



Analysing drug trafficking in East Africa

A media-monitoring approach

Ciara Aucoin

Summary

By analysing drug-related incidents reported in the media in three key East African nations over the past decade, this paper provides insights into drug trafficking in the region. This includes the different drug types in circulation across Kenya, Tanzania and Uganda; the quantities and trafficking methods used; as well as the origin, transit, and destination hubs. The report also suggests patterns in the actors involved, the nature of state responses and the reporting styles of the African and foreign press. The potential for improved sourcing using this methodology, and for greater public awareness of drug trafficking-related harms, lies in the development of stronger and more capable journalism in the region.

Key points

- East Africa plays an increasing role in the continent's illicit drug trade, particularly as a corridor for flows of heroin and cocaine.
- Media monitoring is an innovative way of gathering data to help illustrate trends in transnational organised crime, including drug trafficking trends.
- Findings show interesting patterns in reporting on major harmful drugs in the region, and the many challenges faced by journalists in investigating and publishing drug trafficking stories.
- The paper calls for greater press freedom and increased training and financial support for investigative journalism in East Africa, and across the continent more generally.

This paper focuses on:



This report is a publication of the incident-monitoring component of the ENACT project. Using a methodology inspired by conflict data projects, such as the Armed Conflict Location and Event Data Project (ACLED) and the Global Terrorism Database, ENACT's incident-monitoring project puts forward a new and innovative method for researching transnational organised crime (TOC).

This methodology recognises that reporting by the media is one of the few avenues available for gathering current and open-source information on TOC; and therefore systematises media monitoring by recording and analysing captured media reports on set parameters.

This report presents and analyses the findings of the second phase of the ENACT incident-monitoring initiative, which focused on drug-related incidents in Kenya, Tanzania and Uganda reported on between 2008 to 2017.

The information recorded from the articles include location, date, crime stage, the actors involved (i.e. suspected perpetrators and responders) and drug types. In the case of crime stage, the data captured includes a spectrum of drug-related incidents and activities – from processing and harvesting to smuggling and selling. This approach also provides information about the reporting priorities of the African and foreign press.

Kenya, Uganda and Tanzania were selected as the key focus mainly because of the reported involvement of drug syndicates in the region, as well the wide availability of English news media. Incidents that occur in other countries that involve Kenya, Tanzania and Uganda are also coded and recorded, specifically reported incidents carried out by nationals of these three countries and incidents involving drugs originating in; or en route to, one of the three countries.

Together with inputs from a number of interviews with journalists and researchers on drug trafficking, the findings from the media analysis are contextualised and grounded in primary research.

About incident monitoring

As indicated by its name, the methodology used by ENACT's TOC incident-monitoring work focuses on

media-reported incidents. ACLED and the Uppsala Conflict Data Program pioneered this approach in conflict research, with the aim of providing a more nuanced source of information on a range of conflict types. The news media serve as the main source of information for these projects and others like them.¹

Incident monitoring can provide a systematic view of the media's coverage of a particular issue and can be useful for illustrating trends, providing new insights and highlighting developing issues where quantitative data is weak. A report by Anaïs Auvray of the Global Drug Policy Observatory aptly summarises the problems with existent data on drug trafficking on the African continent. Firstly, it can be biased or manipulated by corrupt officials. Secondly, it is limited by lack of technical and financial capacity. To sum up, Auvray notes that every UN Office on Drugs and Crime (UNODC) *World Drug Report* published since 2000 'reveals that drug quantitative data provided by African governments is usually limited, sporadic or lacking'.²

The intention of media-monitoring projects is therefore to circumvent the gaps in data and serve as a platform for further research, discussion and policy action. However, it is important to note that media-based incident monitoring does not provide an accurate measurement of the scale or scope of a particular phenomenon in particular locations – its utility lies in indicating trends.

Incident-level analysis has long been used in crime studies. A popular method is script analysis, or crime stage analysis, which breaks down a complex set of activities into its component parts. Drawing on this approach, the methodology used in the incident-monitoring component of the ENACT project is adapted from Anita Lavorgna's work, in which drug-related incidents are categorised according to their place in the following stages:

1. Conspiracy and planning
2. Harvesting
3. Possession
4. Transportation/smuggling
5. Mixing and processing
6. Retail³

For the purposes of this study, drug possession is broken down into drug quantities under 5 kg and over 5 kg. Large scale incidents involving 50 kg or more were also categorised and analysed. Given that a

single incident often involves many of the stages listed above, a confidence interval of three levels was used to analyse whether the stages were: not mentioned at all (confidence interval level 0); referenced or suggested (confidence interval level 1); explicitly mentioned (confidence interval level 2).

The ENACT TOC monitoring component uses Nexis to monitor online news. This online news platform employs standards for journalistic credibility that help to maintain a reliable standard of quality.⁴ The platform was also chosen because it excludes social media and other non-news websites, keeping the focus on news media. Social-media analysis, although a method increasingly used in crime studies, was beyond the scope of this research.

News searches are performed by a team of researchers, and relevant articles are coded into a database, categorising the available pieces of information according to 30 variable categories. The three variables that are compulsory for inclusion are date, sub-national location and crime stage. The other 27 variables are coded as available in the source article. These include nature of the activity, activity details, such as the crime stage (as described above), the origin and destination countries of the drug, responding actors and responses, details about the actor(s), and information on the source.⁵

Background

Heroin trafficking through a group of adjacent countries in East Africa, known as the 'southern route', has been growing consistently since its origins in the 1980s, but has increased most significantly from 2009.⁶ Expert assessment contends that most of the heroin in circulation globally comes from Afghanistan.⁷ The southern route sees heroin smuggled into Pakistan from Afghanistan; which is then shipped across the Indian Ocean to a number of East African nations, its ultimate destination being Europe. This route emerged in part to circumvent the interdiction of heroin out of Afghanistan through the Balkan route (via Iran and Turkey to eastern and central Europe) as the 'war on drugs coalesced with the war on terror'.⁸

