African Union

THE PAN-AFRICAN EPIDEMIOLOGY NETWORK ON DRUG USE

REPORT

01 JANUARY 2016 – 31 DECEMBER 2021

STATISTICS AND TRENDS
ON ILLICIT DRUG USE,
TREATMENT DEMAND AND SUPPLY
IN AFRICA

THE PAN-AFRICAN EPIDEMIOLOGY NETWORK ON DRUG USE

REPORT

STATISTICS AND TRENDS
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TREATMENT DEMAND AND SUPPLY
IN AFRICA

A comprehensive overview of illicit drug trafficking, drug use, and related trends to strengthen research and data collection capacity for drug use prevention and treatment in Africa

**THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE**

REPORT

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African Union

Content

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

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Commissioner for Health, Humanitarian Affairs
and Social Development.
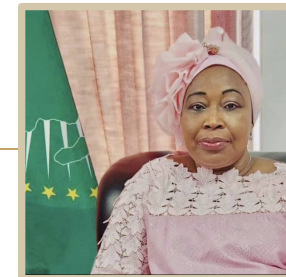
Foreword

I am delighted to present to you the 2023 Pan African Epidemiology Network on Drug Use (PAENDU) Report. The report is based on the standardized data provided by Member States participating in the African Union Drug Demand Reduction Project, which aims to strengthen research and data collection capacity for drug use prevention and treatment in Africa.

The report provides a comprehensive overview of illicit drug trafficking, drug use, and related trends on the continent and serves as a valuable resource for reviewing and designing effective legislative, policy, and operational responses at national, regional, and continental levels to address drug demand and supply reduction. It is important to note that 33 Member States submitted their national drug epidemiology reports for 2021, marking a significant improvement in drug reporting in Africa.

Based on the findings of this report, alcohol is the most commonly reported psychoactive substance used among individuals in treatment. Furthermore, the report highlights that apart from alcohol, cannabis remains the primary drug for which people seek treatment in Africa. There is also a growing issue of trafficking and consumption of opioids such as heroin, tramadol, and codeine. The non-medical use of pharmaceuticals, particularly tramadol in West, Central, and North Africa, and codeine in Southern Africa, poses significant concerns for public

health, safety, and law enforcement. Additionally, the continent has experienced a significant rise in New Psychoactive Substances (NPS). The 2023 PAENDU report further revealed that children (aged nine years and above) were in treatment for substance use disorders, indicating early initiation of substance use in some settings while the individual Member State epidemiology data for some Member States reflected more women in treatment for disorders related to the nonmedical use of prescription medications.

To address these challenges, the African Union Commission urges Member States to strengthen support in prevention and treatment for drug dependency, considering the magnitude and complexity of new trends in drug trafficking and use, and their impacts on health, society, economy, and security. It is crucial to strengthen research, information collection, and the development of monitoring systems to support the implementation of evidence-based responses. As specified in Agenda 2063, the blueprint for Africa's transformation, the African Union Commission is committed to collaborating with Member States to find a multi-sectorial balanced and integrated solutions to address drug challenges and promote socioeconomic development in Africa. It is therefore my sincere hope that the evidence presented in this report will serve as an impetus to effectively tackle the menace of illicit drug trafficking, drug abuse and related disorders in our continent.

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Acknowledgements

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Acronyms

ATS	Amphetamine Type Stimulants
AUC	African Union Commission
CCAD	Commission for Coordination of Combat of Alcohol and other Drugs
ECOWAS	Economic Community of West African States (ECOWAS)
EU	European Union
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
INCB	International Narcotics Control Board
INP	Integrated National Plan
LSD	Lysergic acid diethylamide
NAFDAC	National Agency for Food and Drug Administration and Control
NDLEA	National Drug Law Enforcement Agency
NENDU.	National Epidemiology Network on Drug Use
PWUDs	People Who Use Drugs
OTC	Over-the-counter drugs
RECs	Regional Economic Communities
SUDs	Substance Use Disorders
UN	United Nations
UNGASS	United Nations General Assembly Special Session on the World Drug Problem
UNODC	United Nations Office on Drugs and Crime
WENDU	West African Epidemiology Network on Drug Use
WHO	World Health Organisation

African
Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

01 JANUARY 2016 – 31 DECEMBER 2021

STATISTICS AND TRENDS
ON ILLICIT DRUG USE,
TREATMENT DEMAND AND SUPPLY
IN AFRICA

1

Executive Summary

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

This executive summary provides an overview of the background to the report, brief highlights of the drug report for 2021, trends in drug treatment demand and drug supply reduction in Africa (2016-2021), specific details of drug information for the five African Union regions, the relevance of main findings of the report for drug policy formulation. The summary also provides insights related to drug data reporting, collaboration and partnerships, expansion of treatment centres, tailored interventions, and monitoring and evaluation.

Background

The Pan African Epidemiology Network on Drug Use (PAENDU) was established in response to the increasing drug-related challenges in Africa. The continent faces risks from the use and trafficking of various drugs, including new psychoactive substances (NPS) and other substances not subject to international regulations. PAENDU aims to address the lack of harmonized and reliable drug-use data by promoting systematic data collection, analysis, and reporting. The project connects national drug observatories and epidemiological networks to provide Member States with crucial data about their drug situations. PAENDU has successfully connected several African Member States networks, and its reports serve as valuable resources for policymakers and experts. Over the years, the number of Member States reporting drug data and treatment facilities reporting data has increased, indicating progress in reporting and analysis. PAENDU plays a crucial role in improving drug control efforts and public health outcomes across Africa.

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Drug Report for 2021

In 2021, 33 African Member States submitted national drug reports, with 21 Member States reporting drug treatment data and 18 Member States reporting drug supply reduction data. Most of these reporting Member States (52.8% for drug treatment data and 61.1% for drug supply reduction data) were located in West Africa. However, out of the 21 Member States reporting drug treatment data, only four Member States provided information on the number of treatment centres. South Africa (103) had the highest number of treatment centres that reported drug treatment demand data, followed by Kenya (52). The drug treatment data reported highlighted several indicators, including sociodemographic characteristics, proportion of new and old cases, inpatient or outpatient treatment, sources of referral, primary substances used, primary mode of substance use, testing for HIV and other infections, and sources of payment for treatment services.

Regarding admission and entrance into drug treatment, more than a quarter of individuals were managed as inpatients, while approximately 70% were new entrants. Nearly 80% of individuals in drug treatment were referred by themselves, family, or friends, and a significant proportion (40%) were unemployed. The primary substances used by individuals in drug treatment were alcohol, cannabis, and heroin. Alcohol accounted for about 20% of the primary substances. Apart from alcohol, cannabis and heroin were the most commonly reported drugs.

Gender disaggregation revealed that a significant proportion of women (approximately a quarter) reported alcohol as their primary substance used. The proportion of women varied for other substances, with one in six for ATS, 12% for cocaine/crack, and 8% for cannabis. Smoking was the most common mode of drug administration among individuals in treatment, followed by oral use. In terms of age, individuals aged 30-34 years were the most common group seeking drug treatment, and the majority of individuals in treatment were youths. Knowledge of HIV status among individuals in treatment was low, with only 3% having knowledge of their HIV status.

In terms of drug supply reduction, there were 24,317 drug-related arrests in Africa in 2021, with women comprising 8% of those arrested. The main drugs seized were cannabis, cocaine/crack, and heroin. These findings provide valuable insights into drug treatment demand and drug supply reduction in Africa, highlighting the need for targeted interventions, increased accessibility to treatment centres, and improved HIV testing and prevention services.

African
Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Trends in drug treatment demand and drug supply reduction in Africa, 2016-2021

The data on drug treatment in Africa from 2016 to 2021 indicates a significant increase in the number of individuals seeking treatment for substance use disorders. This rise can be attributed to improved drug data reporting by Member States and increased engagement in drug data collection and training. The data shows that alcohol use disorders accounted for a substantial portion of treatment admissions, with a significant increase in the number of people seeking treatment for alcohol-related issues. The majority of individuals entering treatment were located in Southern and East Africa, and South Africa had the highest number of reported drug treatment centres.

When considering sociodemographic factors, the data reveals that the majority of individuals accessing drug treatment services were males, with females making up a small proportion. Women may face discrimination and systemic barriers in accessing treatment, which could contribute to the lower percentage of women seeking help. The age group most represented in treatment was 15-44 years, and the majority of individuals had at least a secondary education. Unemployment was common among those seeking treatment. The data also provides insights into the details of drug treatment, including the proportion of new cases and the use of inpatient treatment. The majority of individuals accessing treatment were new entrants, and a significant portion received inpatient care. Referrals to treatment primarily came from self, family, and friends, highlighting the importance of community support.

Regarding specific substances, alcohol was the most commonly reported primary substance, followed by cannabis, opioids (such as tramadol and heroin),

cocaine/crack, and other substances. Alcohol use showed a slight increase over time, with higher prevalence in East and Southern Africa. In the reporting period, cannabis use demonstrated a marked increase, particularly in Southern Africa. Tramadol and heroin were also frequently reported substances, with gender differences in their use. Cocaine/crack use was relatively low but showed a slight increase, primarily in Southern and West Africa. The report highlights the growing demand for drug treatment in Africa over the period and provides insights into the sociodemographic characteristics and primary substances used by individuals seeking help.

From 2016 to 2021, efforts to reduce drug supply in Africa have been observed through illicit drug trafficking data reported by Member States. The data reveals drug seizures and arrests, providing insights into the types and quantities of drugs seized and the number of individuals arrested, disaggregated by gender. While these indicators may not directly represent the extent of illegal drug trafficking, they may reflect the capacity of drug law enforcement agencies and the priority given to suppressing drug supply.

Over the six-year period, a total of 200,490 tonnes of drugs were seized in Africa. The quantity of drugs seized showed an increasing trend, peaking at 100,140 tonnes in 2018 before declining to 6,827 tonnes in 2021. Cannabis-type drugs accounted for the majority (51.1%) of the seized drugs, followed by captagon (47.3%). Other commonly seized illicit drugs included heroin (1.0%) and other substances (0.6%). The data also highlights the presence of cocaine and crack cocaine in Africa, with a cumulative seizure of 59.1 tonnes over the reporting period. However, this quantity represents

African Union

**THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE**

REPORT

less than 0.1% of the total illicit drugs seized, suggesting that cocaine-type substances constitute only a small fraction of the overall illicit drug trade in the continent. West Africa had the highest quantity of cocaine-type substances seized, indicating its significance as a transit point for cocaine trafficking due to its proximity to South America. In addition to cocaine, other drugs seized in Africa included codeine, khat, ephedrine, methamphetamine, and amphetamine-type substances. Codeine seizures were primarily concentrated in West Africa, while

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methamphetamine and amphetamine-type substances were seized across various regions except for Central Africa. The findings of this report emphasize the need for improved access to treatment for women and the importance of community support and referral systems. Furthermore, the data underscores the complexity and challenges associated with addressing the illicit drug trade in Africa. While efforts are being made to reduce drug supply through seizures and arrests, the quantities seized highlight the persistent nature of the problem and the need for continued enforcement and international cooperation

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Region-specific drug information

A section of the report provides essential drug information specific to each region, focusing on Central Africa, North Africa, East Africa, Southern Africa, and West Africa. Spanning 2016 to 2021, the report includes information on drug treatment, drug seizures, and arrests.

In Central Africa, cannabis was the most common substance for which people entered treatment, with 10% of those in treatment being women and 25% being adolescents. Cannabis-type substances were also the most commonly seized drugs in the region. In North Africa, heroin was the primary drug for which people sought treatment, followed by cannabis, tramadol, and cocaine. Heroin accounted for the majority of drug seizures in the region, with captagon being the principal drug seized. The average number of arrests for drug-related offenses was 76.3 per 100,000 population.

East Africa reported heroin as the most commonly reported substance among people in drug treatment, with 6% of those in treatment being women and 17% being adolescents. Heroin also accounted for the majority of drug seizures in the region. Southern Africa saw cannabis and alcohol as the most commonly reported substances among people in drug treatment. A significant number of adolescents and women sought treatment in the region. Cannabis and heroin were the principal drugs seized, with an average of 27.5 persons per 100,000 population being arrested annually for drug-related offenses. In West Africa, cannabis was the most commonly reported substance in drug treatment, followed by alcohol and heroin. The region also had a significant number of adolescents and women seeking treatment. Cannabis was responsible for the majority of drug seizures, followed by tramadol.

Overall, these findings highlight the prevalence of cannabis and heroin in several regions, as well as the importance of addressing drug use among adolescents and women. The data on drug seizures and arrests emphasize the ongoing efforts to combat drug-related offenses in these regions.

African Union

Policy implications of the findings

This report highlights the key points from the findings regarding drug-related arrests in Africa, including trends, gender and age disparities, regional variations, limitations, and contextual factors. Additionally, the challenges faced by Member States in drug control and recommendations for prevention, treatment, and care of people with substance use disorders are outlined. The findings emphasize the importance of enhanced data collection and reporting, strengthened collaboration and partnerships, expansion of treatment centers, and tailored interventions based on data analysis. These policy implications can guide policymakers in making evidence-based decisions, allocating resources effectively, and addressing specific drug use patterns and treatment needs in different regions of Africa.

The data on drug-related arrests reveals an overall increase and subsequent decline, gender and age disparities, regional variations, and the need to consider contextual factors. Understanding these trends and patterns can inform the development of targeted interventions and policies to effectively address drug-related challenges in Africa.

The challenges faced by Member States in drug control include leadership changes in law enforcement agencies, the impact of the COVID-19 pandemic on data collection, and the lack of capacity among treatment facility focal points to collect, analyze, and report drug data. To address these challenges, recommendations are provided for Member States (MS), the African Union Commission (AUC), Regional Economic Communities (RECs), UN agencies, international development partners, and civil society organizations. These recommendations focus on improving access to treatment, strengthening capacity, expanding community-based services, developing technical tools, advocating for funding and policy support, and promoting evidence-based prevention and treatment interventions. By implementing these recommendations and addressing the policy implications, policymakers, organizations, and stakeholders can work towards reducing drug-related harms, improving public health outcomes, and supporting individuals with substance use disorders on their path to recovery.

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
REPORT

Explanatory Note

This continental drug report was developed in the context of the African Union Plan of Action on Drug Control and Crime Prevention (2016-2023, extended to 2025) and recognises the particular need for harmonized information on drug use in the continent. The preparation of this report was facilitated by the financial assistance provided by the Bureau of International Narcotics and Law Enforcement Affairs (INL), United States Department of State.

The African Union Commission strengthened the data collection system in Africa through PAENDU. In this context, continental workshops and Drug Demand Reduction Consultations were held on data collection using the PAENDU Data Collection Form and PAENDU Member State Reporting Format. Furthermore, PAENDU Focal Points were trained on the Collection and Analysis of Data on Drug Use, and the Strengthening of National Information Systems on Drug Use. In addition, the AUC also supported the establishment and strengthening of national epidemiology networks on drug use in AU Member States. The multiple training sessions at national and continental levels developed the capacity of the focal points who work at national drug law enforcement agencies and drug treatment and rehabilitation facilities to collect and report drug data in their respective Member States.

The data reported to PAENDU using the Data Collection Form and the Member State Reporting Format by National Focal Points for 2016 to 2021 were used in the preparation of this report. The AUC in the preparation of this report, analyzed data reported for each Member State using graphs and tables where appropriate. Except otherwise stated, all graphs and tables in this report were based on the data reported by the respective AU Member States. The region-specific drug information section of this report was based on the aggregated data from Member States in the respective AU regions.

It is important to note that the data in the report were from different Member States in Africa. However, the analyses reflect a regional or continental approach such that individual Member States were not mentioned except where necessary.

Trend analyses were conducted only for relevant data elements with sufficient data for trend analyses. While considerable improvements in data quality were observed in response to continental and national training, caution is required in interpreting the findings as data were not collected from all drug treatment centres in all Member States. Hence, drug data from treatment/rehabilitation facilities and/or law enforcement agencies that are not included in the national drug information systems in their respective Member States were not included in this report.

The report comprises six primary sections, namely the introduction providing contextual information, a concise overview of the drug report for the year 2021, an analysis of the trends in drug treatment demand and drug supply reduction in Africa from 2016 to 2021, a comprehensive examination of drug-related data specific to the five regions of the African Union, and an exploration of the implications

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

of the report's key findings for the development of drug policy.

