

An army of international heavyweights is creating powerful new policies to combat the drug trade in East and Southern Africa, writes **Kgalema Motlanthe**



Rethinking the campaign against drugs

A policeman searches a suspect for drugs in Cape Town. Picture: Shaun Swinger

Drug markets in East and Southern Africa are growing rapidly. Resilient and quick to evolve, their impact is felt in cities, towns and villages in almost every corner of the region. Few escape the toxic effects of transnational organised crime linked to drugs. The harms are immense. The trade fuels violent inter-gang competition, murder and state corruption. It drives the spread of transmissible diseases. It destroys communities. In areas such as Hanover Park in Cape Town, drugs, gangs and guns have created a seemingly unstoppable cycle of violence. "It's like we're living in hell. People are dying daily and youngsters are idolising the gangsters because there's quick money to be made. We're losing our children to gangsterism and drugs," resident Yasmine Josie told News24 recently.

The UN estimates that by 2030 the number of people who use drugs in Africa will have nearly doubled. Despite this, it remains a largely silent crisis. Drug policies are failing and in many instances only serve to worsen the problem and drive it underground.

Strict law enforcement and ill-conceived, often-draconian policing targets low-level offenders, particularly people who use drugs and would be better served by psychosocial and community support, as well as treatment services and health-led approaches, than by arrest and imprisonment. Furthermore, under a paradigm of drug prohibition, heavy-handed law enforcement often makes markets more fractured, violent and, insofar as illegal activities can ever be controlled, unmanageable.

Moreover, all of this comes at a huge cost. A cost in terms of police, prison and military resources. A cost in terms of lives lost trying to forcibly push back the tide of illegal drugs. A cost in terms of corrupt political actors who are bought, bribed or extorted by powerful criminal gangs empowered beyond all other societal actors by the outrageous profits they are able to obtain. Lastly, there are costs in terms of human lives. The people lost to preventable blood-borne diseases. Those with a lack of access to essential medicines such as methadone. Those prosecuted and brutalised by a justice system that treats them as criminals instead of people who need help.

It is in the context of these realities that we have launched the Eastern and Southern Africa Commission on Drugs (ESACD). Its goal is simple: to evaluate the lessons of past drug policies in light of market trends in the region and suggest new approaches so we can move beyond past problems and failures.

The commission currently comprises four commissioners, including Motlanthe, former presidents Joaquim Chissano of Mozambique and Cassam Uteem of Mauritius, and professor Quarraisha Abdoohi Karim. It was launched in Cape Town on Friday and will work to put forward evidence-based, high-level and authoritative recommendations for drug policy reform and engage in high-level strategic outreach and advocacy.

Though this is not the first time global leaders have come together to call for new approaches beyond a



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simple continuation of the "war on drugs", it is an important milestone for the East and Southern African region, where the challenges and harms are plain to see, and where commissioners drawn from the region have committed to addressing them. The area has evolved into a global marketplace for drugs. It is no longer simply a transit point. While the region has long been known for high levels of cannabis use and trafficking, with heroin, there are now disturbingly high levels of cocaine and synthetics use. The market is evolving despite efforts to push it back. These evolutions are linked to transnational and transregional dynamics.

The challenges to effectively policing coastlines in this region are immense. Of the 10 longest in Africa, the top four are all part of the heroin route (Madagascar, Somalia, South Africa and Mozambique). In August 2018 authorities in Tanzania said they had identified 134 illegal ports and 58 unregistered airstrips used for smuggling contraband.

METHAMPHETAMINE

There is a global transition occurring in the production and distribution of methamphetamine (commonly known as meth, or tik in South Africa). Today, crystal meth is available for retail purchase in every country in East and Southern Africa, and is manufactured in the region in rapidly increasing volumes for domestic consumption and international supply. In many places it has displaced cannabis, heroin and cocaine as the drug of choice. It is also used as a currency to be exchanged for other illicit goods. The growing proliferation of meth results as much from chronic inequitable development as it does from organised

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criminal entrepreneurship. It is quickly meeting demand in a growing number of marginalised and victimised communities, which have been left behind and out of socioeconomic development efforts in the region, something worsened by Covid-19. The consumer base for meth in South Africa appears to be significantly greater than initially imagined. Furthermore, it seems now to have market footholds in Eswatini, Lesotho, Botswana, Mozambique, Malawi, Zambia, Zimbabwe, Uganda and Kenya. While still being produced in South Africa, Nigeria-based production flows appear to have assumed a dominant role in the supply of markets in Southern Africa. Research has shown that a new production supply chain has emerged from South Asia, with strong evidence supporting the conclusion that meth produced in Afghanistan is being smuggled

from Pakistan to East and Southern Africa. This is being done through at least two routes. The first is by dhov from the Makran coast to the Nacala and Pemba coasts in northern Mozambique. The second is used for smaller volumes (several kilograms rather than several hundred). The cargoes are shipped from Pakistan by dhov or air to the United Arab Emirates (UAE), where they are allegedly transferred to flights from Dubai to Cape Town.