The UNODC reported a steep decline in heroin seizures along the Balkan route between 2008 and 2010 in its 2013 *Transnational Organised Crime in East Africa: A threat assessment*.⁹ In 2015, the UNODC *World Drug*

Report, first used the term 'southern route' and noted Kenya as a key player.¹⁰ Two years later, the UNODC 2017 *World Drug Report* observed that Kenya and Tanzania were two of the 'most frequently mentioned transit countries of opiates produced in Afghanistan'.¹¹

Two types of heroin are trafficked through East Africa: 'brown sugar' – also known as 'heroin number 3' (a paste that can be smoked) and 'white sugar', or 'heroin number 4' (a refined salt for injecting). There has been a notable shift in seizures of the latter in recent years, which, analysts argue, suggests the growth in local East African processing of refined heroin.¹² The non-medical abuse of pharmaceutical opioids, such as tramadol used as a recreational drug, is also a growing problem on the continent. The *World Drug Report* notes that the 'largest seizures of pharmaceutical opioids in 2015 were reported in Africa, most notably in West and Central Africa'.¹³

Compared to West Africa, East Africa is less monitored and it has a long and unpatrolled coastline, making it ideal for traffickers to stay off the radar

The term 'cocaine' is used in this paper to denote all forms of coca/cocaine-related substances. The most common form trafficked globally is cocaine hydrochloride, which, according to the *World Drug Report 2017*, 'accounted for almost 90 per cent of all cocaine seizures, while "crack" cocaine seizures accounted for less than 1 per cent of cocaine seizures'.¹⁴ Although not mentioned in the UNODC report or identified in the media analysis, community-level research has identified a growing trade in crack cocaine in Tanzania.¹⁵

Cocaine on the African continent by and large flows through West Africa, where since the early 2000s the region has become a key transit point between Latin America and Europe. From around 2010, East Africa's role in the global cocaine trade has increased, widely believed to be the result of increasing prioritisation in domestic and international law enforcement of the illegal drug trade in West Africa, which has seen

increasing numbers of seizures.¹⁶ Compared to West Africa, East Africa is less monitored and it has a long and unpatrolled coastline, making it ideal for traffickers to stay off the radar.

The UNODC's 2013 East Africa threat assessment noted the growing presence of cocaine in the ports of Mombasa and Dar es Salaam, trafficked from Nigeria, South Africa and a number of Middle Eastern countries.¹⁷ Rising rates of seizures of cocaine rates are also believed to correlate with increased production rates. The *World Drug Report 2017* notes that following a long-term decline, 'coca bush cultivation increased by 30 per cent during the period 2013-2015, mainly as a result of increased cultivation in Colombia'.¹⁸ The same report also notes a global rise in demand, largely in East Asian markets.¹⁹

The findings from the research conducted for this report support the analysis that cocaine is one of the most popular types of drugs trafficked in Dar es Salaam, Entebbe and Nairobi – this is discussed further below.

A 2017 report published by the European Monitoring Centre for Drugs and Drug Addiction notes that cocaine traffickers have capitalised on existing trafficking routes, such as cannabis corridors in Morocco and Algeria, and heroin corridors in Tanzania.²⁰ The same report also suggests that Tanzania could emerge as the new key player in the African cocaine route to Europe.²¹ The *Kenyan National Police Report 2015* noted that, within Kenya, 'domestic seizures of cocaine are negligible and bear no relation to the actual cocaine flows',²² suggesting that the actual amount of cocaine flowing through the country may be far greater than statistics suggest.

As for cannabis, Africa is one of the world's top exporters of this drug.²³ Cultivation is concentrated in North Africa, Morocco being a key exporter, but a 2007 UNODC report notes the prevalence of Kenya, Tanzania and Uganda in terms of the significant scale of cultivation and seizures. In the 2007 UNODC report, global cannabis production was estimated to be 42 000 metric tonnes, of which Africa accounted for 10 500 metric tonnes, or 25% of the total.²⁴ Africa also accounts for the second largest cannabis seizures after North America, according to the 2017 *World Drug Report*, constituting 18% of global seizures for 2015. The largest seizures were reported in South Africa (292 metric tonnes), Tanzania (150 metric tonnes) and Nigeria (126 metric tonnes).²⁵

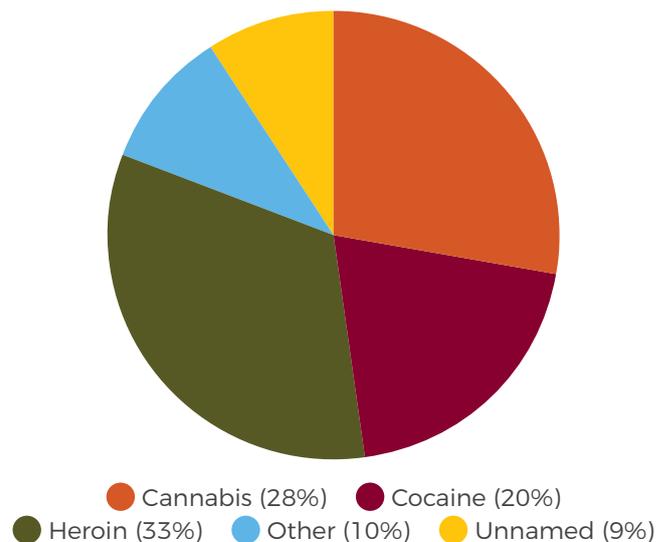
The 2017 *World Drug Report* states that, after South America, Africa has the largest land area of cannabis under cultivation.²⁶ Cannabis also accounted for over 70% of total seizures across European countries in 2016, followed by cocaine (9%), amphetamines (5%), heroin (5%) and MDMA, an amphetamine-based drug (2%).²⁷ Cannabis cultivation is widespread across Africa, but poorly reflected in statistics. The 2017 *World Drug Report* states that 'in Africa, in particular, where law enforcement capabilities are quite modest, the importance of cannabis cultivation may be greater than that indicated by the extent of eradication and seizures'.²⁸