Major limitations of this report include the absence of a number of drug supply and treatment demand indicators. The quantities of drugs seized and the number of arrests are the major indicators highlighted in the Member State data reporting format. Hence, the types of drug-related offenses for which individuals were arrested could not be reported. Furthermore, drug administration routes for specific drug types were not indicated on the PAENDU data collection form. While these leave room for improvement, the reported data may be used for policy formulation and effective implementation of interventions to address the problem of drug trafficking and non-medical use of psychoactive substances in Africa.

**THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE**
REPORT
01 JANUARY 2015 – 31 DECEMBER 2021

STATISTICS AND TRENDS
ON ILLICIT DRUG USE,
TREATMENT DEMAND AND SUPPLY
IN AFRICA

2

Background

In Africa, the use and trafficking of several drugs, including newer ones, continue to pose major risks to public safety and health. In addition to illicit drug cultivation, manufacture, and production, Africa continues to be a significant destination market and a key trafficking zone. Trafficking in cocaine, heroin, and marijuana is common, but there are also concerns about synthetic opioids like tramadol, chemical precursors, narcotics and psychoactive compounds, and substances not subject to international regulations.

There is also a proliferation of new psychoactive substances and falsified medicines, hampering the control of illicit drug trafficking and regulation of internationally controlled substances. As a result, drug use has exponentially increased across the continent, as seen by the steep rise in the number of people seeking treatment for drug use disorders. However, the availability of drug prevention and treatment services is grossly inadequate in Africa. About 2 in 5 high-risk drug users in Nigeria who participated in a national survey said they had tried to receive therapy or help for their drug use but had been unsuccessful. The main obstacles to obtaining or using drug treatment services have been identified as the cost of care and the stigma associated with drug use and seeking treatment (1) Lack of harmonised and reliable data on drug use has severely impeded the development of effective interventions at the national, sub-regional, and continental levels in Africa. This has been shown in national drug epidemiology reports that nations have submitted as well as during in Member State epidemiological missions carried out by the African Union Commission.

With funding assistance from the Bureau of International Narcotics and Law Enforcement Affairs (INL), US State Department, the African Union started a new project in 2015 to strengthen research and data gathering capability for drug use prevention and treatment in Africa. By promoting systematic data collection, analysis, and reporting, the Pan African Epidemiology Network on Drug Use (PAENDU) has attempted to close the crucial strategic information vacuum created by lack of harmonised drug information in Africa. This ground-breaking project is providing Member States with crucial data about their drug situations, which can then be used to influence policies, strategies, and interventions that are founded on the best available research. The project was an immediate response to the Sixth Session of the African Union Conference of Ministers in Charge of Drug Control's recommendation from October 2014, which identified the absence of baseline data and information on drug use as a significant barrier to the adoption of evidence-based treatment and care for drug use disorders in African Union Member States. The creation of national and regional monitoring networks was strongly advised by the African Ministers.

The operationalization of the PAENDU, a continental drug surveillance system founded in 2016 to offer accurate data for examination of legislative, regulatory, and operational actions, notably in drug demand reduction, is a significant project outcome. By establishing and bolstering national drug observatories and epidemiological networks and eventually connecting them to the PAENDU, this can be accomplished. Angola, Botswana, Burkina Faso, Cabo Verde, Cameroon, Comoros, Cote d'Ivoire, Egypt, Eswatini, Ethiopia,

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Gambia, Ghana, Guinea, Lesotho, Liberia, Madagascar, Malawi, Namibia, Niger, Tanzania, Togo, Tunisia, Uganda, and Zambia were among the Member States whose national drug epidemiology networks were connected to the PAENDU as of December 31st (networks established with AU assistance). Kenya, South Africa, Nigeria, Senegal, and Mauritius already had national epidemiology networks in place when the AUC Drug Epidemiology Project commenced. Zimbabwe, Eritrea, and Sierra Leone all willingly joined the PAENDU after independently establishing their own epidemiology networks. Others, like Morocco, have long-standing networks that have not been connected to the PAENDU.

Pan-African Epidemiology Network on Drug Use (PAENDU)

Data for 2016 and 2017 were used to prepare the Pan-African Epidemiology Network on Drug Use's (PAENDU) initial report, which was released in 2019. The current report, which spans the years 2016 to 2021, makes use of data from Member States that submitted drug reports within the period.

The Pan-African Epidemiology Network on Drug Use (PAENDU) was established as a sentinel drug surveillance system to assist nations in establishing regional and national networks across the continent to: i) Monitor the trends in illicit drug manufacturing, trafficking, and consumption (based on arrest and seizure statistics); ii) Provide reliable data on the drug situation in each Member State and in the entire continent at large, for policy formulation on drug prevention and treatment of substance use disorders; iii) Develop the capacity of professionals in participating Member States towards improved data collection and management; and; iv) Facilitate the African Union Commission's annual reporting requirements.

Two standardised forms were utilised in the previous rounds of data collection to gather information from already-existing secondary sources. The first form is for drug treatment demand while the second is for information for drug law enforcement. The treatment demand form includes information on the type of centre from which the information is gathered, referral sources for treatment, sociodemographic information, drug-related information, other medical conditions, payment methods for treatment, and whether or not the client has undergone HIV and hepatitis testing in the previous 12 months. Law enforcement data includes information on the availability of the national anti-drug strategy, the quantity of drugs seized (by different categories of illegal drugs), and the conviction rate for drug offenders who have been arrested. The total number of people arrested for drug offences in the previous year is part of the aggregate data on the supply of drugs.

Data sources

In each nation, information was gathered from a number of sources. The sources of the treatment data were centres or establishments that provide services to drug users, including psychiatric hospitals, specialist drug treatment facilities, and non-governmental organization-run drug treatment facilities. Government organisations that focus on drug control, such as the police, customs, immigration, and drug control commissions, provided the law enforcement statistics.

To date, the African Union Commission has supported 27 Member States in establishing and sustaining national epidemiology networks on drug use (Table 1.1). This report covers the drug data the African Union Member States reported from 2016 to 2021. Reporting on drug treatment demand and supply reduction improved progressively over the period (Figure 1.1). While 16 Member States reported in 2016, 24 Member States reported in 2021 (Table 1.2). Furthermore, the total number of drug treatment facilities reporting data in Member States also increased from 68 in 2016 to 181 in 2021 (Figure 1.1).
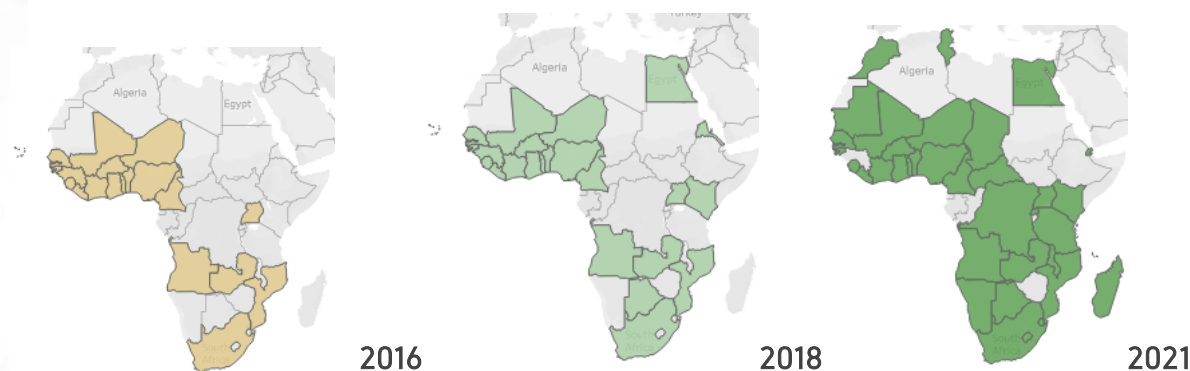
Figure 1.1: **Drug data reporting in African Union Member States (2016-2021)**

2016   2018   2021

Table 1.1: **Member States where national epidemiology network on drug use was established with AUC's technical assistance, 2016 to 2022**

	Central Africa
1	Republic of Cameroon
2	Republic of Chad
3	Democratic Republic of Congo
	East Africa
4	Union of the Comoros
5	State of Eritrea
6	Federal Democratic Republic of Ethiopia
7	Republic of Madagascar

8	United Republic of Tanzania
9	Republic of Uganda
	North Africa
10	Arab Republic of Egypt
11	Republic of Tunisia
	Southern Africa
12	Republic of Angola
13	Republic of Botswana
14	Kingdom of Eswatini
15	Kingdom of Lesotho

16	Republic of Malawi
17	Republic of Namibia
18	Republic of Zambia
	West Africa
19	Burkina Faso
20	Republic of Cabo Verde
21	Republic of Côte d'Ivoire
22	Republic of the Gambia
23	Republic of Ghana
24	Republic of Guinea

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

01 JANUARY 2016 – 31 DECEMBER 2021

STATISTICS AND TRENDS
ON ILLICIT DRUG USE,
TREATMENT DEMAND AND SUPPLY
IN AFRICA

3

Drug data Report
– 2021

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

In 2021, 33 Member States reported either drug treatment data (21 States) or drug supply reduction data (18 States). More than half (52.8%) of Member States that reported drug treatment data and more than three in five Member States (61.1%) that reported drug supply reduction is in West Africa (Table 2.2). Of the 21 Member States that reported drug treatment data in 2021, only four

Member States indicated the number of treatment centres where data were collected. South Africa (103) had the highest number of treatment centres, followed by Kenya (52), as shown in Figure 2.1.

Drug treatment indicators

Treatment Demand Indicator (TDI) is one of the epidemiological indicators used in tracking substance use prevalence, patterns, and trends. Although it has some limitations, TDI helps in eliciting information about people in treatment for substance use disorders (SUDs) and provide valuable information into SUD trends and related geographical variances. While the number of individuals in treatment reflects the desire for drug treatment among those who need it, TDI also shows the level of treatment provision, availability, and accessibility of treatment facilities in a given area.

Based on the drug treatment data reported by AU Member States a number of indicators were highlighted. These include the following:

- Sociodemographic characteristics (age group, gender, employment status, marital status, education);
- Proportion of cases (new or old);
- The type of treatment received (inpatient or outpatient);
- Source(s) of referral;
- Primary substance used;
- Primary mode of substance use;
- Testing for HIV, HBV, and HCV; and
- Source(s) of payment for drug treatment services.

African
Union

Table 2: **List of African Union Member States that submitted national drug report in 2021**

#	Country	Region
1	Cameroon	Central Africa
2	Comoros	Central Africa
3	Djibouti	East Africa
4	Mauritius	East Africa
5	Tanzania	East Africa
6	Kenya	East Africa
7	Egypt	North Africa
8	Morocco	North Africa
9	Angola	Southern Africa
10	Botswana	Southern Africa
11	Lesotho	Southern Africa
12	Madagascar	Southern Africa
13	Malawi	Southern Africa
14	Mozambique	Southern Africa
15	South Africa	Southern Africa
16	Zambia	Southern Africa
17	Eswatini	Southern Africa
18	South Africa	Southern Africa
19	Benin	West Africa
20	Burkina Faso	West Africa
21	Cabo Verde	West Africa
22	Cote d'Ivoire	West Africa
23	Gambia	West Africa
24	Ghana	West Africa
25	Ghana	West Africa
26	Guinea Bissau	West Africa
27	Liberia	West Africa
28	Mali	West Africa
29	Niger	West Africa
30	Nigeria	West Africa
31	Senegal	West Africa
32	Sierra Leone	West Africa
33	Togo	West Africa

**THE
PAN-AFRICAN
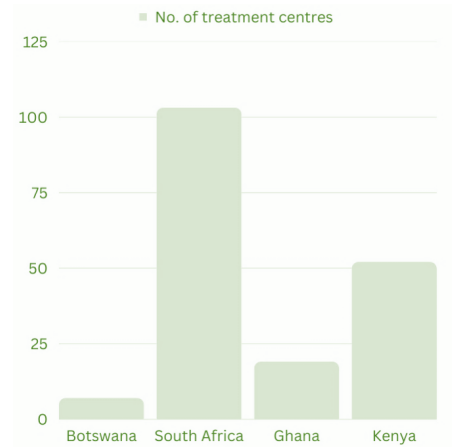EPIDEMIOLOGY
NETWORK
ON DRUG USE**

REPORT

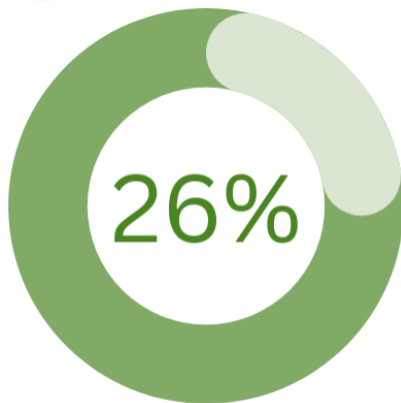Figure 2.1: **Number of treatment centres where drug data were reported in 2021.**

Figure 2.2: **Proportion of persons in drug treatment who were managed as inpatients, 2021**
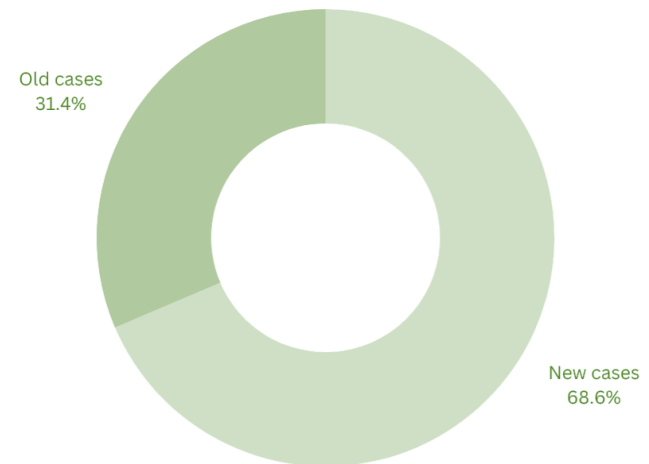

Figure 2.3: **Proportion of new drug entrants, 2021**

African
Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Admission and entrance into drug treatment

More than a quarter of those whose accessed treatment for SUDs were managed as inpatients (Fig. 2.2) while about

seven in 10 of them were new entrants (Fig. 2.3) and about a quarter of them were treated as inpatients. Furthermore, almost 80% of persons in drug treatment in 2021 were referred by self, family, and friends (Fig. 2.4) and 2 in 5 of them were unemployed (Fig. 2.5).
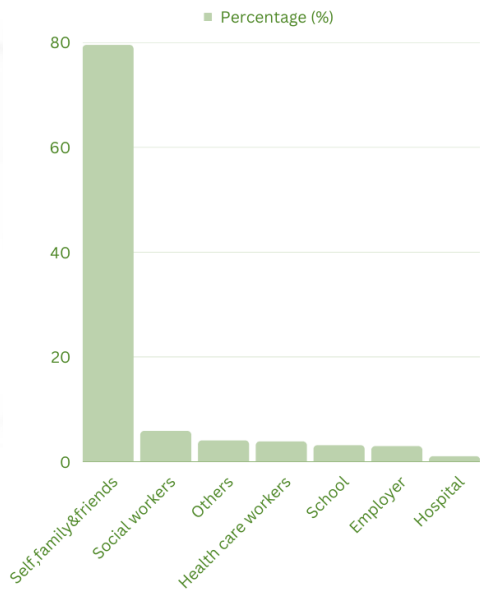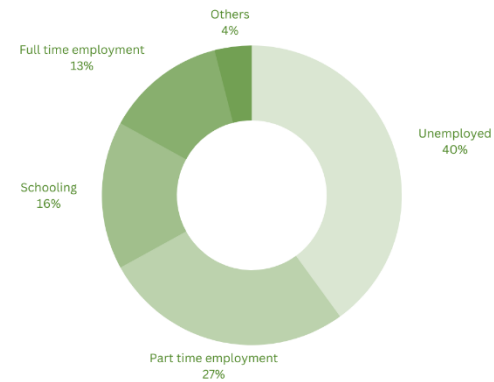

Figure 2.4: **Sources of referral to drug treatment, 2021**

Figure 2.5: **Occupation of persons in drug treatment in Africa, 2021**

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Primary substances used

Alcohol accounted for almost 20% of the primary substances used by persons in treatment in 2021. Apart from alcohol, cannabis (39%) was the primary drug used most by persons in treatment followed by heroin (36%) as shown in Fig. 2.6.
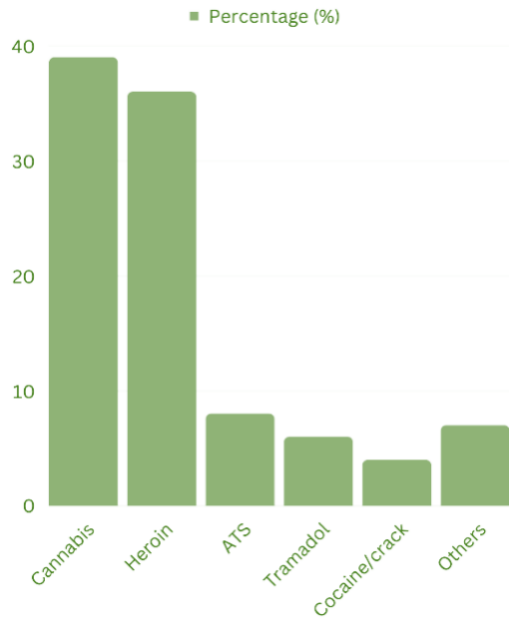

Figure 2.6: **Primary drugs used by persons in drug treatment, 2021**

Figure 2.7: **Proportion of women among persons in treatment who reported alcohol as the primary substance used, 2021**

Gender disaggregation

Almost a quarter of the persons in treatment who reported alcohol as the primary substance used were women (Fig. 2.7). One in six persons in treatment in 2021 who cited ATS as the primary substance used was a woman.