HEROIN

Durban is home to one of the oldest, largest and most deeply entrenched heroin markets in South Africa. As it has grown in sophistication, a unique method of processing and distributing the drug has become widely used in the Durban area: that of packaging it in pharmaceutical style capsules.

For example, in September 2020 the Hawks uncovered more than 170,000 heroin capsules at an upmarket residential estate about 50km north of the city. The shift towards capsules has brought about a revolution in efficiency, creating assembly line-style production that outstrips other methods. Analysis by the Global Initiative Against Transnational Organised Crime (GI-TOC) from early 2021 showed that more than 710,000 heroin capsules had been seized in South Africa since 2016. Examples of the drug in capsule form remain rare outside this country, however.

South Africa has seen a two-decades-long expansion of its underworld economy and the organised criminal groups that control it. It is difficult to disentangle the linkages between multiple criminal markets in the country and the wider region. The drug business has grown rapidly since the early 2000s, with new offerings and supply sources. We have seen a convergence between markets as gangs seek diversity: drugs, guns, abalone, diamonds, sex – all in a single business enterprise. South African crime bosses have also made connections elsewhere: in Latin America, Turkey, Asia, the Balkans (think of Serbian assassinations in South Africa) and, of course, across Africa.

THE MOST HARMFUL EPIDEMIC

And when we look at the negative effects on people and consider the most harmful epidemic in recent history, the hub of global HIV/AIDS infections and deaths is centred in East and Southern Africa. People who inject drugs are 29 times more at risk than the general population in acquiring HIV. We must keep this in mind when considering new policy approaches. In this region, due to our experience with HIV/AIDS, we know more than most how drugs can affect the most vulnerable in society – the poor, the marginalised, those without access to education, justice and health care, the LGBTQ+ community and pregnant women and their children and unborn babies.

So what is the new commission going to propose is done differently by governments in the region? The first principle is that drug policies must be developed based on the rigorous examination and assessment of the latest evidence, data and experiences. The second

is that such policies must be people- and health-centred, and aimed at reducing harm to our communities and most vulnerable people. The third principle is that the solutions for this region must be developed here through a bottom-up approach, with the full input and engagement of civil society and communities across the region. Based on these, a new approach to the regulation of drugs might give this region's next generation a fighting chance against the scourge and associated violence, criminality and corruption.

NEW APPROACHES

Governments in diverse regions worldwide are experimenting with new approaches to drug policy and regulation, with a concerted move away from a "war on drugs" approach, despite its entrenchment in other parts of the globe and the prohibition-based international drug control system enshrined under the UN.

In South Africa, the Constitutional Court ruled in 2018 that it would not be a criminal offence for an adult to use or possess cannabis in a private space, such as their home. Furthermore, in September last year the court confirmed a high court judgment that found children should not be criminalised for cannabis use or possession, paving the way for a rehabilitative rather than retributive approach. The Global Commission on Drugs has long advocated for drug policy reform and the ESACD will apply lessons learnt from around the world to the realities of this region. As the ESACD moves ahead, it will work with governments, civil society, academia and international and regional organisations to develop clear, workable and politically relevant recommendations on drug policy reform for this region.

Complex social problems require complex, strategic and co-ordinated policy responses. For too long and too often drugs have been sliced into a one-size-fits-all approach, based on tougher and more extensive law enforcement characterised by the "war on drugs". We have seen the outcomes of these approaches. A new generation of drug policies is needed, one that meets the challenges of the coming decades and the complex market forces and political economies exemplified by the evolutions seen in this region.

This commission wants to play a pivotal role in effecting change, just as other drug commissions, such as the West Africa Commission on Drugs, have done. It will serve as a reference and driving force for reform of ineffective policies and approaches. As we embark on this difficult and complex challenge, we do not seek simple solutions. Instead, we look towards a new generation of evidence, policy analysis and commitment to working with all stakeholders to map better drug policies for the East and Southern Africa region.

The people of these countries deserve and need us to do better.

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