Findings: drug incidents in East Africa, 2008-2017

Drug types

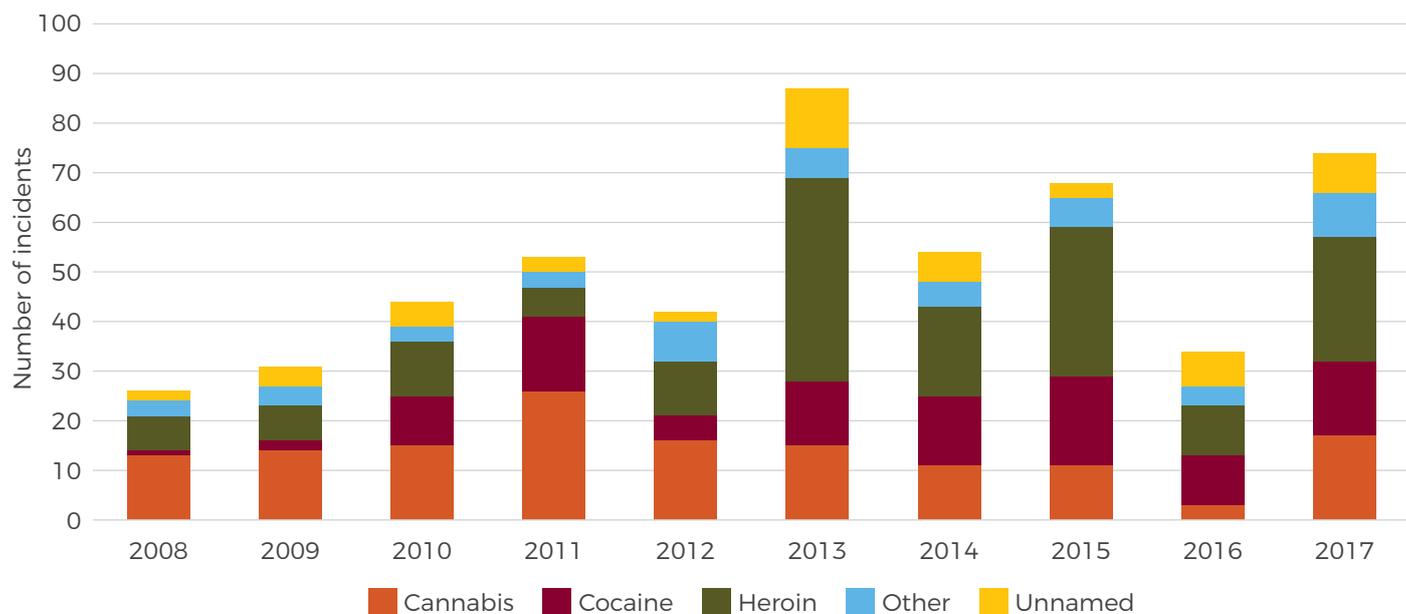
In the period 2008 to 2017, 513 individual and separate incidents involving illicit drugs met the inclusion criteria and were recorded in the TOC Incident Monitoring database. These incidents covered the following drug types: heroin (33% of incidents); cannabis/marijuana²⁹ (28%); cocaine (20%); and a range of amphetamine-type stimulants and chemicals (10%). These include pseudoephedrine, used in the processing of methamphetamine, and khat, a plant native to East Africa that is dried and chewed. This group is hereafter collectively referred to as 'other'.

Figure 1: Share of total number of incidents (513) reported by drug type



Source: TOC Incident Monitoring database 2018

Figure 2: Total drug-related incidents (513) over time by drug type



Source: ENACT TOC Incident Monitoring database 2018

Incident timeline

The numbers of reported incidents were highest in 2013 across all drug types (see Figure 2). The biggest increase in heroin incidents occurred between 2012 and 2013, whereas, for cocaine, there was a significant reduction in incidents between 2011 and 2012, and then a steady increase between 2013 and 2015. Similarly, reports of cannabis-related incidents reduced and then plateaued between 2011 and 2014. The category of ‘other’ grew most significantly between 2016 and 2017.

The biggest increase in heroin incidents occurred between 2012 and 2013

The peaks reflect the rises in global cocaine and heroin production in 2013 and 2014, respectively, and seizure data patterns.³⁰

Global production of cocaine (an activity concentrated in Colombia) fluctuated quite significantly between 2010 and 2016. It dropped by nearly a quarter between 2010 and 2013 but then increased by 30% between 2013 and 2015. The timeline of cocaine seizures in East Africa is somewhat similar. Official UNODC data available on

Tanzania shows large increases in cocaine seizures in 2010, dropping off in 2013 and rising again in 2015. Kenya and Uganda also reported significantly lower levels of seizures in this period.³¹

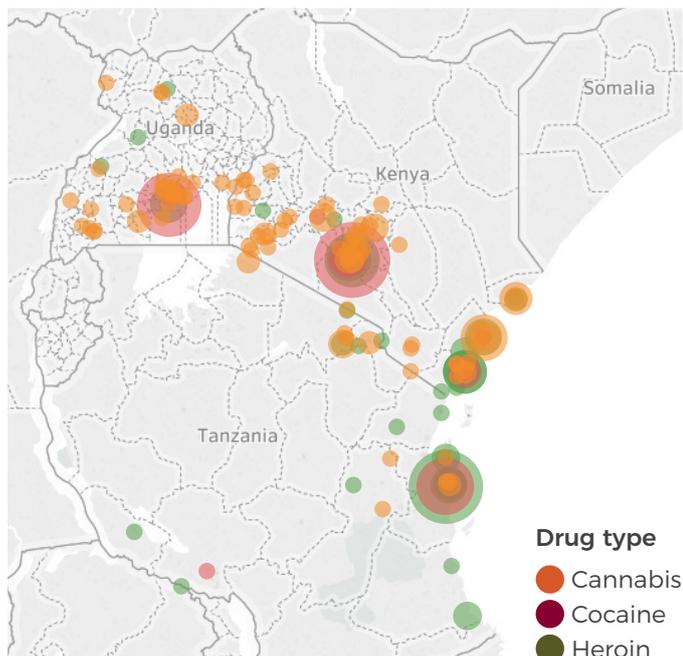
Figure 2 shows a significant increase in heroin incidents in 2015 compared to the number in 2014. This can be attributed to the fact that heroin production spiked in 2014.³² Although the 2017 *World Drug Report* states that the portion of the global seizures of opiates trafficked via the southern route dropped to 3% of global production in 2015 from 9% in 2014, it suggests that underreporting of 2015 seizures by East African nations explains this decrease.³³