Furthermore, 12% of persons who reported cocaine/crack as the primary drug used were women. Similarly, 8% of those who cited cannabis as the primary drug used were women (Fig. 2.8).
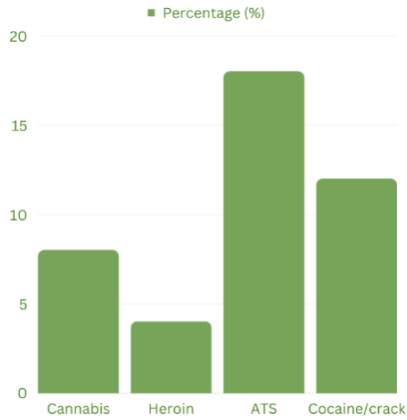
African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Figure 2.8: **Proportion of women among persons in treatment who reported the indicated drugs as the primary substance** *used, 2021*

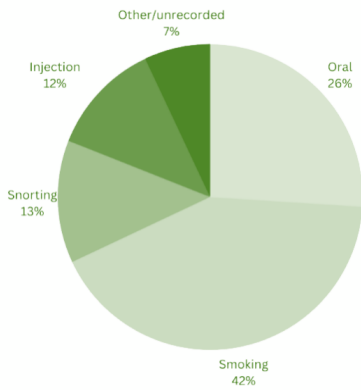Figure 2.9: **Mode of drug administration among persons in drug treatment in Africa, 2021**

Mode of drug administration

Smoking (42%) was the most common mode of drug administration followed by use by oral route (Fig. 2.9).

Age categories

Persons aged 30-34 years (20%) constituted the most common group in drug treatment in Africa in 2021 (Fig. 2.10). Furthermore, almost three in four persons in drug treatment were youths.[1]
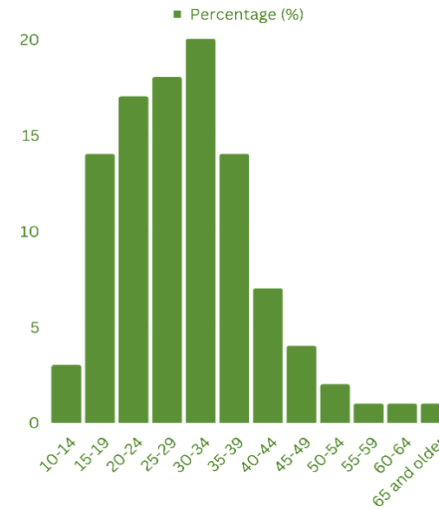

Figure 2.10: **Age categories of persons in drug treatment in Africa, 2021**

One in seven persons in drug treatment in 2021 was a child aged 10-19 years.

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[1] *African Union. African Charter On the Rights and Welfare of the Child. AU :Addis Ababa ;1990. Available from :https://au.int/sites/default/files/treaties/36804-treaty-african_charter_on_rights_welfare_of_the_child.pdf*

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Knowledge of HIV status

Majority of persons in treatment in 2021 did not know their HIV status. Only a paltry 3% of persons in treatment know their HIV status (Fig. 2.11).
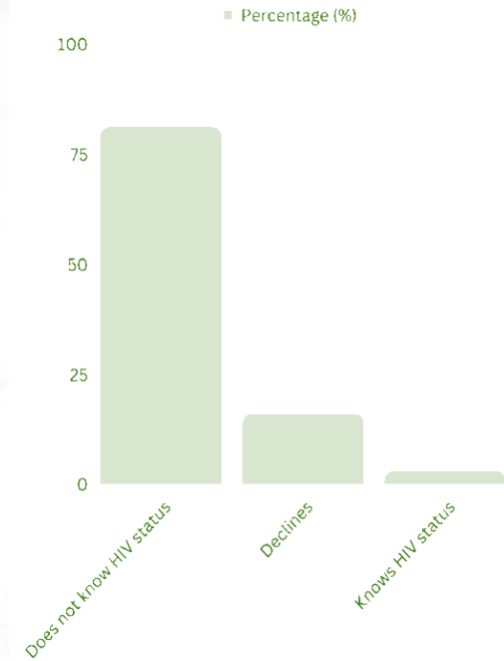

Figure 2.11: **Knowledge of HIV status among persons in treatment in Africa, 2021**

Drug supply reduction: Drug-related arrests and drug seizures

A total of 149,632 (30.5 per 100,000) arrests were made in Africa in 2021 on account drug related offences. Women accounted for 5.2% of the arrested persons. A total of 55 children were arrested in West Africa for the same offence during this period.

A total of 6,058 tonnes of illict drugs (reported in kg) were seized in Africa in 2021. Cannabis-type drugs (4,827.4 tonnes) and heroin (1,065 tonnes) constitute 97.2% of the total quantity of drugs seized (Fig. 2.12).

Other drugs include codeine, tramadol, khat, cocaine. etc. Drugs seized and reported in non-uniform units (tablets, satchets, etc) include tramadol, captagon, methamphetamine, ecstasy, diazepam, LSD, and ecstasy/methylene (Table 2.3).
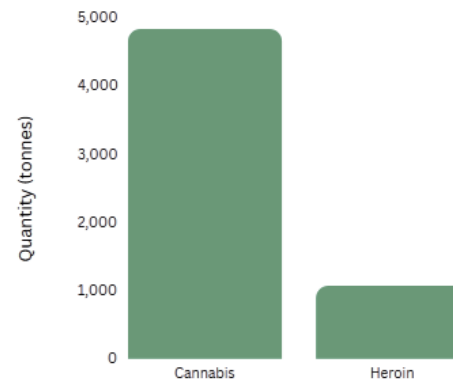

Figure 2.12: **Principal drugs seized in Africa, 2021**

Table.1: **Other drugs seized in Africa, 2021**

Substance seized	Quantity (kg)
Codeine	68201.5
Tramadol	32730.2
Khat	15280.4
Cocaine/crack	13321.9
New psychoactive substances	12902.0
Benzodiazepam	1814.5
Methamphetamines	775.2
Ecstacy	512.9
Ephedrine	448.2
Rophynol	87.8
LSD	57.0
Amphetamines type substances (excluding methamphetamines)	20.0
Synthetic cannabinoids	26.0
Methcathinone	3.9
Other/unnamed drugs	19463.0

Table 3: **Drug seized and reported in non-uniform units in Africa, 2021**

Drug seized	Region where seizure occurred	Quantity reported
Tramadol	North Africa	4,707,762 tablets
	North Africa	490,000 tablets
	West Africa	3,910,534 tablets
Captagon	North Africa	18,214,470 tablets
Methamphetamines	West Africa	326 tablets
Ecstasy	East Africa	2 tablets
	West Africa	32 tablets
	Southern Africa	118 sachets
Diazepam	West Africa	232 tablets
LSD	East Africa	57 patches
Ecstasy/ methylene	North Africa	5026 tablets
Synthetic cannabinoids	West Africa	3857 millilitres

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

These findings highlight the significant challenges posed by drug trafficking and drug-related offenses in Africa. The involvement of women and children in drug-related arrests underscores the need for targeted interventions to address vulnerability and protect these groups from the harmful effects of drug use and trafficking. The high volume of cannabis and heroin seizures indicates the prevalence of these substances in the illicit drug market.

The significant seizure of 68,201.5 kg of codeine indicates a substantial presence and demand for this opioid medication .

in Africa (Table 2). Codeine is commonly used for its sedative and euphoric effects, and its large seizure suggests a need for increased efforts to address codeine misuse and diversion. With a seizure of 15,280.4 kg, the report indicates a significant presence of khat in Africa. Khat is a stimulant plant native to East Africa and the Arabian Peninsula and is culturally and socially consumed in some communities

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

01 JANUARY 2016 – 31 DECEMBER 2021

STATISTICS AND TRENDS
ON ILLICIT DRUG USE,
TREATMENT DEMAND AND SUPPLY
IN AFRICA

4

Drug treatment data
2016 - 2021

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

According to the data reported, the number of persons who entered drug treatment in Africa climbed up significantly during the index period. This may have been due to the improving drug data reporting by Member States as a result of increased number of Member States engaged in PAENDU and training for drug data collection focal points as the years rolled by.

For alcohol use disorders, an average of about 3,034 persons (27.4 persons per 100,000). An average of 5 persons per 100,000 were reported to have entered treatment for alcohol use disorder in Africa in 2016. This rose to about 55 per 100,000 in 2021.Apart from people on treatment for alcohol use disorders, an average of about

1,751 persons (13 per 100,000 population) entered drug treatment per year in Africa from 2016 to 2021. An average of 4.3 persons per 100,000 entered treatment in Africa in 2016, increasing to about 32 per 100,000 in 2021 (Fig. 3.1). Majority of persons reported to have entered treatment were in Southern and East Africa. An average of about 21.2 persons 100,000 entered drug treatment per year in East Africa compared to 32 in Southern Africa in the reporting period (Fig. 3.2). Furthermore, South Africa (98) had the highest number of drug treatment centres where drug treatment data were being reported to PAENDU (Fig. 3.3). The number of Member States reporting data to PAENDU also increased significantly (Fig. 3.4) in the same period.
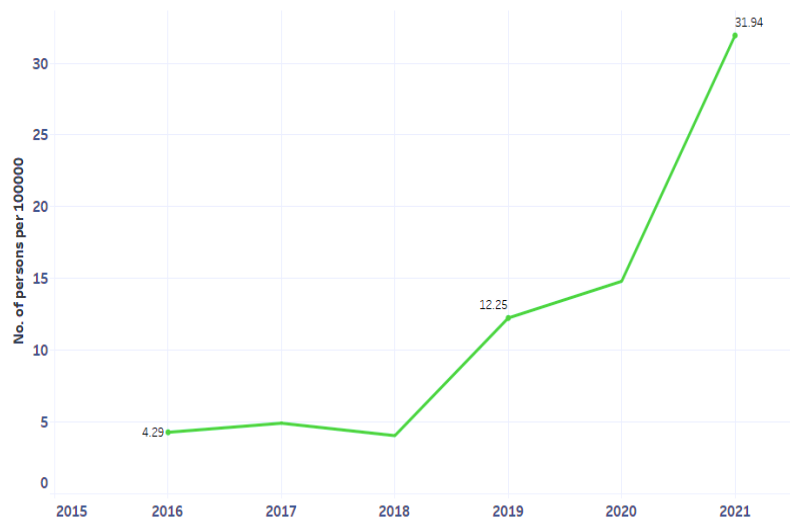

Figure 3.1: **Average number of persons per 100,000 population who entered treatment for substance use disorders in Africa, 2016-2021**
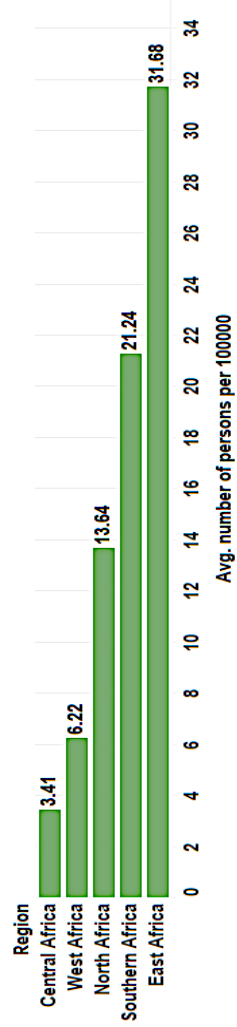
THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Figure 3.2: **Relative number of persons who entered drug treatment in Africa, by region, 2016-2021**
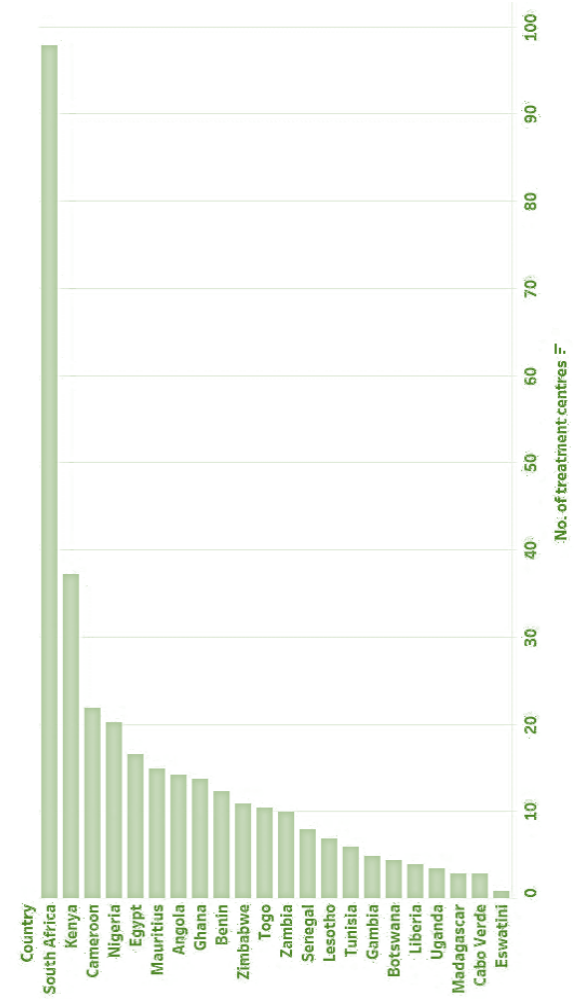
Figure 3.3: **Average number of drug treatment centres reporting to PAENDU, 2016-2021**

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Figure 3.4: **Member States that reported drug data to PAENDU, 2016-2021**

Country	2016	2017	2018	2019	2020	2021
Angola	■	■	■	■	■	■
Benin	■	■	■	■	■	■
Botswana			■	■	■	■
Burkina Faso	■	■	■	■		■
Cabo Verde	■	■	■	■		■
Cameroon	■		■	■	■	■
Central African Republic				■	■	■
Chad						■
Comoros				■	■	■
Cote d'Ivoire	■			■	■	■
Dem. Republic of Congo				■	■	■
Djibouti				■	■	■
Egypt			■	■	■	■
Eritrea			■			
Eswatini				■	■	■
Gambia	■	■	■	■	■	■
Ghana	■	■	■	■	■	■
Guinea	■	■	■	■	■	
Guinea Bissau	■	■		■	■	
Kenya		■	■	■	■	
Lesotho				■	■	
Liberia	■	■	■	■	■	■
Madagascar				■	■	■
Malawi				■	■	
Mali	■	■	■	■	■	
Mauritania						
Mauritius				■	■	
Morocco				■		
Mozambique	■		■	■	■	■
Namibia				■		
Niger	■	■	■	■	■	
Nigeria	■	■	■	■	■	■
Rwanda				■		
Senegal	■	■	■	■	■	■
Sierra Leone	■	■	■	■	■	■
South Africa	■	■	■	■	■	■
Tanzania				■		
Togo		■	■	■	■	■
Tunisia				■		
Uganda	■		■	■	■	■
Zambia	■	■	■	■	■	■
Zimbabwe				■		

