Zambian authorities & NGO:s on “The Emerging Drug Problem in Africa”.

Zimbabwe

I. General Situation in the Country

Although the seizures of illicit drugs in Zimbabwe, compared to countries in other regions, are limited, the trends are worsening. This is partly due to the saturation of the traditional drug markets, leading to new markets being established in Zimbabwe and in the region as a whole. The countries in the SADC region have become increasingly attractive to drug traffickers both as emerging markets, distribution and transit point for a variety of illicit substances. There has also been an increasing tendency for the region to be used as an export base for the African Sub-Region as well as Europe.

This increasing drug problem has to be viewed against a background of the prevailing economic climate which has been and remains a common sight not only in Zimbabwe but in the entire Sub-Region. Needless to say therefore, is the unenviable and undeniable connection between this problem and the resultant socio-economic problems forcing people into drug trafficking and abuse activities.

The local production consists exclusively of cannabis. Twenty percent of the cannabis available in the country is grown locally by rural tribesmen and to a lesser extent by farm workers within the commercial farm sector.
The local consumption is mainly limited to cannabis. The bulk of the drug is imported from neighbouring countries (Mozambique, Malawi and Zambia) by criminal networks comprising of local and foreign nationals. The consumption of cocaine is second to cannabis and is mostly confined, because of the relatively high costs, to the rich, mainly white, community. However, there is an increasing trend of its use. There has been a resurgence of LSD and Ecstasy in the last two years mostly among the Zimbabwean youth. The local abuse of heroin is limited and there are no signs of an increasing market. There is no local market for methaqualone in Zimbabwe.

Zimbabwe is a conduit for cannabis to Botswana, South Africa and European markets. The trade of cocaine is under the control of the Nigerian Mafia who are responsible for the contacts with the Latin American Mafia. The drug arrives to Zimbabwe from Latin America via various European countries, Mozambique and South Africa or via West Africa ports. The bulk of the drug is then re-exported by the Nigerian syndicate. The bulk of heroin arriving in Zimbabwe is on transit. The drug comes via West Africa. The methaqualone situation seems to have stabilised if not stagnated in the last two years and competition from other drugs for the markets in South Africa has emerged and developed. The only known source is India and Pakistan. Source countries for the trafficking of LSD and Ecstasy are mainly European countries and South Africa. No prosecutions related to drugs have been brought under money laundering legislation, but recent liberalisation of the economy may have made laundering easier.

II. Institutional Framework

Zimbabwe has ratified the three UN drug control conventions, the SADC protocol combating illicit drug trafficking and the OAU Plan of Action for Drug Control. It is a member of Interpol (the regional sub-office is situated in Harare), and of the International Customs Organisation. Furthermore, Zimbabwe has enacted legislation that enables prosecution for drug consumption, trafficking, and money laundering.

In general, the legal framework is in place even if there seem to be a lack of political will and awareness to address the drug control issues. There are also problems concerning the institutional framework, which can be seen as result of a lacking political will. One example is the poor co-ordination between the different law enforcing agencies and responsible ministries.

A framework for a national master plan for drug control has been drafted by the GoZ and NGO's. The aim is to develop it into a operational national master plan which would be the controlling document in the field of drug control. The plan would be synchronised with the national drug strategy.

III. Recommendations

The Mini-Dublin Group notes the growing drug control problem in Zimbabwe and the region, and the need to promote awareness of this within and outside the region and recommends Zimbabwe to continue its efforts to finalise a national master plan for drug control as well as a national drug strategy at the police level.
The Mini-Dublin Group notes the need to improve the institutional framework, including customs service and border control, in order for the Zimbabwean authorities to be able to implement the master plan and the drug strategy.

The Mini-Dublin group notes the need of support for training activities and increased awareness within the police force (ZRP) and recommends the further regional integration within SADC in the area of drug control.