Geographical distribution of incidents

Analysing the sub-national locations of incidents shows that most incidents in Kenya, Tanzania and Uganda occurred in the major cities and in the coastal regions.

In Kenya, the Coast Province was referenced in the most reported incidents (101), followed by Nairobi (81), then Central Province (14). In Tanzania, incidents in Dar es Salaam were reported on the most (63), followed by the provinces of Kilimanjaro (11) and Arusha (9). In Uganda, the order was Central Region (65 incidents), followed by Western (10) and Northern (6) – see Figure 3. The remaining 153 incidents occurred in other countries across Asia, Europe and North America.

Figure 3: Map of Kenya, Tanzania and Uganda showing concentration of reported incidents by drug types over 10 years



Source: ENACT TOC Incident Monitoring database 2018

A closer analysis of the locations reported in the incident-monitoring research shows that most incidents reported in Nairobi took place at the Jomo Kenyatta International Airport; most reported incidents in Dar es Salaam occurred at the Julius Nyerere International Airport; and the majority of the incidents reported in Uganda were at Entebbe International Airport. Analysis of the incidents in Arusha and Kilimanjaro provinces in Tanzania – which are border points with Kenya, as well as major tourist sites – shows that the majority of incidents were reported at Kilimanjaro International Airport.

Incidents that were reported at airports also increased over the 2008 to 2017 period; with a fourfold increase occurring between 2012 and 2013. For the three-year period 2014 to 2017, reported incidents involving airports stayed high before reducing in 2016 through to 2017.

In terms of land routes, research suggests that the Mombasa-Nairobi highway is a key transport route for drugs.³⁴ And, although the Lunga-Lunga border point between Kenya and Tanzania has been described as a main land route for heroin that is transported into Tanzania and the southern African region as a whole,³⁵ this was not frequently reported on.

The coastal towns of Mombasa and Shimoni, in Kenya, and the Tanzanian island of Pemba are believed by analysts to be the main coastal entry points for heroin into the region.³⁶ More incidents were reported in the Coast Province, where Mombasa is the major city, than in Nairobi, indicating the significance of the port town in the illicit market.

Smaller coastal and island towns in the region where a high rate of incidents had been reported were Lamu and Malindi on the Kenyan coast, and Zanzibar in Tanzania. Media reports analysed in this research referenced the use of dhows as the key mode of transport for drugs across the Indian Ocean.³⁷ These vessels are met by small skiffs, which carry the cargo to the coast.

Shipping containers transported by large commercial ships are also commonly used to transport illegal drugs into the regional ports. In a particularly interesting case in June 2016 in Kenya, about 100kg of cocaine was found in 10 shipping containers of sugar being transported from Brazil to Uganda, via Valencia, Oman and Mombasa, where a British suspect was arrested.³⁸ The Port of Dar es Salaam was also the site of a number of large heroin drug seizures in 2014 and 2015.

Some of the most popular commodities among which drugs were found packaged were sugar, wooden furniture, cashew nuts, flour and fresh produce, such as fruit and vegetables.

According to East Africa analyst Dr Margarita Dimova, while Mombasa is a hub for heroin *entering* the country, it is not a hub for heroin distribution.³⁹ Instead, heroin moves inland to where it is distributed. Dimova says, 'It is reasonable to assume that Mombasa is no longer the hub of distribution it once used to be. While international heroin traffic might still be heavy around the Kenyan coast, local supply chains are predominantly coordinated from Nairobi.'⁴⁰

Quantities trafficked

The majority of the incidents under analysis referred to stories relating to possession of drugs; the next major category was transportation of drugs. As mentioned above, for the purpose of analysis, drug possession was divided into two subcategories – those over and those under 5 kg.

Incidents involving the possession of quantities of less than 5 kg were the most reported and these smaller-scale incidents most frequently involved cannabis.

There were also a number of large-scale incidents in which drugs weighing 50 kg or over were reported on. The majority of these events were reported in Tanzania (24 incidents), compared to Kenya, with 13 incidents and Uganda, with four. In all of the countries under study, heroin was the drug most frequently reported in incidents involving 50 kg or over.

This suggests that the seizure of larger-scale amounts of cannabis are either less common than heroin and cocaine seizures in Kenya, Tanzania and Uganda, or they are less of a media priority. Given the high rates of cannabis cultivation and seizures in these countries, as reported by the UNODC and described in the previous section,⁴¹ this suggests a media and policy prioritisation towards large, incoming shipments of heroin and cocaine over outgoing shipments of cannabis.

With respect to the small-scale incidents, analysis of the language used in reporting reveals that heroin and cocaine are frequently trafficked through the region in 'pellets' and 'sachets' (small packets typically weighing a couple of grams), whereas cannabis is mostly found in 'rolls' (cannabis cigarettes).

Origins and destinations of illegal drugs

Media reports mentioned the destination of drugs 40% of the time, and the origin of drugs 11% of the time. Given the nature of reporting, 'origin' encompasses both the countries where drugs are reported to be sourced and transit countries. Similarly, 'destinations' are those countries that are reported to be the end point for drugs; and the transit countries en route to the destination. Table 1 summarises the findings.