Sociodemographic data

- **Age**

Drug treatment entrants consisted of persons aged 10 to 65 years and older (Fig. 3.5). Except for 2018, more than 80% of people who accessed treatment for substance use disorders were aged 15-44 years. Adolescents (persons aged 10-19 years) made up more than one-tenth of the population reported to have who accessed drug treatment services in Africa. Furthermore, persons aged 15-34 years, defined as youths constituted almost 7 in 10 of persons who have treatment for SUDs in the continent (Fig. 3.6).
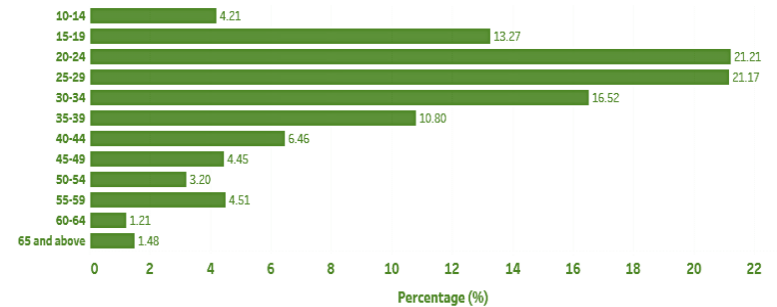

Age group	Percentage (%)
10-14	4.21
15-19	13.27
20-24	21.21
25-29	21.17
30-34	16.52
35-39	10.80
40-44	6.46
45-49	4.45
50-54	3.20
55-59	4.51
60-64	1.21
65 and above	1.48

Figure 3.5: **Age groups of persons who accessed substance use treatment services**

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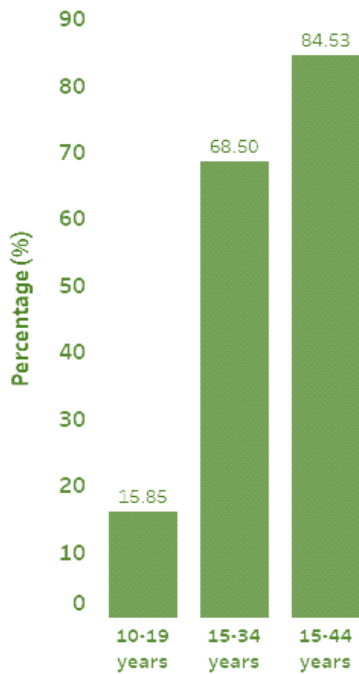THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Figure 3.6: **Relative proportions of adolescents, youths, and people in active labour force among those in drug treatment, 2016-2021**
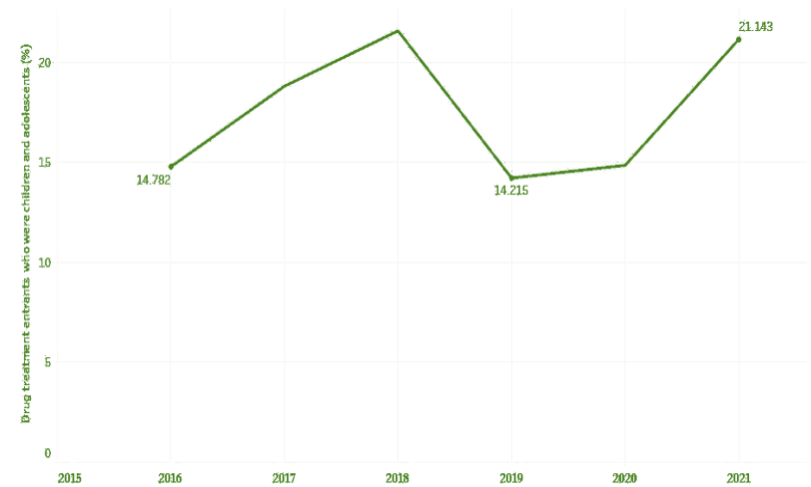

Figure 3.7: **Proportion of treatment entrants who were children and adolescents, 2016-2021**

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
REPORT

- **Gender**

An overwhelming majority of people who accessed drug treatment in Africa in the index period were males. The data reported by Member States showed significant differences among males and females who entered treatment during the index period. Females constituted only a very small proportion of persons who entered drug treatment. The lowest (2.6 per cent) and the highest (6.9 per cent) proportions of females in treatment were reported in 2017 and 2020 respectively (Fig. 3.8). Varying patterns were observed among the regions, with 13 per cent of women in Central Africa in 2018 and 11.5 per cent in West Africa in 2020 (Table. 2.1).
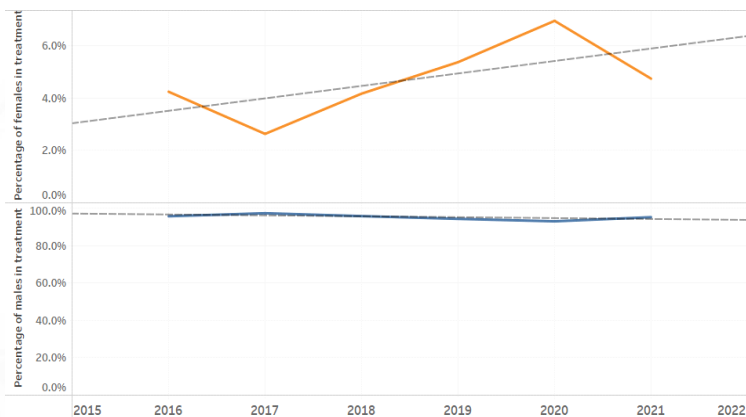

Figure 3.8: **Trends in the proportions of males and females accessing drug treatment in Africa, 2016-2021**

Region	2016	2017	2018	2019	2020	2021
Central Africa			13	10	8	
Eastern Africa	9	6	0	6	2.3	11
North Africa				9.5	1	1
Southern Africa	9.6	4.5	6.4	5.3	2.3	4.2
West Africa	2.6	7.8	2.6	4.2	11.5	3.6

Table 4: **Relative percentages of women who accessed drug treatment in Africa, 2016-2021**

It was believed that the low percentage of women who sought drug treatment was caused by the fact that women with SUDs frequently encounter discrimination and systemic barriers when trying to access SUD treatment programmes and support. One in four drug users in Nigeria are women, according to a household survey on drug use, and women were less likely than males to have received treatment for cannabis use or prescription opioids like tramadol, codeine, or morphine in the previous year.[2]

Education
Persons who had secondary education constituted almost two-fifths (Fig.3.9) of the entrants into SUD treatment in the index period. Almost one in five had (19.9 per cent) had primary education, 21.4 per cent completed tertiary education.
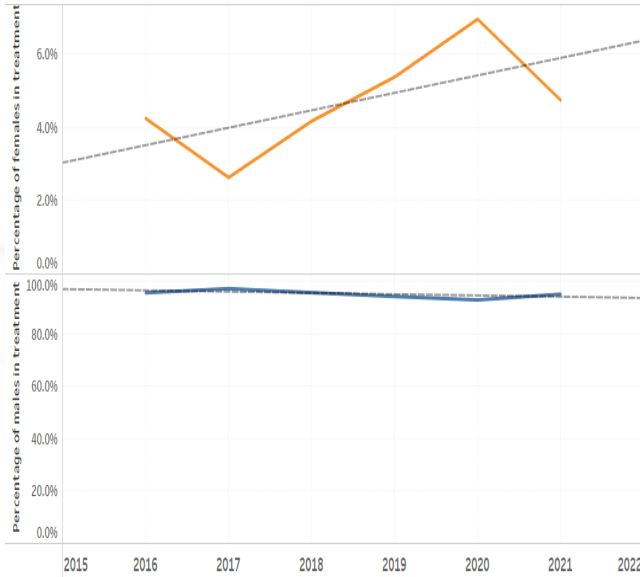
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[2] UNODC. Drug Use in Nigeria. UNODC: Vienna;2018. Available from: https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_Exsum.pdf

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Figure 3.9: **Educational status of drug treatment entrants, 2016-2021**

Six in 10 persons who entered drug treatment in Africa from 2016 to 2021 had secondary education.

- **Marital Status**

Majority of people who were treated for SUDs in Africa were single while about one-tenth were non-married but living together (Fig.3.10).
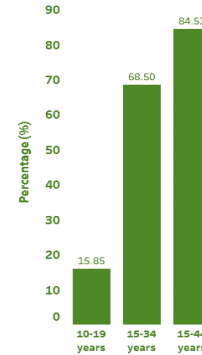

Figure 3.10: **Marital status of persons who were entered treatment for SUDs in Africa, 2016-2021**

- **Employment**

Unemployment is known to be associated with SUDs. The drug data reported by Member States in the index period showed that more than two in 5 persons who were treated for SUDs were unemployed and just over one-tenth had fulltime employment (Fig. 3.11).
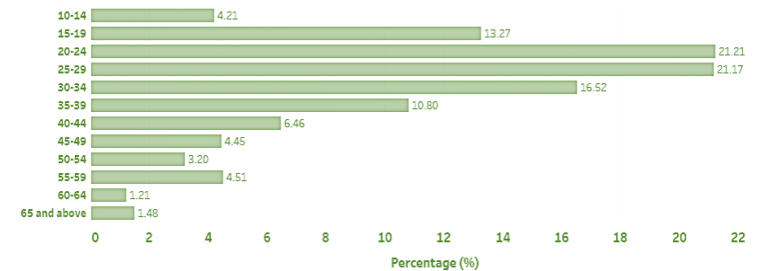

Figure 3.11: **Employment status of people who entered drug treatment, 2016-2021**

African Union

Details of drug treatment

- **Proportion of new cases**

New entrants into substance use treatment continue to form the majority of people who were treated in the index period in Africa. Three in five persons who had treatment for SUDs were accessing services for the first time (Fig. 3.12). Except for 2016, this was fairly consistently over the years (Fig.3.13).
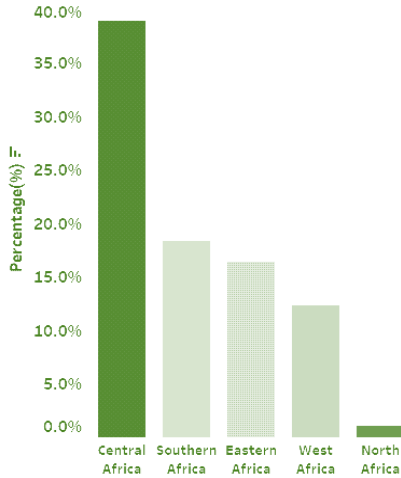

Figure 3.12: **Proportion of new entrants who entered treatment for SUDs**
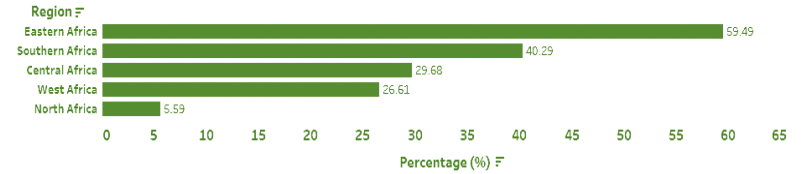

Figure 3.13: **Trends in the proportion of new entrants into SUD treatment services, 2016-2021**

Inpatient treatment

A significant proportion of persons who were treated for SUDs in the index period were hospitalized. Rising from 42.8% in 2016, the rate of hospital admission rose to more than almost 53% in 2018 before declining to 33.6% in 2021 (Fig.3.14).
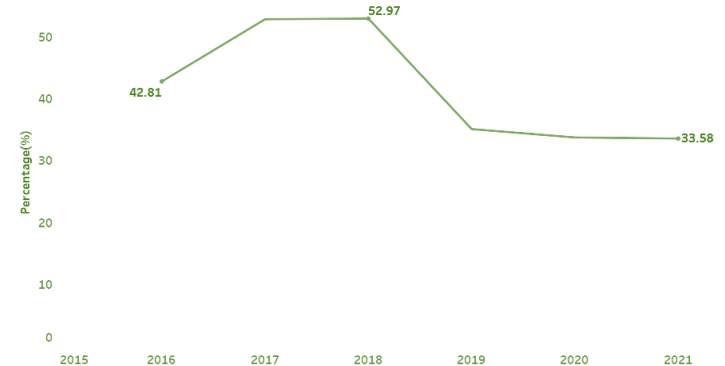

Figure 3.14: **Trends in inpatient treatment among persons who accessed SUD treatment services, 2016-2021**

- Referral to treatment

Referral of persons with problem drug use is an important factor related to access to drug treatment services in the community. An efficient referral system establishes a close interaction between all levels of the health system and guarantees that patients receive the best possible care close to their homes. It also facilitates the utilisation of hospitals and primary health care services in a cost-effective manner. Majority (75.6%) of the people who accessed SUD treatment in the index period were referred to care by self, family, and friends while only a few (0.6%) were referred by religious organisations (Table 3.3). Considering the importance of religious institutions and their roles in people's lives in Africa, it may be important to sensitize them regarding the problem of substance use and the importance of drug treatment demand.

Table 5: **Sources of referral for SUD treatment, 2016-2021**

Source of referral	Percentage (%)
Self, family, and friends	75.6
Employer	4.7
Social services	4.8
Health facilities and professionals	5.2
Judicial system	1.9
Schools	3.5
Religious organizations and others	0.6
Others	3.7

Principal substances used

The main substances reported to have been used by persons who accessed treatment for SUDs in Africa in the reporting period include: i) Alcohol; ii) Cannabis-type drugs; iii) Opioids; iv) Cocaine-type drugs; v) Amphetamine-type stimulants (excluding ecstasy); vi) Ecstasy; vii) Sedatives and tranquillizers; viii) Hallucinogens; and ix) Other substances.

- Alcohol

Alcohol was the most frequently reported as the primary psychoactive substance used among people who accessed drug treatment services in Africa in the reporting period. Overall, there was a slight increase in prevalence of alcohol problem use from 2016 to 2021 (Fig. 3.14), with the highest prevalence (45.8%) recorded in 2018. Regions with the highest burden of alcohol use problem were East Africa (59.5%) and Southern Africa (40.3%) while North Africa (5.6%) had the lowest prevalence (Fig. 3.16). In addition, an average of 728 persons per year (1,141 per 100,000 population) indicated alcohol as the principal substance for which treatment was accessed in Africa from 2016 to 2021.
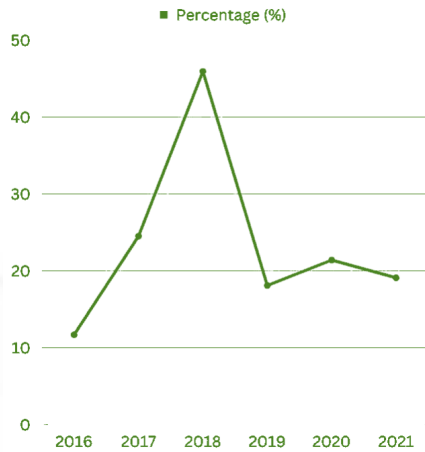
African Union

**THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE**

REPORT

Figure 3.15: **Proportion of persons who reported alcohol as primary substance use among treatment entrants, 2016-2021**
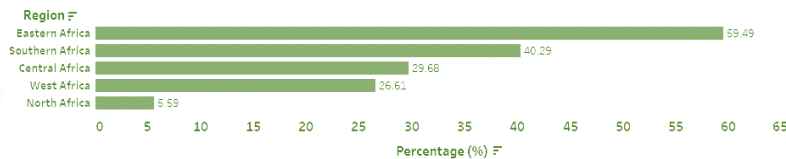

Figure3.16: **Reported harmful use of alcohol among persons who accessed drug treatment (2016-2021), by region**

The proportion of women among drug treatment entrants who reported alcohol as the principal substance used increased slightly from 14.6% in 2016 to 16.4% in 2021. Compared to the other regions, women in Central Africa (38.6%) had the highest proportion of women who accessed drug treatment, citing alcohol as the main substance used while North Africa (1.1%) reported the lowest (Fig.3.17).
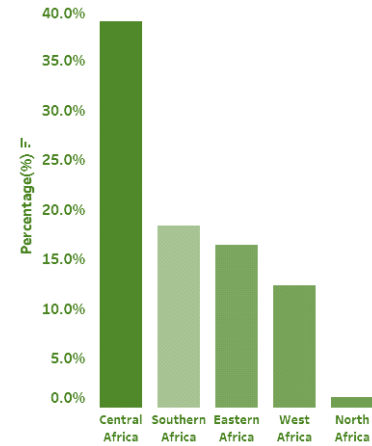

Figure 3.17: **Proportion of women among drug treatment entrants with alcohol as the principal substance used, 2016-2021**

- Cannabis

Apart from alcohol, cannabis was the most cited principal substance used among people who accessed drug treatment services in Africa in the reporting period (Table 3.4). Overall, there was a marked increase in the number of persons who reported cannabis problem use from 36 per 100,000 in 2016 to 265 per 100,000 in 2021 (Fig. 3.18). This increase was mostly driven by the massive changes in the trend of reported cannabis problem use in Southern Africa compared to the other regions (Fig. 3.19). In addition, an average of 728 persons per year (1,141 per 100,000 population) indicated alcohol as the principal substance for which treatment was accessed in Africa from 2016 to 2021. Furthermore, more than 9 in 10 persons (92.8%) who accessed drug treatment services for cannabis problem use were males (Table 3.4).