Table 1: Most commonly reported origins by drug type (in descending order)

Drug	Origins and source transit countries	Destinations and transit countries
Heroin	Pakistan, China, Mozambique, South Africa	China, Canada, UK, US
Cocaine	Brazil, Argentina, Venezuela, Burundi	Nigeria, Hong Kong, India, Italy
Cannabis	Uganda, Tanzania, Kenya, Nigeria	Zambia, UK, Dubai, China

Source: ENACT TOC Incident Monitoring database 2018

It is worth noting the absence of Afghanistan as an origin for heroin in the first table. Considering it is the global production hub. Pakistan, instead, is the main source country for heroin reported on in the media reporting, showing how transit countries are often confused for source countries. In addition to heroin, cocaine and cannabis, India and Pakistan were the most commonly reported origins for amphetamine-type stimulants and precursor chemicals.

According to the 2017 *World Drug Report*, between 2010 and 2015, Brazil was the most frequent origin/transit country for cocaine trafficked to the African continent (at 58%), followed by Colombia (20%), Chile (10%) and Peru (8%).⁴² Ethiopia and Sudan, countries beyond the scope of this research, were suggested in an expert interview as key and growing hubs in the continent's cocaine trade with Brazil, and particularly via Addis Ababa's Bole Airport since the introduction of a direct flight between Sao Paulo and Addis Ababa.⁴³

Uganda, Kenya and Nigeria top the list of cannabis origin/transit countries. Worthy of note is also the disproportionately high number of articles that describe the destruction of cannabis farms and plantations in Uganda by police and responding actors.⁴⁴

Crime stage analysis

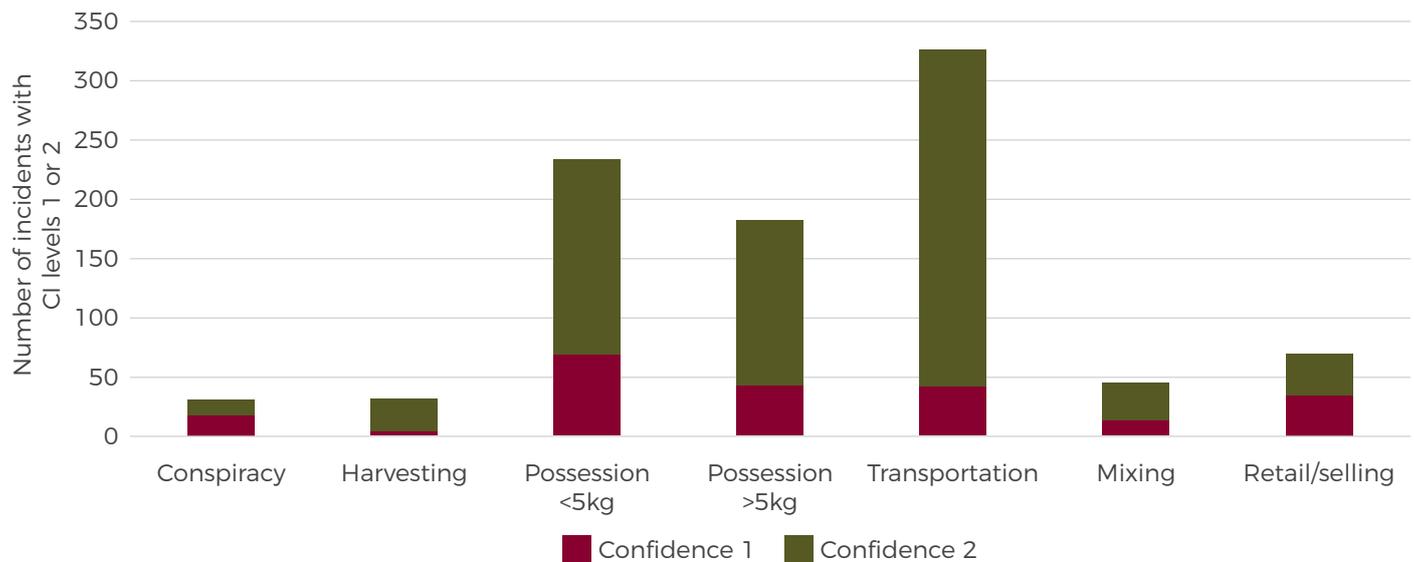
As indicated in the methodology section, incidents were categorised according to their crime stage and this was further disaggregated by confidence interval. The six incident stages along the continuum of the illegal drug economy are conspiracy and planning, harvesting, possession (subdivided into quantities under 5 kg and over 5 kg), transportation/smuggling, mixing and processing, and retail. Individual incidents could involve a number of crime stages.

In the three countries under study, and combining confidence levels 1 and 2, possession under 5 kg, possession over 5 kg and transport/smuggling made up the majority of reported incidents – see Figure 4.

Combining the confidence levels 1 and 2, the conspiracy and planning stages represented a broad mix of drug types, while reporting on the harvesting stage was dominated by cannabis, and all cannabis-harvesting incidents were reported in Uganda.

Cocaine topped the list of drugs incidents reported on in the mixing and processing phase, and most reports

Figure 4: Crime stages by confidence interval level, total reported crime stages (911)



Source: ENACT TOC Incident Monitoring database 2018

identified Kenya and Uganda for this phase. Kenya and Nigeria were the countries most frequently reported when it comes to mixing and processing of heroin.

Results suggest that cocaine processing may be growing alongside speculation about rising heroin processing in Kenya and Tanzania, although interviews with journalists and experts suggest that the street price for cocaine in the region is higher, meaning demand is lower and therefore a lower priority for policymakers. The crack cocaine epidemic noted in McCurdy and Kaduri's 2016 study⁴⁵ warrants further investigation – even though it did not appear in the media analysis, suggesting that a lack of understanding of the different types of cocaine among local reporters.