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Table 6: **Principal substances used by persons who accessed drug treatment services in Africa, 2016-2021**

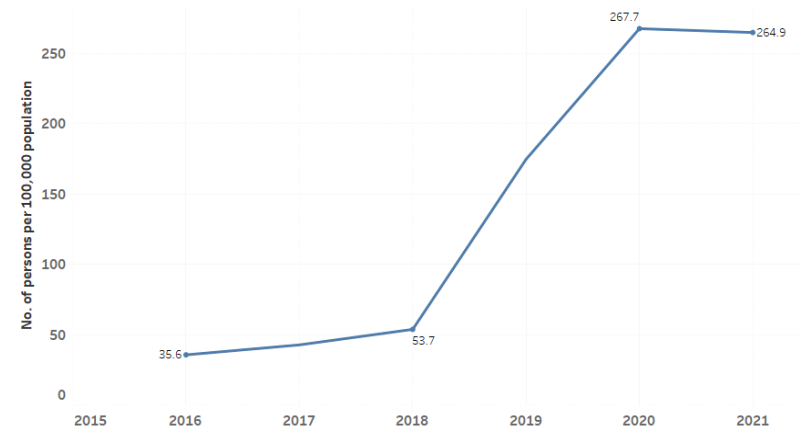| Principal Substance	Overall prevalence (%)	Substance disaggregated by gender (%)	
		Males	Females
Codeine	0.1	-	-
Heroine	14.7	96.9	3.1
Tramadol	15	-	-
Cannabis	20.1	91.7	8.2
Cocaine	9.4	85.6	14.4
ATS	8.7	76.1	23.9
Ecstasy	1.2	75.9	24.1
Inhalants	0.8	81.4	18.6
OTC	10.1	78.7	21.3
Khat	12.1	84	16
Mandrax	7.4	84.2	15.8
Bluemash	0.1	-	-
Benzhexol	0.1	-	-
Unnamed drug	0.1	87.3	12.7
Nyaope		87.6	12.4

Figure 3.18: **No. of persons (per 100,000 population) in treatment who reported cannabis as the principal substance in Africa (2016 to 2021)**
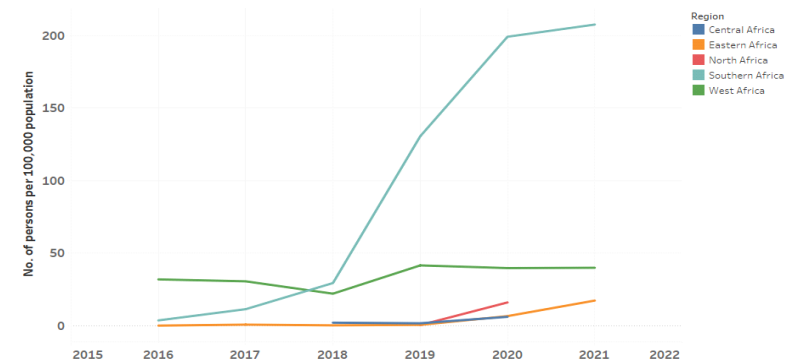

Figure 3.19: **Trends in reported cannabis problem use in Africa, 2016-2021**

41

**THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE**

REPORT

- Opioid-type substances

Tramadol

After cannabis, tramadol (15%) was the most commonly reported principal drug among people who accessed drug treatment services in Africa in the index period (Table 3.4). The average number of persons who reported tramadol as the principal substance used per 100,000 was 0.7. This number rose sharply between 2017 (0.4 per 100,000 population) and 2019 (1.2 per 100,000) before falling gradually to about 0.6 per 100,000 in 2021 (Fig. 3.20). North Africa accounted for the highest proportion (annual mean of 3.4 per 100,000) while East Africa accounted for the least proportion (annual mean of <0.1 per 100,000) as shown in Fig. 3.21.
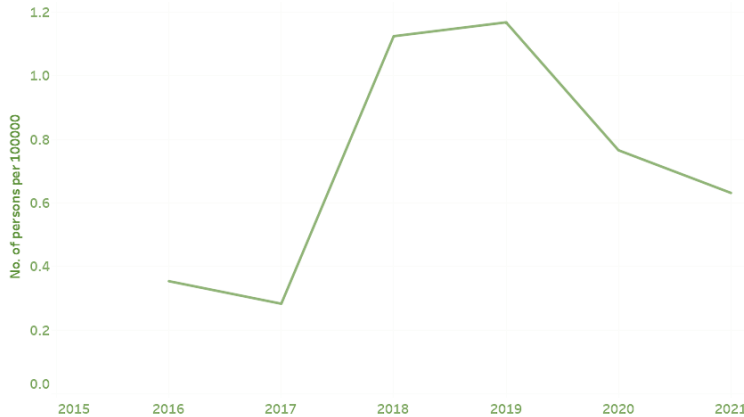

Figure 3.21: **Annual mean of persons in treatment who reported tramadol as the principal substance by region, 2016-2021**

Figure 3.20 : **No. of persons (per 100,000 population) in treatment who reported tramadol as the principal substance in Africa (2016 to 2021)**
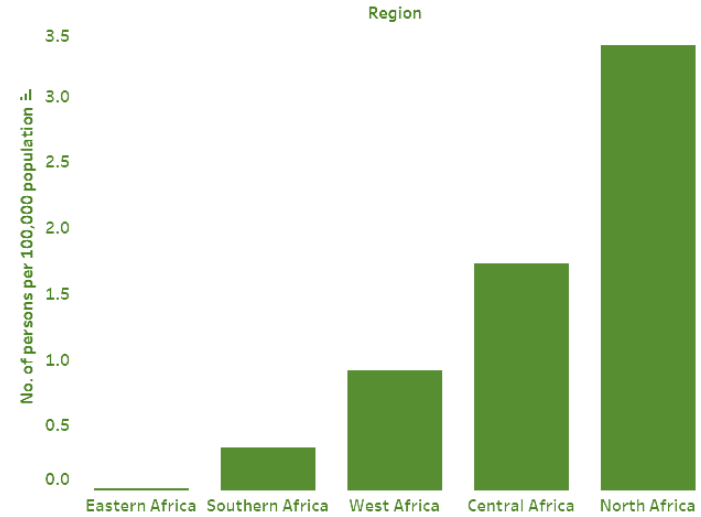
Heroin

About one in seven persons (14.7%) who accessed drug treatment services in Africa cited heroin as the principal substance used (Table 3.4). The number of persons who reported heroin as the principal substance used per 100,000 was fairly constant through the period. However, this number rose sharply from 2.6 per 100000 in 2020 to 36.8 per 100,000 in 2021(Fig. 3.22). Furthermore, the sharp increase may almost be attributed solely to Eastern Africa (Table 3.5). In addition, almost all treatment entrants (96.9%) who had heroin as the primary substance used were males (Table 3.4).
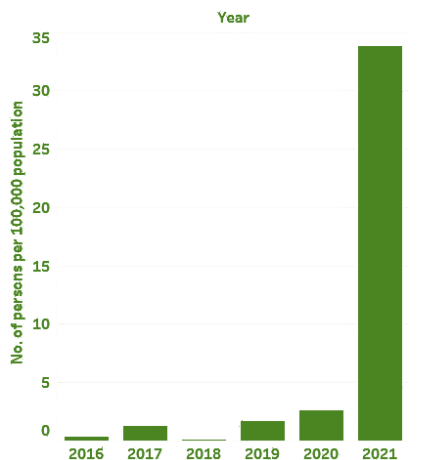
THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Figure 3.22: **No. of persons (per 100,000 population) in drug treatment who reported heroin as the principal substance in Africa (2016 to 2021)**

Table 7: **Number of persons in drug treatment per 100,000 population who indicated heroin as the primary substance used by region, 2016-2021**

Region	2016	2017	2018	2019	2020	2021
Central Africa			0.2			
Eastern Africa		1.4		0.1	0.0	191.9
North Africa				4.2	8.8	8.6
Southern Africa	0.1	5.5	0.1	2.0	7.0	8.4
West Africa	0.4	0.5	0.1	1.2	0.1	0.6

Codeine
The proportion of treatment entrants who reported codeine as the primary substance used was 0.1% (Table 3.4). In Southern Africa and North Africa where codeine use as a primary drug was reported, the number of persons per 100,000 was 0.016 and 0.005 respectively (Fig. 3.23).
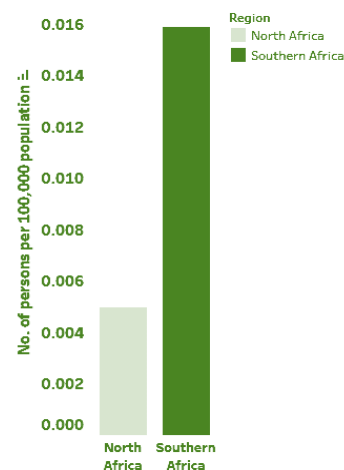

Figure 3.23: **Number of persons in drug treatment who reported codeine as the principal substance by region, 2016-2021**

- **Cocaine-type drugs**

The main types of cocaine-type drugs include cocaine hydrochloride and crack. Almost one in ten persons (9.4%) who accessed drug treatment in the reporting period had cocaine/crack (Table 3.4) as the principal substance. Starting from 0.9 per 100,000 in 2016, persons who indicated cocaine/crack as the primary substance used increased to 1.1 per 100,000 in 2021(Fig. 3.24). In addition, only 16% of them were females (Fig. 3.25). Overall, Southern Africa (1.3 per 100,000 population) as well as West Africa (1.3 per 100,000 population) accounted for the highest numbers of those who used cocaine/crack as the primary substance (Fig. 3.26).

Figure 3.24: **Trend in the number of persons in drug treatment who reported cocaine/crack as the principal substance used, 2016-2021**
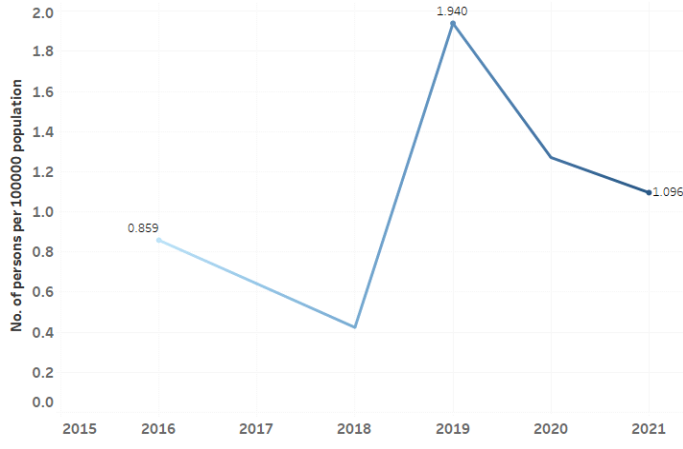

Figure 3.26: **Number of persons in drug treatment who reported cocaine as the principal substance by region, 2016-2021**

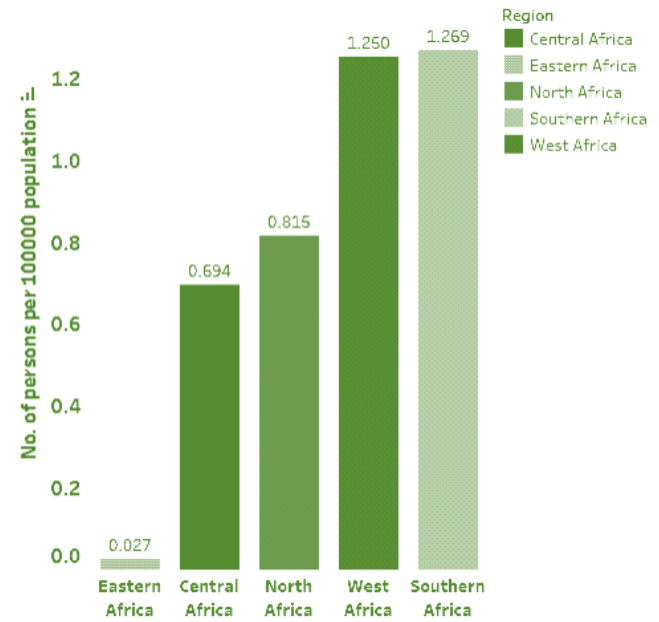Figure 3.25: **Proportion of women who accessed drug treatment and had cocaine/crack, 2016-2021.**

African Union

4

Drug Supply Reduction in Africa
2016 - 2021

Illicit drug trafficking data from Member States indicate efforts being made by national governments and its responsible institutions towards drug supply reduction in Africa. This section of the report highlights drug seizures and arrests including the types and quantities of drugs seized as well as the number of people arrested, disaggregated by gender. Although drug seizures and number of persons arrested may not be direct indicators of illegal drug trafficking, both may signify the capacity of drug law enforcement agencies as well as the priority of drug supply suppression in Member States. However, variations in drug seizure volumes and the frequency of drug seizure cases may serve as proxies for drug supply trends and patterns in Africa.

Drug seizures

A cumulative total of 200,490 tonnes of drugs were reportedly seized in Africa in the index period (2016-2021). Reported data also showed that there was an increasing trend in the quantity of drugs seized in the continent, reaching its peak (100,140 tonnes) in 2018 before falling to 6,827 tonnes in 2021(Fig.4.1). Cannabis-type drugs were the most common drugs reportedly seized in the index period, accounting for 51.1% of the illicit drugs seized, followed by captagon (47.3%) (Fig. 4.2). Other illicit drugs commonly seized include heroin (1.0%) and other substances (0.6%).
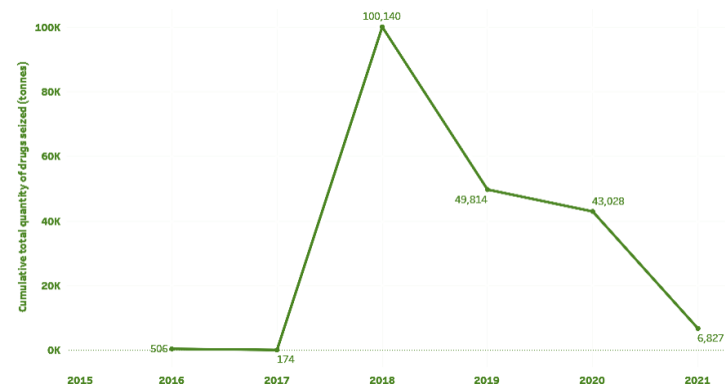

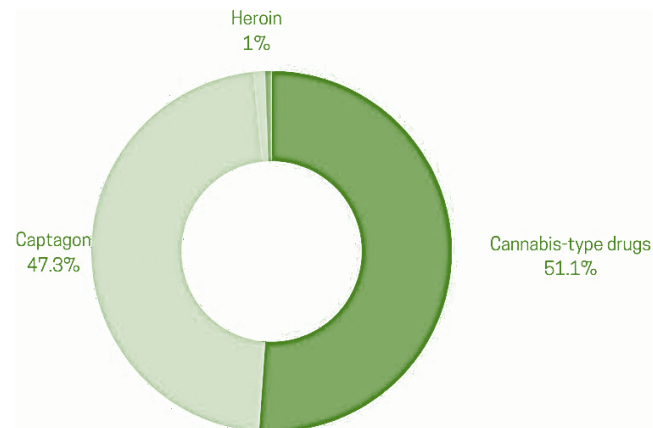Figure 4.1 **Trends in drugs seized in Africa, 2016-2021**