Actors/groups

According to the United Nations Convention against Transnational Organized Crime, for a transnational organised crime to be labelled as such, it has to be carried out by three or more actors.⁴⁶

The incidents recorded in the media-monitoring analysis show a dominance of individuals (351), as opposed to groups of three or more (137). In 23 cases, the reported incidents did not describe the types of actors. This higher proportion of individuals reported on is to be expected at the incident level when the individual is particularly visible compared to the wider network. The high number of individuals also reflects the

comparatively large number of reports on small-scale possession or seizures of cannabis.

However, what is notable is the 137 reported incidents of group-led trafficking. The research disaggregated group types into the following categories: resident or local; non-local/foreign; mix of local and foreign; unknown origin.

Analysis shows that across all incidents where group types were explicitly mentioned, resident/local were the most popular, followed by foreign and mixed.

The majority of the resident/local groups were associated with cannabis trafficking, whereas the foreign groups were predominantly associated with cocaine trafficking. The incidents among mixed groups were dominated by heroin trafficking. This suggests that heroin trafficking is more commonly carried out by a mix of local and foreign actors at the point of entry and distribution than is the case with other drug types, which tend to be dominated by either wholly local or wholly foreign groups – depending on the drug type. Reported cocaine incidents are more associated with foreign actors (both individuals and groups). With respect to cannabis, locals dominate because at cultivation points, which provide significant levels of local employment, local actors tend to dominate.⁴⁷

Nationalities of actors were reported in more than 50% of the incidents and spanned 30 different nationalities. After Kenyans, Tanzanians and Ugandans, Nigerians

were the most frequently reported nationals involved in incidents, followed by Pakistanis and South Africans. Although the nationalities making up groups varied considerably, the involvement of Kenyans were reported the most frequently alongside another nationality, even when controlled for the number of incidents.

Across all the incidents analysed during this research, suspects were named in 60% of the reports, including the names of individuals and groups. In some cases, up to five names were listed in a single incident. In others, cartels were named, such as the Nigerian Oruche Organization and the Kenyan Akasha cartel. The names of units of police implicated were also sometimes provided, as were the names of shadow companies and church employees or clergy accused in incidents.

Just a handful of reported incidents analysed for this research explicitly mention the involvement of state actors or politicians. For example, a story from 2010 describes six Kenyan politicians implicated in a large drug trafficking incident, which led to the resignation of a member of parliament.⁴⁸ Another story from 2015 describes collusion between a group of businessmen and a politician in the trafficking of heroin worth 1.3 billion Kenyan shilling. It reportedly resulted in the firing of a local politician.⁴⁹ A 2013 incident in Kampala, Uganda focused on a the suspension of detectives in the narcotics department and the Police Professional Standard Unit (PSU) on allegations of collusion with drug barons.⁵⁰

Responses

In the large majority of reported incidents, responses were carried out by the police (317 incidents). Of these, there were two types of police response: special investigative missions and normal policing such as routine check-points, and where there was no mention of special investigations. The second most frequently reported form of response was made by customs agents (107), followed by unspecified agents (53) and, finally, by other government officials (23), a category that includes navy and maritime forces, such as the Combined Maritime Forces, that actively patrol the Indian Ocean.

Customs agents were most frequently reported as being involved in the interception of heroin and cocaine. The police (i.e. normal officers) were most associated with the interception of cannabis, and special investigative police bodies were mostly reported to be associated

with the interception of heroin. This suggests that cannabis is targeted as part of routine policing, whereas heroin dominates special investigations. The trends in customs interceptions suggest the targeting of heroin and cocaine trafficking at border points.

The vast majority of reported drug-related incidents did not involve firearms and were non-violent. This shows a divergence from the situation in many Latin American countries, where drug crime is often associated with high levels of violence, particularly by 'territorial cartels', which analyst Nathan P Jones argues, engage in more violence with the state and other cartels as they quest to secure territories for 'taxation, extortion and their own security'.⁵¹

A total of 38% of the reported incidents referenced a court case, either where a perpetrator appeared in court or was sentenced. Mirroring the frequency of reporting on the incidence of drug-related crime, the cases involving heroin were reported on most often, followed by cases involving cannabis and cocaine.

Kenya, Tanzania and Uganda each have laws dedicated to combating drug trafficking. Tanzania's Parliament amended the Drug Control and Enforcement Act, which established a Drug Control and Enforcement Authority (and other government agencies) to coordinate anti-drug use and trafficking efforts, and to enable a more stringent approach to drug trafficking, including life imprisonment for offenders.⁵² In February 2016, Uganda passed the new Narcotic Drugs and Psychotropic Substances Act 2016, which adopts a more punitive approach to convictions for drug-related crime.⁵³ And in Kenya, the Narcotics Drug and Psychotropic Substances (Control) Act has been in force since 1994 and, more recently, the country committed itself to a 'war on the drug trade', which has seen the number of high-profile arrests increase in recent years.⁵⁴

However, based on interviews with drug merchants and law-enforcement agents in 2014 and 2015, Margarita Dimova in her paper *The first dragon to slay*, notes that in the case of Kenya, 'investigative work and subsequent findings are transmitted across highly fragmented communication channels', which results in skewed data and hampers operations.⁵⁵

Furthermore, according to the Judiciary of Kenya's 2016 Sentencing Policy Guidelines, sentencing has been inadequately combating crime in the country. Rather, sentencing has been:

...marked by instances of unwarranted disparities, lack of certainty and transparency in decisions, disproportionate sentences and lack of uniformity in sentences with respect to same offences committed under similar circumstances ... [L]ack of sufficient public education has contributed to misconceptions about sentencing, especially the undue focus on custodial sentences to the exclusion of other appropriate forms of sentences.⁵⁶

The conclusion that can be drawn from this is that data and investigative capacity are often inadequate to ensure drug related convictions.