Figure4.2 **Relative proportions of drugs seized in Africa, 2016-2021**

- *Cannabis-type substances*

Cannabis-type substances considered here include cannabis, resin, and hashish. They are the most commonly seized illicit substances in Africa. Cannabis accounted for more than half (50.1%) of the total quantity of the drugs seized in the index period (Figure 4.2). The quantity of cannabis seized in Africa increased progressively from 370 tonnes in 2016 to 5,915 tonnes in 2021, with a huge spike (42,760 tonnes) in 2020 (Figure 4.3). There were striking disparities among regions with an annual average of about 155 tonnes reportedly seized in East Africa compared to 44,916 tonnes in West Africa (Figure 4.4).
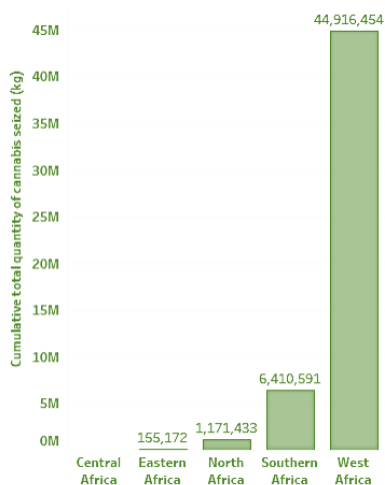
Figure 4.3: **Differences in cannabis seizures among regions in Africa (2016-2021)**
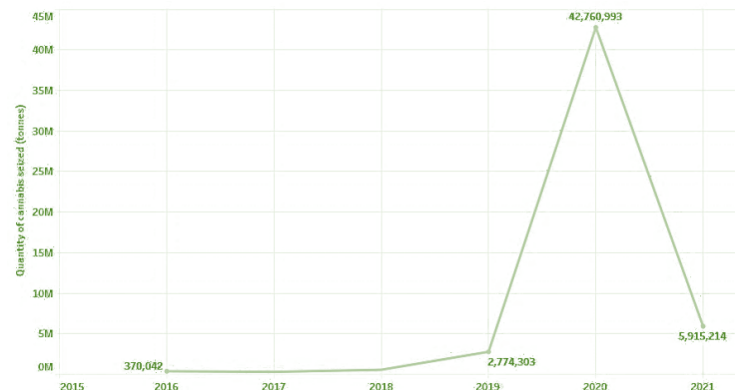
Figure 4.4: **Trend in the quantity of cannabis seized in Africa, 2016-2021**

- *Captagon*

Captagon was the most commonly seized illicit substance in Africa, accounting for 47.1% of the total quantity of the drugs seized from 2016 to 2021 (Figure 4.1). North Africa was the only region where Captagon was seized, with about 13,800 tonnes in 2018 and almost thrice the same quantity (34,900 tonnes) in 2019 (Figure 4.5).

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
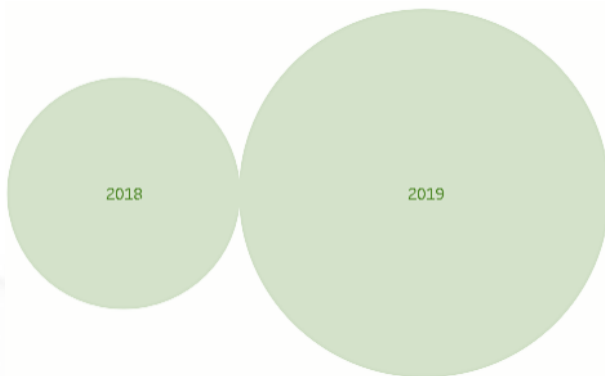
REPORT

Figure 4.5: **Captagon seized in AU Member States, 2018 and 2019**

- *Opioids*

Heroin

According to reports from Member States, a cumulative total of 928 tonnes of heroin were seized from 2016 to 2021. Member States in Southern Africa reported the largest quantity (906.4 tonnes) of heroin seized in the period, while 9.4 tonnes were reported in North Africa and 0.1 tonnes of heroin were seized in Central Africa (Figure 4.6).
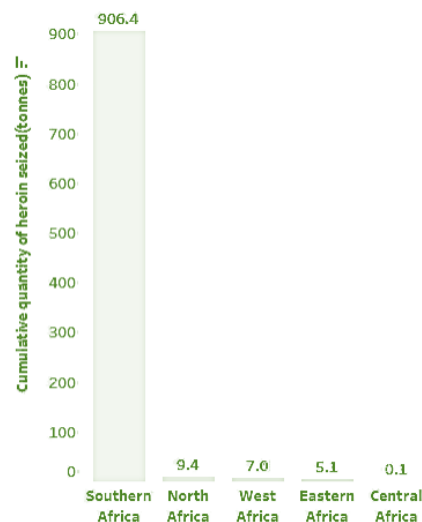
Figure 4.6: **Relative cumulative total quantity of heroin seized in Africa per region, 2016-2021**

In Southern Africa, 1.5 tonnes of heroin were seized in 2016. The amount of heroin seized per year was fairly stable in Southern Africa until 2020 when it increased to 144.4 tonnes and then to 759.9 tonnes in 2021(Figure 4.7). In West Africa, an increase in the trend of heroin quantities seized was observed from 94.2 kg in 2016 to 211.1 kg in 2021 and heroin seizures decreased from 43.2 kg (2019) to 7.5 kg (2021) (Figure 4.8). Furthermore, a slight decrease in the trend in the quantity of heroin seized in North Africa between 2018 (2,773 kg) and 2021 (2,148 kg) while there was an increase in the quantity of heroin seized in East Africa, rising from 120 kg in 2018 to 1,463 kg in 2021 (Figure 4.9).

**THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE**

REPORT
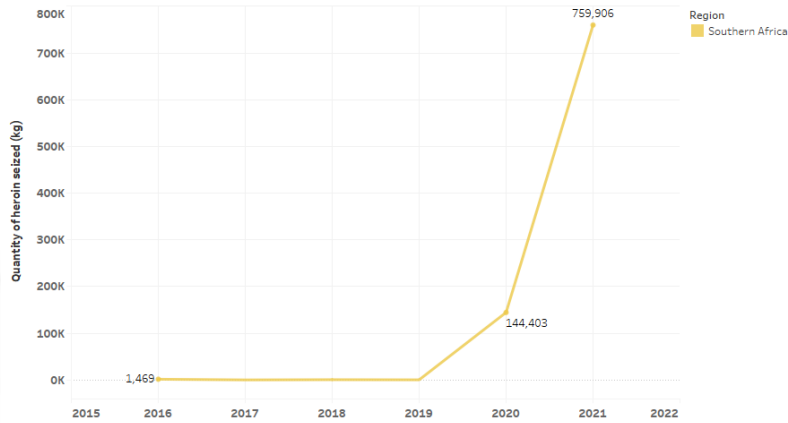
Figure 4.7: **Trends in quantity of heroin seized in Southern Africa, 2016-2021**
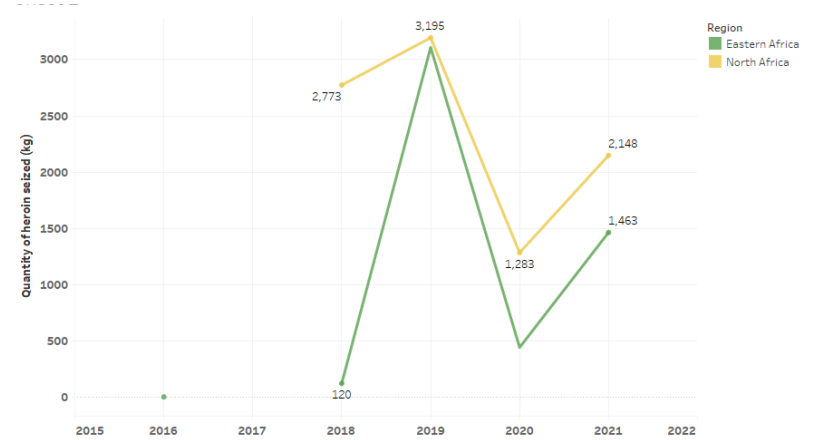
Figure 4.9: **Trends in heroin seizure in East and North Africa, 2016-2021**

- *Tramadol*

The cumulative total of quantity of tramadol reportedly seized from 2016 to 2021 in Africa was 267,534 kg. The quantity of tramadol reported to have been seized (excluding reported tablets) rose sharply from 6 kg in 2016 to 96,291 kg in 2017, declining gradually to 32,730 kg in 2021(Figure 4.10).
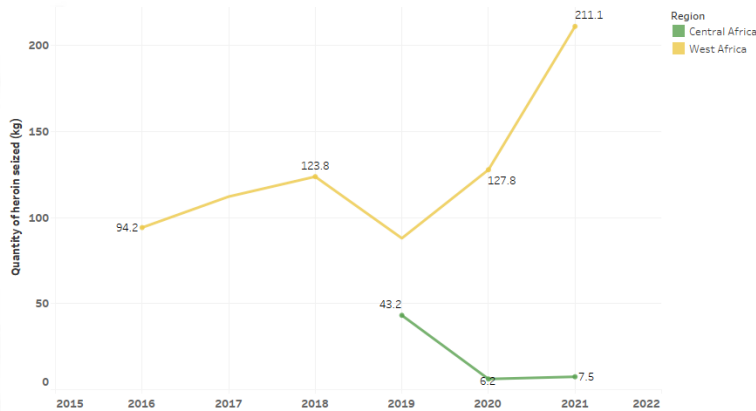
Figure 4.8: **Trends in heroin seizure in West and Central Africa, 2016-2021**

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT
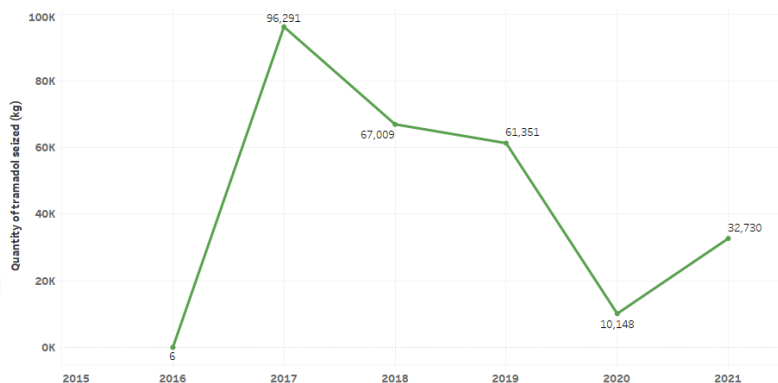
Figure 4.10: **Trend in quantity of tramadol seized in Africa, 2016-2021**

This data highlights the magnitude of the tramadol use problem in the continent and underscores the need for comprehensive measures to combat its illicit distribution and use.

One of the most notable aspects of this finding is the sharp increase in tramadol seizures between 2016 and 2017. In just one year, the quantity of tramadol seized surged from a mere 6 kg to a staggering 96,291 kg. This dramatic spike could be attributed to various factors, including increased law enforcement efforts, improved intelligence gathering, and possibly a surge in tramadol production and trafficking during that period. Such a substantial jump suggests the urgency of addressing the tramadol problem.

Cocaine type substances
Cocaine type substances reportedly seized in the reporting period in Africa include cocaine and crack. A cumulative total of 59.1 tonnes of cocaine type substances were reported to have been seized in Africa from 2016 to 2021. These

constitute less than 0.1% of the total quantity of illicit drugs seized in the continent in the index period. Just like the seizure report of cannabis type substances, there were significant variations in the quantity of cocaine type substances seized among African regions, with West Africa accounting for 62.5% of the total amount of drug seized in the index period (Fig. 4.11).

Figure 4.11: **Relative proportions of heroin seized in Africa, 2016-2021**

The findings regarding the seizure of cocaine-type substances in Africa from 2016 to 2021 reveal important insights into the illicit drug trade in the continent. The reported cumulative seizure of 59.1 tonnes of cocaine-type substances over the five-year period underscores the significant presence of cocaine and crack cocaine in Africa.

50

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

However, it's crucial to note that this quantity constitutes less than 0.1% of the total quantity of illicit drugs seized in Africa during th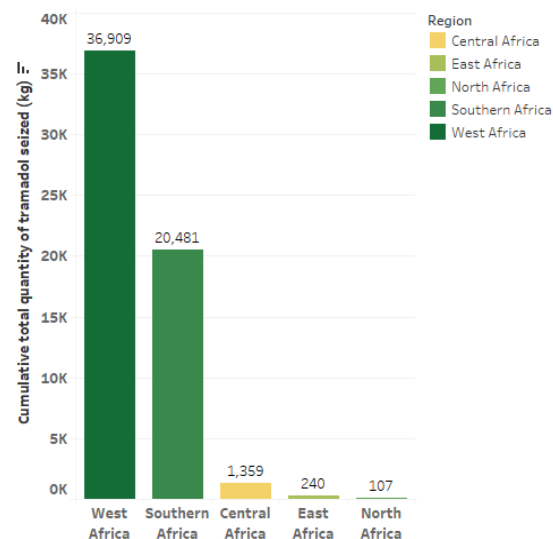e same period. This suggests that while cocaine-type substances are a concern, they represent only a small fraction of the overall illicit drug trade in the continent.

The data also highlights substantial regional variations in the quantity of cocaine-type substances seized. Notably, West Africa accounts for a significant portion, more than three-fifths of the total amount of these substances seized during the reporting period. This concentration of seizures in West Africa suggests that the region is a major transit point for cocaine trafficking, likely due to its proximity to South America, a primary source of cocaine production. While the seizure of 59.1 tonnes of cocaine-type substances in Africa from 2016 to 2021 represents a significant enforcement effort, it also highlights the complexity and challenges of addressing the illicit drug trade in the continent.

Other drugs

Other drugs seized in Africa from 2016 to 2021 include codeine, khat, ephedrine, methamphetamine and other amphetamine-type substances, etc. Except for less than 0.1% (4 kg) of the codeine seizure reported Southern Africa, all codeine seizures in the index period occurred in West Africa (Figure 4.12). Furthermore, Seizure of methamphetamine was reported in all regions except Central Africa in the index period (Table 4.1). It was noted that seizure of amphetamine-type substances was also reported in Eastern Africa (6 kg) and West Africa (2,247 kg) in the index period.

Table 8: **Cumulative total of other substances seized in Africa, 2016-2021**

Drug	Quantity (kg)
Codeine	70477
Khat	45461.9
Ephedrine	6447.3
Methamphetamine	4257.4
Amphetamine- type substances (excluding methamphetamines)	4122.2
Benzodiazepam	3576.5
Ecstacy	873.2
Opium	557.7
Rophynol	342
Fentanyl	287.3
Morphine	272.9
Synthetic cannabinoids	34.5
Pesudoephedrine	10.6
Ketamine and phencyclidine (combined)	9.3
Methcathinone	9.1
Ketamine	1.2
Unnamed/other drugs	227836.6

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
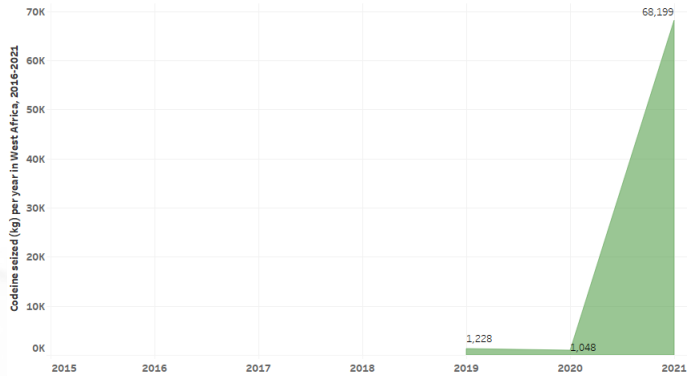
REPORT

Figure 4.12: **Trend in codeine seizure in West Africa, 2016-2021**

There was a downward trend in methamphetamine seizure in Africa in the reporting period except for the spike seen in 2019 (Fig. 4.13).
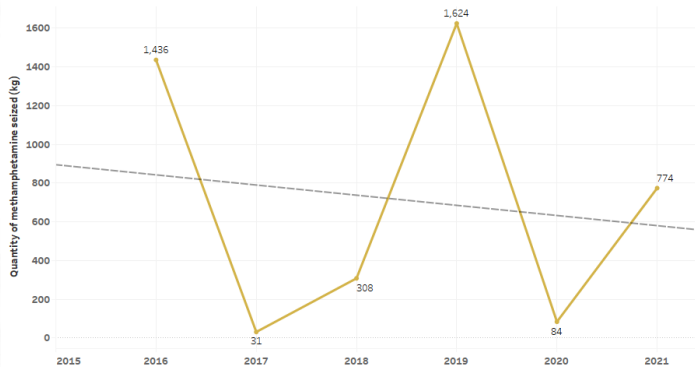
Figure 4.13: **Trend in quantity of methamphetamine seized in Africa, 2016-2021**

Drugs seized and reported in different measures

The standard measure for reporting seized drugs in the PAENDU reporting forms is kilogram(kg). While majority of seized drugs were reported by Member States in the index period in kg, some drugs were reported in tablets, capsules, litres, cartons, etc. In addition, the strength of seized capsules and tablets were also not reported. To provide information about the relevant drugs, a presentation of quantities reported is made below:

Tramadol

The report of tramadol seizures in Africa from 2017 to 2021 highlights several important trends and issues related to the illicit trade and usage of tramadol in the continent (Table 4.2). The reported quantities of tramadol seized in North Africa, West Africa, and Central Africa over these years are alarmingly high. These seizures indicate a substantial presence of tramadol, a potent synthetic opioid, in the region.