Analysis

Media analysis to monitor drug trafficking

African news houses were the most common source of reports on drugs in the region, and regional incidents involving cannabis were almost exclusively reported on by African media. Where the foreign press did cover illegal drug trafficking in Africa, the focus was often solely on cocaine and heroin.

Kenya, Tanzania and Uganda all have dozens of daily and weekly newspapers in English and Kiswahili. There is a large presence of freelance, salaried and foreign press journalists in the major cities in these countries. Nairobi, Kampala and Dar es Salaam are also global business and development hubs with a particularly high press presence compared to other cities in the region. Journalism in East Africa is by and large dominated by political stories according to interviews with journalists.⁵⁷

In terms of accessing media sources, there is a growing use of online news media platforms in the three countries. With an Internet penetration rate of 43.5% in 2017 (compared with the continental average of 35%), Kenya is the most connected country of the three under study, followed by Uganda, with a 19.2% penetration rate, and Tanzania (7.2%).⁵⁸

Afrobarometer data on the region from 2015 shows that about 30% of Kenyans access news online between once a month and every day; in Uganda and Tanzania, the rate is about half this figure.⁵⁹ Yet, despite advances in information technology and connectivity, radio remains the most popular medium for obtaining news across the continent, particularly in rural areas. On average, 74% of people in the three countries access news from the radio.⁶⁰

Although this region is well informed in comparison with the rest of the continent, the news media remain an underutilised resource for analysis of TOC for a number of reasons. This is because the quality and quantity of news stories on drug trafficking are limited by some key constraints, namely press freedom, capacity and resources.

Journalists interviewed for this report described the problem of 'reactionary journalism', which focuses on individual drug seizure incidents to the detriment of investigative rigour in follow-up reporting. For example, the fact that the majority of reported incidents analysed in this research focused on cases of possession suggests that the press prioritise the stages that law-enforcement agents are most likely to be involved - i.e. police arrests and seizures - as they are inexpensive and straightforward to cover. It also suggests that the other stages of the criminal chain - i.e. drug processing, harvesting and retail - all of which are captured in expert qualitative reports, are both harder to observe and are not prioritised by journalists.

Compounding these capacity constraints, the media in Kenya, Tanzania and Uganda are ranked 'partly free' by Freedom House's press ratings for 2016.⁶¹ Journalists interviewed for this study noted that media houses are often owned by or 'in-the-pocket' of politicians, so the stories selected to go to print can reflect political interest, as can decisions on which investigations are financially resourced and supported.

These countries have also recently experienced heightened political tension and a subsequent reduction in the independence of reporting. A report by the Committee to Protect Journalists highlighted the intimidation faced by journalists operating in Kenya following the contested election results of 2017 when a number of independent and staff journalists experienced physical violence and intimidation.⁶² Statements by Amnesty International and Reporters Without Borders echo these concerns in Tanzania and Uganda.⁶³

This may explain why only a handful of articles undertake deeper analysis into the role of government and corruption in drug trafficking, and the articles that do so are often written by foreign journalists.

Actors and networks, particularly the most influential, therefore remain difficult to study, even when the media get involved. With the TOC incident-monitoring methodology, the spread of groups and individuals can

be analysed according to drug types and nationalities. However, it is rare that the names provided point to elites in the industry. This poses a challenge for research on TOC, as the most visible of actors may be some of the least powerful, while some of the most powerful may be involved in the most passive ways and have the most protection.

Dimova's research in Kenya in 2014 and 2015 sheds light on drug merchants' sensationalised perceptions of the role played by the government in the illegal drug trade. They understood it to be a top-down oversight role, whereas Dimova believes it to be 'lateral', which she later explains as meaning 'containing' the trafficking⁶⁴ – the distinction being that drug-trafficking organisations are not by default run by politicians, but rather protected by them. In response to one form of protection that can be provided by politicians to drug traffickers, chair of the West Africa Commission on Drugs and former Nigerian President Olusegun Obasanjo stresses the importance of the creation of political campaign finance laws to control how political campaigning can be influenced.⁶⁵

The role of senior politicians in drug trafficking seems to lie in diverting funding priorities from where they could potentially implicate them: the core example in this context being a strong, independent press, and in using their elite platforms to create diversions and distractions to other issues (i.e. using editors to control what goes to print).

Harm and impact of drugs

Multiple sources, including the findings presented in this report, point to the presence of illegal drug trafficking in Kenya, Tanzania and Uganda and the great cost it brings to local communities.

Although Kenya, Tanzania and Uganda are mainly transit countries for harmful drugs, like heroin and cocaine, en route to other destinations, 'drug transit countries breed their own consumers predominantly due to the fact that local intermediaries are paid in merchandise rather than cash and look to turn their share into financial gain by selling to local populations'.⁶⁶

Heroin (and opioids in general) is, globally, the drug associated with most drug-related deaths.⁶⁷ Across all drug types, Africa has a higher rate of drug-related deaths than Asia, Latin America and the Caribbean and Europe, largely because of underlying health issues and poor health infrastructure.⁶⁸ HIV is transmitted (among

other ways) through the sharing of needles. The World Health Organization reported in 2013 that there were between 25 000 and 40 000 heroin users in Tanzania.⁶⁹ In 2017, Kenya's National AIDS and STIs Control Programme estimated that 3.8% of new HIV infections are caused by injecting drugs and that the prevalence rate among the injecting population is 18%, more than three times higher than that of the general population (5.6%).⁷⁰ Heroin, followed by cocaine, was identified as the most frequently abused drug in Nairobi and Mombasa County in government reports.⁷¹

Further, primary research in Kenya and Tanzania points to the link between sex work and drug addiction, when users (both male and female) turn to prostitution for income.⁷² In addition, youths have also been found to serve as informal security actors for drug lords in Mombasa.⁷³

Yet, despite the high risks associated with heroin and cocaine, according to the 2017 *World Drug Report*, cannabis-related treatments were the most common drug treatments sought in African countries.⁷⁴ And the predominant coverage given to cannabis-related incidents by African media houses suggests that cannabis is considered a drug of high interest to the media and publics in the region, even though it is not associated with the same risks as heroin or cocaine.