North Africa consistently reports the highest quantities of seized tramadol tablets. The staggering figures for 2017 and 2018, with 35,000,000 and 25,000,000 tablets, respectively, are particularly concerning. This suggests that North Africa might be a significant destination or transit point for tramadol trafficking. West Africa also reports significant tramadol seizures, especially in 2019 and 2021. The presence of tramadol in West Africa is noteworthy, given its status as a common transit region for various illicit substances.

Table 9: **Tramadol seizures in Africa (excluding quantities reported in kg), 2016 to 2021**

Year	Region	Reported quantities
2017	North Africa	35,000,000 tablets
2017	West Africa	5.5 packets
2018	North Africa	25,000,000 tablets
2019	Central	404 injectable ampoules
2019	North Africa	11,929,435 tablets
2019	West Africa	3,866,288 tablets
2019	West Africa	151,000 tablets
2020	Central	12,000 cartons
2020	North Africa	13,733,703 tablets
2020	West Africa	985,762 tablets
2021	Central Africa	4 cartons
2021	North Africa	4,707,762 tablets
2021	North Africa	490,000 tablets
2021	West Africa	3,910,534 tablets

The seizure of 404 injectable ampoules of tramadol in Central Africa in 2019 is a unique and concerning finding (Table 4.2). Injectable forms of tramadol can pose serious health risks, and their presence should alert stakeholders to the issues of substance use disorders in Africa.

Other drugs

The seizure of drugs in Africa over the years 2019 to 2021 provides a snapshot of the ongoing battle against illicit substances on the continent. In 2019, North Africa reported the seizure of a staggering 34,916,565 tablets of Captagon. Captagon is a powerful amphetamine-type stimulant, often associated with illicit production in the Middle East. The significant quantity seized in North Africa suggests its presence as a substantial concern in the region. While Eastern Africa reported comparatively smaller quantities, the variety of drugs seized, including Ecstasy, LSD, and Buprenorphine, highlights the diversity of substances being trafficked. These seizures underscore the need for vigilance against a range of illicit drugs. West Africa reported smaller quantities, including Diazepam tablets, which is a prescription medication used to treat anxiety disorders. This highlights the presence of both pharmaceutical and recreational drugs in the region.

Table 10: **Reported seizures of drugs (excluding those reported in kg) in Africa, 2016-2021**

Year	Region	Drug	Reported quantities
2019	North Africa	Captagon	34,916,565 tablets
	Eastern Africa	Ecstasy	116 tablets
	West Africa	Diazepam	17 tablets
	Eastern Africa	LSD	15 patches
	Eastern Africa	Buprenorphine	2321 tablets
	North Africa	Ecstasy/methylene	26503 tablets
2020	North Africa	Captagon	14,658,175 tablets
	West Africa	Ecstasy	12 tablets
	Eastern Africa	Ecstasy	30 tablets
	West Africa	Diazepam	13 tablets
	Eastern Africa	LSD	19 patches
	North Africa	Ecstasy/methylene	20943 tablets
	West Africa	Methamphetamine	25 tablets
	Southern Africa	Methaqualone	3964 tablets
2021	North Africa	Captagon	18,214,470 tablets
	West Africa	Methamphetamines	326 tablets
	West Africa	Ecstasy	32 tablets
	Southern Africa	Ecstasy	118 sachets
	Eastern Africa	Ecstasy	2 tablets
	West Africa	Diazepam	232 tablets
	Eastern Africa	LSD	57 patches
	North Africa	Ecstasy/methylene	5026 tablets
	West Africa	Methamphetamine	85 tablets

These seizure reports emphasize several key points:

i) Diverse Drug Market: The illicit drug market in Africa is diverse, encompassing a wide range of substances, from stimulants like Captagon and Methamphetamine to hallucinogens like LSD and recreational drugs like Ecstasy.
ii) Regional Variation: Different regions of Africa face varying degrees of involvement in the drug trade, with North Africa often reporting larger quantities, possibly due to its proximity to drug-producing regions.
iii) Public Health Concerns: The presence of these drugs raises significant public health concerns, as their abuse can lead to addiction, health complications, and social problems.
iv) Need for International Cooperation: The global nature of the drug trade necessitates international cooperation to combat drug trafficking effectively.
v) Prevention and Education: Alongside law enforcement efforts, prevention and education programs are vital to raise awareness about the dangers of substance use and reduce demand for these substances.

The seizure of drugs in Africa over the years reflects the ongoing challenges posed by the illicit drug trade. It highlights the need for a comprehensive, multilateral approach involving law enforcement, public health initiatives, and international collaboration to address this complex issue and mitigate its impact on African societies.

Origins of illicit drugs in Africa

A few Member States indicated the origin of seized illicit drugs in their respective Member States. The reports from Member States showed that apart from substances originating from neighbouring Member States and other Member States in Africa, Pakistan, India and Brazil were cited as the origin of seized illicit drugs in Central Africa. In East Africa, USA, Belgium, Bolivia, Guyana, and Brazil were cited as the origin of illegal drugs seized.

Afghanistan and Pakistan were cited as the origins of the heroin seized and synthetic cannabinoids were said to have been trafficked from China. In North Africa, illegal drugs were said to have been trafficked from France and Brazil. In Southern Africa, heroin, methaqualone and crystal methamphetamines were reported to have originated from Pakistan. India, Afghanistan, and Brazil were reported as Member States from which drugs were trafficked into Southern Africa. In West Africa, Brazil was cited at the source of cocaine seized in the region.

Table 11: **Origin of illicit drugs in Africa (excluding Member States in Africa)**

Region	Member States where illicit drugs originated from
Central Africa	Pakistan, Brazil, Colombia, India
East Africa	United States, Brazil, Bolivia, Guyana, China
North Africa	France, Brazil
Southern Africa	Pakistan, Afghanistan, India, Brazil, Latin America
West Africa	Peru, Brazil, Pakistan Colombia, India, England, Germany, Holland, Bolivia, Mexico

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
REPORT

Destination of drugs seized in Africa

Reports submitted by Member States suggest that Africa is a destination point as well as a transit point for drug trafficking. For instance, local consumption of drug occurs in Kenya while serving as a significant hub for drug trafficking, with drugs being transported to various destinations such as United Arab Emirates, Greece, India, the Netherlands, Canada, the USA, Italy, the United Kingdom, Pakistan, Seychelles, Australia, Madagascar, New Zealand, and the Philippines. Table 4.5 indicates the destinations of drugs seized in different parts of Africa.

Table 12: **Destination of drugs seized in Africa**

Member State	Region	Destination Member States
Comoros	Central Africa	Europe (France via Mayotte Island)
Cameroon	Central Africa	Cameroon, United States, United Kingdom, Cambodia
Chad	Central Africa	Denmark
Kenya	East Africa	Kenya, UAE, Greece, India, Netherlands, Canada, USA, Italy, UK, Pakistan, Seychelles, Australia, Madagascar, New Zealand and Philippines
Uganda	East Africa	India, Italy, Nigeria, Ethiopia, UAE, Turkey, Qatar, China, USA, Canada, Germany,
Uganda	East Africa	Seychelles
Lesotho	Southern Africa	South Africa, Eswatini
Namibia	Southern Africa	Namibia, Turkey and India
Zambia	Southern Africa	South Africa, UK, India
Madagascar	Southern Africa	Mauritius and other islands of the Indian Ocean
Malawi	Southern Africa	Malawi, South Africa. India. China, Thailand, RSA
Botswana	Southern Africa	Botswana
Benin	West Africa	Benin, Nigeria, Niger, Burkina Faso, Togo, Saudi Arabia, France, Mali, Australia, Italy, Belgium, UAE, USA, Turkey, Istanbul, Cote d'Ivoire, Portugal
Gambia	West Africa	France, Spain, England, USA, Canada, Senegal.
Ghana	West Africa	Ghana, USA, UK, South Africa
Guinea Bissau	West Africa	Portugal, Spain
Liberia	West Africa	Nigeria, Liberia, Sierra Leone, Guinea Bissau
Niger	West Africa	Mali, Libya, European Member States, Arabian Peninsula Member States
Nigeria	West Africa	Nigeria, UAE, Italy
Senegal	West Africa	Guinea Bissau, Spain, Guinea
Sierra Leone	West Africa	Neighbouring African Member States
Togo	West Africa	Benin, Niger, Nigeria, UK, Brazil, Nigeria, Ghana, Cote d'Ivoire, India,

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

National drug policy in Africa

National policies on drugs in Africa vary across the continent as different Member States adopt their own approaches based on their specific circumstances and priorities. A general pattern of national drug policies in Africa include:

i) *Control of Drugs and Crime*: Most African Member States have adopted policies that prioritize drug control and criminalization. These policies focus on law enforcement efforts to combat drug trafficking, production, and use. They typically involve strict drug laws, penalties, and imprisonment for drug offenses;

ii) *Harm Reduction and Public Health Approaches*: Some African Member States have recognized the need to address drug-related issues from a public health perspective. These policies prioritize harm reduction strategies, including access to drug treatment, rehabilitation, and harm reduction services such as needle exchange programs and opioid substitution therapy;

iii) *Decriminalizing drug use and finding alternative approaches:* Some Member States in Africa have taken steps towards decriminalizing certain drug offenses or exploring alternative approaches to drug policy;

iv) *Regional Cooperation*: African Member States often collaborate regionally to address drug-related issues. Regional Communities like the Economic Community of West African States (ECOWAS) and the East African Community (EAC) may work together to develop coordinated responses, share information, and enhance law enforcement efforts across borders.

v) *International Conventions and Frameworks*: African Member States are signatories to various international conventions and frameworks related to drug control, such as the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These conventions provide a framework for cooperation and coordination in addressing drug-related issues.

It is important to note that drug policies evolve over time, and there may be ongoing debates and discussions within Member States regarding the most effective approaches. Additionally, not all African Member States have publicly available or well-documented drug policies, and the specific details and implementation vary from one nation to another. West Africa makes up almost half of all Member States that reported the existence of a national drug control policy (Table 4.6).

Table 13: **Report on existence of a national drug policy in Member States**

Region	Number (%) of Member States who reported existence of a national drug policy
Central Africa	3 (14.3)
North Africa	2(9.5)
East Africa	2(9.5)
Southern Africa	4(19)
West Africa	10(47.6)
Total	21 (100)

African Union

Drug related arrests

A cumulative total of 576,058 persons were arrested in Africa for drug related offences from 2016 to 2021. Data reported by Member States show that the number of arrests related to illegal drug trafficking from 76 per 100,000 in 2016 to 2,755 in 2018, declining to 1,311 in 2021 (Fig. 4.14).
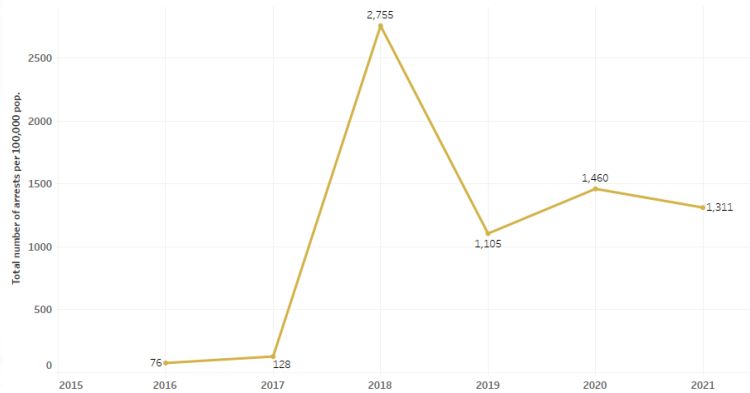

Figure 4.14: **Trend in drug related arrests in Africa, 2016-2021**

One in ten (10.7%) persons arrested for drug-related offences in Africa was female while 0.1% were children.

1 in 10 persons arrested for drug related offences was a woman.

The number of arrests per 100,000 in Central Africa increased from 47.4 in 2019 to 49.2 in 2021. In West Africa, there was generally an upward trend in drug-related arrests, increasing from 76.3 in 2016 to 134.9 in 2021 (Fig. 4.15).
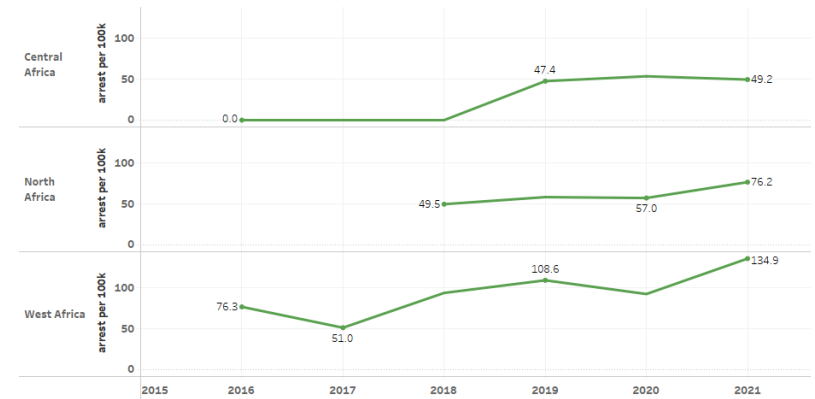
Figure 4.15: **Drug trafficking related arrests in Central and West Africa, 2016-2021**

It is important to note that these figures represent the reported arrests and may not capture the full extent of drug-related activities or arrests in Africa. Furthermore, it is crucial to consider the underlying factors contributing to these trends, such as law enforcement efforts, changes in drug trafficking patterns, and various socio-economic factors.

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
REPORT

STATISTICS AND TRENDS
ON ILLICIT DRUG USE,
TREATMENT DEMAND AND SUPPLY
IN AFRICA

5

Essential drug information
Specific to each region

Central Africa

In Central Africa, Cameroon was the only Member State that reported on drug treatment. The most common substances for which people entered treatment was cannabis (32.8%) (Fig. 5.1). An estimated 10 % of persons in drug treatment were females while 1 in 4 persons was an adolescent aged 10-19 years.
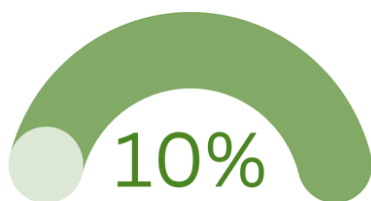

Figure 5.1: **Most common substances accounting for entry into drug treatment in Central Africa, 2016-2021**

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Cameroon, Central African Republic, Chad, DRC, and Rwanda were the only Member States that reported on drug seizure in Central Africa in the index period. Cannabis-type substances were the most common drugs reported to have been seized (7,813 kg) (Table 5.1).

Table 14 **Drugs seized (in kg) in Central Africa**

Cannabis/Hashich	7,813.4
Cocaine/crack	1,315.3
Heroin	4.5
Khat	117.3
Synthetic cannabinoids	0.4

10%

10% of persons in treatment in Central Africa were women.

1 in 4 persons in drug treatment in Central African Region (2016-2021) was an adolescent.

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
REPORT

North Africa

Egypt, Morocco, and Tunisia were the only Member States that reported on drug treatment in North Africa from 2016 to 2021. Apart from alcohol, heroin (43%) was the most common drug for which people entered treatment in the reporting period, followed by cannabis, tramadol, and cocaine (Fig. 5.2). An estimated 4% of persons in drug treatment were females while 5% of persons in treatment were aged 10-19 years.
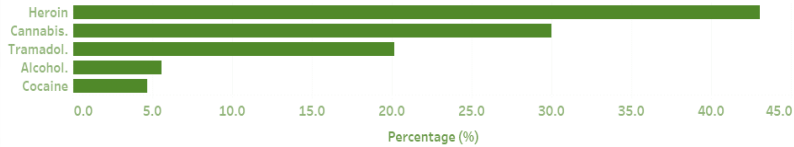

Figure 5.2: **Principal substances used by persons in drug treatment in North Africa, 2016-2021**

4% of persons in treatment in North Africa were women.

5% persons in drug treatment were adolescents.

Egypt, Mauritania, Morocco, and Tunisia were the only Member States that reported on drug seizure and arrests in North Africa in the index period. Captagon was the principal drug seized in North Africa, accounting for 97% of the total seizure in the reporting period, followed by tramadol, cannabis, and heroin. The average number of arrests in the reporting period in the region was about 76.3 per 100,000 population.

East Africa

Eritrea, Kenya, Madagascar, Mauritius, and Uganda were the only Member States in Eastern Africa that reported on drug treatment from 2016 to 2021. Heroin (45%) was the most commonly reported substance among people in drug treatment, followed by alcohol, and cannabis (Fig. 5.3). Only 0.1% of people in drug treatment in the region reported cocaine as the primary substance used. An estimated 6% of persons in drug treatment were females while 17% of drug entrants were aged 10-19 years in the region.
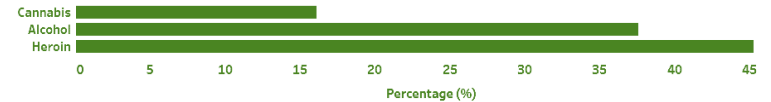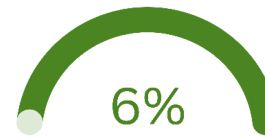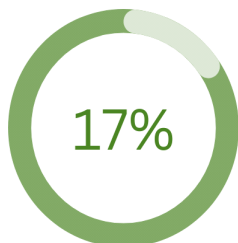

Figure 5.3: **Principal substances used by persons in drug treatment in East Africa, 2016-2021**

6% of persons in drug treatment in Eastern Africa were women.

African Union

17%

17% persons in drug treatment were adolescents.
Comoros, Djibouti, Eritrea, Kenya, Madagascar, Mauritius, Tanzania, and Uganda reported on drug seizures and arrests in East Africa in the index period. Heroin accounted for the majority of drugs seized in East Africa during the reporting period, followed by cannabis as shown in Table 5.2. Other drugs seized in the region include khat, synthetic cannabinoids, ecstasy, LSD, etc.

Table 15: **Principal drugs seized in East Africa, 2016-2021**

Drug	Cumulative amount of drug seized (kg)
Heroin	303,085
Cannabis/Hashish	155,172
Khat	31,889
Methamphetamine	1,531
Cocaine/Crack	811

Southern Africa

Nine Member States in Southern Africa—Angola, Botswana, Eswatini, Lesotho, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe—reported on drug treatment between 2016 and 2021. Cannabis (32%) and alcohol (32%) were the most commonly reported substance among people in drug treatment in Southern Africa, followed by heroin (13.6%) and ATS (10.6%) (Fig. 5.4). A combination of drugs was also cited as primary drug used by persons in treatment in Southern Africa. These include *Nyaope* and *Whoonga* which are cocktails of drugs that are smoked, consisting of cheap/low grade heroin mixed with cannabis. In Southern Africa, an estimated 1 in 20 persons in drug treatment from 2016 to 2021 was a woman. Furthermore, 1 in 5 persons in treatment was aged 10-19 years while 5% of drug entrants were children below 15 years of age.

Figure 5.4: **Principal substances used by persons in drug treatment in Southern Africa, 2016-2021**

5%

5% of persons in drug treatment (2016-2021) in Southern Africa was a woman.

1 in 5 persons in drug treatment (2016-2021) in Southern Africa was an adolescent.

STATISTICS AND TRENDS ON ILLICIT DRUG USE, TREATMENT DEMAND AND SUPPLY IN AFRICA
01 JANUARY 2016 – 31 DECEMBER 2021

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Angola, Botswana, Eswatini, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Zambia, and Zimbabwe were the only Member States that reported on drug seizures and arrests in Southern Africa from 2016 to 2021. Cannabis and heroin were the principal drugs seized in the region (Table 5.3). In the region, an average of 28 persons per 100,000 population were arrested annually for drug related offences during the reporting period.

Table 16: **Principal drugs seized in Southern Africa, 2016-2021**

Drug	Cumulative amount of drug seized (kg)
Cannabis/Hashish	5,410,591
Heroin	906,424
Cocaine/Crack	20,481
Khat	1,923
Methamphetamine	320

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

West Africa

All the 15 Member States in West Africa reported at least once from 2016 to 2021. Cannabis (33%) was the most commonly reported substance among people in drug treatment, followed by alcohol (23%), and heroin (22%) (Fig. 5.5). An estimated 5% of persons in drug treatment were females while more than 1 in 10 persons (12%) who had drug treatment in the reporting period were aged 10-19 years.
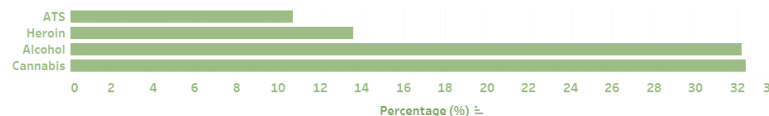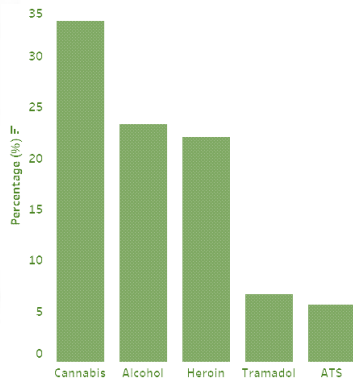
Figure 5.5: **Principal substances used by persons in drug treatment in West Africa, 2016-2021**

5% of persons in drug treatment in West Africa were women.

12% persons in drug treatment were adolescents.

All the 15 Member States in West Africa also reported on drug seizures and arrests at least once in the reporting period. Cannabis was responsible for an overwhelming majority of the seizures, followed by tramadol (Table 5.4). In this region, the average annual number of persons arrested for drug-related offences during the reporting period was 6.3 persons per 100,000 population.

Table 17: **Principal drugs seized in West Africa, 2016-2021**

Drug	Cumulative amount of drug seized (kg)
Cannabis/Hashish	44,916,454.388
Tramadol	398,642.1
Codeine	70,475
Cocaine/Crack	35,909
Khat	10,286
Heroin	6,975
Methamphetamine	1,784

African Union

**THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE** REPORT

01 JANUARY 2015 – 31 DECEMBER 2021

6

Policy implications of findings

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE
REPORT

The number of Member States reporting data to PAENDU as well as the number of treatment facilities where data are being reported increased progressively in the reporting period. These findings suggest that the increasing number of individuals entering drug treatment in Africa during the reported period could be attributed to improved drug data reporting by Member States. This improvement can be attributed to factors such as increased participation of Member States in interventions like the Pan-African Epidemiology Network on Drug Use (PAENDU) and enhanced training for drug data collection focal points through the support provided by partners such as the INL, UNODC, and other partners.

The policy implications of these findings include:

1. Enhanced data collection and reporting: The improved drug data reporting indicates progress in building robust systems for monitoring and evaluating drug use trends and treatment needs in Africa. Policymakers can continue to prioritize investment in data collection infrastructure, training, and capacity building to ensure accurate and comprehensive reporting. This data can inform evidence-based policymaking, resource allocation, and targeted interventions. There is need for Member States to undertake population surveys for a clearer picture of the situations as issues of overall and subgroup prevalence and high-risk use cannot be fully addressed with secondary data.

2. Strengthened collaboration and partnerships: The increase in the number of Member States engaged in PAENDU and training programmes demonstrates the value of collaboration and partnerships among African nations. Policymakers should encourage and support regional cooperation, knowledge sharing, and technical assistance to promote standardized data collection methodologies, harmonized reporting systems, and best practices in drug treatment. This collaboration can help address cross-border drug trafficking and enhance regional responses to drug-related challenges.

3. Expansion of drug treatment centres: The significant increase in the number of treatment centres reporting data to PAENDU indicates an expanding network of facilities providing drug treatment services in Africa. Policymakers can build upon this progress by further expanding the availability of treatment centers, particularly in underserved regions. This expansion should consider factors such as geographical coverage, accessibility, and the incorporation of culturally sensitive, gender-responsive and youth sensitive approaches to meet the diverse needs of individuals seeking treatment.

4. Tailored interventions: The data collected through improved reporting can guide policymakers in developing targeted interventions that address specific drug use patterns and treatment needs across different regions in Africa. By analyzing the data, policymakers can identify hotspots, emerging trends, and vulnerable populations, allowing for the design of evidence-based prevention, treatment, and harm reduction strategies. These interventions should consider cultural, social, and economic factors that influence drug use and access to treatment in specific contexts.

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

5. Monitoring and evaluation: Continued monitoring and evaluation of drug treatment programmes and interventions are essential to assess their impact and identify areas for improvement. Policymakers should prioritize the establishment of robust monitoring systems that track key indicators related to treatment outcomes, access to care, and long-term recovery. This information can guide policy adjustments, resource allocation, and the identification of best practices to enhance the effectiveness of drug treatment efforts.

Overall, the findings highlight the importance of data-driven policymaking, collaboration, and targeted interventions to address drug use and treatment needs in Africa. By strengthening data collection, expanding treatment services, and tailoring interventions to specific contexts, policymakers can work towards reducing drug-related harms and criminality, improving public health outcomes, and supporting individuals on their path to recovery.

The findings regarding drug-related arrests in Africa from 2016 to 2021 reveal some interesting trends and patterns. Here are a few key points to note:

1. Significant increase and subsequent decline: The data shows a substantial increase in drug trafficking-related arrests in Africa from 2016 to 2018, with a peak of 2,755 arrests per 100,000 people. This suggests a surge in drug-related activities and enforcement efforts during that period. However, there was a subsequent decline in arrests to 1,311 per 100,000 people by 2021. This could indicate a change in law enforcement strategies, shifts in drug trafficking patterns, or other factors influencing the number of arrests.

2. Gender and age disparities: The data highlights a gender disparity among those arrested for drug-related offenses, with women representing only 10.7% of the total arrests. This suggests that men are more likely to be involved in drug-related activities or are targeted more frequently by law enforcement. Additionally, the low percentage of child arrests (0.1%) indicates that drug-related offenses primarily involve adults. Understanding the reasons behind these disparities can help in developing targeted interventions and policies.

3. Regional variations: The findings demonstrate regional variations in drug-related arrests within Africa. Central Africa experienced a slight increase in arrests from 2019 to 2021, indicating ongoing drug-related challenges in the region. In contrast, West Africa witnessed a consistent upward trend in drug-related arrests throughout the period, suggesting a growing issue that requires attention. These regional differences could be influenced by factors such as geographical location, drug trafficking routes, law enforcement capacity, and socio-economic dynamics.

4. Limitations and contextual factors: It is important to consider the limitations of the data and the broader context surrounding drug-related arrests in Africa. The reported figures may not capture the full extent of drug-related activities, as some cases may go unreported or undetected. Additionally, factors such as political instability, poverty, corruption, and weak law enforcement systems can influence drug trafficking and arrests. Understanding these contextual factors is crucial for developing comprehensive strategies to address drug-related issues in Africa.

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Overall, the findings provide valuable insights into drug-related arrests in Africa from 2016 to 2021. They highlight the overall increase and subsequent decline in arrests, gender and age disparities among those arrested, regional variations, and the need to consider contextual factors. These findings can inform policymakers, law enforcement agencies, and organizations working on drug control efforts to develop targeted interventions and policies to address drug-related challenges in Africa effectively.

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

Challenges

Some of the challenges encountered by Member States in drug control include:
- Frequent leadership changes in drug law enforcement agencies, creating logistics and administrative issues;
- COVID-19 pandemic crisis which hampered drug data collection in Member States; and
- Lack of capacity of focal points of drug treatment facilities to collect, collate, analyze and report drug data.

Recommendations

Based on the findings of this report, the following recommendations are necessary for prevention, treatment, and care people with substance use disorders:

Member States

- Improve access to SUD treatment by establishing, expanding, and strengthening SUD treatment centres providing substance use dependence treatment services based on sound scientific evidence and international best practices.
- Strengthen the capacity of health workers towards diagnosing and managing substance use disorders (SUDs), providing evidence-based substance use dependence treatment and care.

- Significantly strengthen the capacity of health workers and other allied workers towards providing substance use prevention services to vulnerable population.
- Consider expanding community-based substance use treatment services to facilitate access to equitable provision of SUD treatment services.
- Develop the capacity of national institutions and agencies in the development of technical tools, substance use treatment assessment, data collection, monitoring, evaluation and drug research.
- Develop innovative strategies and approaches towards reaching out to and enrolling women who use substances and their children into substance use treatment and prevention services.
- Strengthen national programmes on HIV and hepatitis control towards ensuring that the needs of people who use substances are catered to.
- Improve funding allocation to the responsible national institutions to build capacity for research, prevention, and sustainable demand reduction interventions.
- Strengthen and improve national programmes and capacity to detect, monitor, analyse, and report on interdiction of substances, including synthetic drugs, and related drug and chemical precursor supply trends to inform national and regional policymaking, resource allocation, and interventions.

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

AUC, RECs, UN agencies and other international development partners

- Support advocacy for SUD treatment services and the coordination and development of evidence-based national policies on drug dependence treatment and care in African Member States.
- Support Member State efforts in the establishment and strengthening of national epidemiology networks on drug use as well as drug-related research initiatives in Africa.
- The AU Commission should maintain its support for the continental accountability system to monitor the fulfilment of continental pledges and conduct continuing political advocacy on strategic health issues including drug use impacting Member States collectively.
- The AUC and Regional Economic Communities (RECs) should continue to support Member States with technical assistance, advocate for more funding to strengthen health systems, coordinate the implementation of national control policies and plans, track and report progress, and share best practices.

- UN agencies, US INL, and other international development partners to continue their support for financial and technical assistance in Africa while monitoring global trends, evidence, norms and sharing global lessons learned in drug control.
- Support advocacy for increased resource allocation by national governments to interventions towards substance use prevention and treatment.

Civil Society Organisations

- Promote, communicate, and advocate for evidence-based drug prevention, treatment, care, and recovery by supporting the Drug Action Plans of AUC, RECs, and MS.
- Continue to advocate for increased resource allocation by demanding accountability from national governments on issues relating to substance use prevention and treatment as well as the health and wellbeing of people who use drugs especially women and children.

African Union

THE
PAN-AFRICAN
EPIDEMIOLOGY
NETWORK
ON DRUG USE

REPORT

REFERENCES

1) UNODC. Drug Use in Nigeria. Vienna; 2018. 61 p.

2) World Drug Report 2021 [Internet]. [cited 2022 Aug 7]. Available from: https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html.

3) EMCDDA. European Monitoring Centre for Drugs and Drug Addiction. European drug report 2016: trends and developments. 2016.

4) European Monitoring Centre for Drugs and Drug Addiction. European drug report 2021: trends and developments. [Internet]. LU: Publications Office; 2021 [cited 2023 Oct 2]. Available from: https://data.europa.eu/doi/10.2810/18539

5) Agency NDLE. National Drug Law Enforcement Agency [Internet]. [cited 2023 Oct 2]. Available from: https://ndlea.gov.ng/

6) Central Intelligence Agency. The World Factbook [Internet]. Washington, DC: Central Intelligence Agency; 2013. Available from https://www.cia.gov/library/publications/the-worldfactbook/

7) UNODC, ECOWAS and the EU release WENDU Report [Internet]. [cited 2023 Oct 2]. Available from: https://www.unodc.org/nigeria/en/unodc--ecowas-and-the-eu-release-wendu-report.html

8) WENDU REPORT – 2018 – 2019 | Economic Community of West African States (ECOWAS) [Internet]. [cited 2023 Oct 2]. Available from: https://ecowas.int/publication/wendu-report-2018-2019/

African Union

THE PAN-AFRICAN EPIDEMIOLOGY NETWORK ON DRUG USE

REPORT

01 JANUARY 2016 – 31 DECEMBER 2021

STATISTICS AND TRENDS
ON ILLICIT DRUG USE,
TREATMENT DEMAND AND SUPPLY
IN AFRICA