The journalists interviewed for this research also noted the stigma associated with drug use in the region, where addiction is not seen as a public-health issue but rather as a personal weakness or, with respect to heroin in Kenya, a highly localised 'Mombasa problem'. A number of journalists also noted that alcohol dominates the public discussion on substance abuse and addiction.

If drug-related harm is a prime concern of the regional political authorities, then public campaigning around heroin trafficking, its rising abuse and related stigma needs prioritisation.

Drug trafficking is also a well-recognised source of financing for armed groups, and conflict actors and extremist groups engage in trafficking. For example, research on al-Shabaab's financing has revealed that the organisation has networks involved in heroin trafficking.⁷⁵ In recent fieldwork carried out by researchers from the Institute for Security Studies (ISS) in Kenya, al-Shabaab was found on a number of occasions to use cocaine and other substances to sexually abuse women and coerce fighters.⁷⁶

Although drugs have an impact on every region of the world, the health impacts may be more pronounced in Kenya, Tanzania and Uganda, given high levels of poverty and disease in the region and weaknesses in healthcare systems, which hamper a response. Based on 2015 data, the percentage of the population living on less than US\$1.90 per day is 29% in Kenya, 34% in Uganda and 44% in Tanzania.⁷⁷ Chronic poverty, combined with a large youth bulge in regional demographics, urbanisation and high degrees of youth unemployment exacerbate the harms brought about by drug trafficking. The youth bulge – or the ratio of the 15- to 24-year-old bracket to the share of the adult population – is particularly high in the three countries compared to the average for lower-middle-income countries, averaging at 0.55 for Kenya, Tanzania and Uganda, compared to 0.4 for lower-income countries globally.⁷⁸

Thus, even though since around 2009 East Africa has experienced relatively strong economic growth and political stability, a number of social and economic challenges pronounce the prevalence of drug trafficking and its impact. This underlines the need for improvements in health outcomes, education, and employment to offset the harmful effect of drug trafficking in the region.

Further research

This report focused on the trends gleaned from an analysis of drug-related media reporting regarding Kenya, Tanzania and Uganda. There is an inherent risk when analysing *trends* that the insights from special cases and stories are overlooked. Using the database created from this research, there is great potential (and need for) rich case study analysis, focused on the actors involved in specific drug types and on specific routes and entry points. Further, there is potential to cross-reference actors' names with case files from national prosecuting authorities to get more information on court cases and sentencing.

Repeating the searches in other languages would also produce interesting results, particularly if searches were conducted in the local languages of source and destination countries.

A forthcoming publication from the ENACT project and the African Futures Project – a collaboration between the ISS and the Frederick S. Pardee Center for International Futures at the Josef Korbel School of International Studies at the University of Denver – will delve into the drivers of drug demand, which will explain the links

between drug trafficking, poverty, population dynamics, health, gender and other variables.⁷⁹

Conclusion and recommendations

This research revealed a number of insights into media coverage of drug trafficking in Kenya, Tanzania and Uganda. Firstly, it illustrates the foreign press' prioritisation of heroin and cocaine incidents across these countries and suggests the types of trafficking groups involved (foreign, local, mixed) vary according to drug type. This paper also shows how reporting patterns changed over time and across each of three countries in the region and how they interact with other countries.

The ENACT TOC incident-monitoring project maintains that media reporting remains an under-utilised source of information on drug crime incidents and other forms of organised crime, despite the limitations imposed on the media. Comparing findings with UNODC reported trends in production and seizures globally suggests that, although seizure data on Africa is often patchy, a news-based methodology is useful to analyse the wider context around seizures, particularly large-scale seizures.

The potential for improved sourcing using this methodology, and for greater public awareness, lies in the development of stronger and more capable journalism in the region. There is a dire need for more investigative stories in these East African countries that target the 'who', and not only the 'what' involved in drug trafficking stories. It is not enough to publish a story of a drug seizure – journalists should also be concerned with (and have the ability to report on) who is behind it and the finances involved and how the situation has changed over time.

To do this, journalists, particularly those based in Africa, require capacity training and greater financial and political support. In contested political spaces, publishing on government complicity in drug trafficking is a risky business. But, with increased capacity, more stories will be written, causing an uptick in public awareness. This, in turn, will help put pressure on leaders to respond and help alleviate the negative impacts felt by the drug trade in the region.

ENACT funds journalism training workshops focused on technical research and writing skills in Africa in order to build the capacity of African journalists to report on transnational organised crime. The most recent were hosted in partnership with the Thompson Reuters Foundation and held in Kampala, Uganda in January and Dakar, Senegal in February 2018.⁸⁰

Notes

This report, and the ENACT TOC incident monitoring work, would not be possible without the dedication of the research team, namely Erika Cerejo, Sumien Deetleefs, Edwin Hlase, Maram Mahdi, Mellissa Mlambo, Sanet Oberholzer, Stuart Sandile and Lily Welborn. A special word of thanks is also owed to the journalists and experts interviewed for this report.

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About the author

Ciara Aucoin is a senior research consultant with the ENACT project, formerly with the African Futures and Innovation program. Before joining the ISS, she was a senior researcher for ACLED and formerly Africa programme associate for the Conflict Prevention and Peace Forum at the Social Science Research Council in New York.

About ENACT

ENACT builds knowledge and skills to enhance Africa's response to transnational organised crime. ENACT analyses how organised crime affects stability, governance, the rule of law and development in Africa, and works to mitigate its impact.

ENACT is implemented by the Institute for Security Studies and INTERPOL, in affiliation with the Global Initiative Against Transnational Organized Crime.

Acknowledgements

ENACT is funded by the European Union (EU). This publication has been produced with the assistance of the EU.



**THE GLOBAL INITIATIVE
AGAINST TRANSNATIONAL
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