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Enhancing Africa's response to transnational organised crime

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POLICY BRIEF

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Hiding in plain sight

Heroin's stealthy takeover of South Africa

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Summary

The heroin route that crosses South Africa has created a regional heroin economy, with severe social and political repercussions. Heroin use has developed in both major cities and small towns – an important shift in local drug markets that is taking a toll on thousands of people. This policy brief sheds light on the domestic heroin economy, analyses its implications and proposes responses to its drivers and consequences. An effective response will need to consider political factors and must be regionally coordinated. Market dynamics and harm-reduction approaches should also be included. The most sustainable strategies address root causes, disrupt markets and tackle corruption.

Key points

- Problematic heroin use is widespread in major metros – and in small and medium-sized towns. Local and provincial governments are bearing the brunt of the resultant costs.
- A regional political response is needed to address the corruption that facilitates the trade.
- Domestically, the heroin economy needs a focussed strategy from the state, despite resource constraints.
- The police and other state elements should develop evidence-based analysis of the heroin economy and of the broader societal costs of punitive approaches to drug users.
- The state response must tackle the drivers of problematic drug use and gang recruitment, which are rooted in developmental issues.

This brief focuses on:

In 2018 ENACT published a study, *The heroin coast: a political economy along Africa's eastern seaboard*, on the transit heroin route across a portion of the east coast of Africa and South Africa, for transhipment to primarily Europe and North America. The findings revealed the degree to which this trade had become embedded in local political systems. Over time it has generated local markets of a surprising scale.

In South Africa, we found that heroin use had developed across the country in both major cities and small towns, a fact that signalled an important shift in local drug markets and that had been underappreciated in the public discourse.

While the report was welcomed by many who observe and respond to the criminal underworld in the region, we encountered scepticism among some observers – could something so serious really have gone unnoticed, and was South Africa's heroin problem really that bad?

Answering these questions is not straightforward, in part because we lack the kind of data about drug use and drug trafficking volumes that would allow us to make more accurate calculations about their prevalence and impact. But we believe we can make a fairly strong case that South Africa's heroin use situation is both much more serious than most people realise and is taking a heavy toll on tens, if not hundreds, of thousands of people around the country. This number includes those who use heroin, support family members who do, or live in neighbourhoods that are badly affected by competition in the drug trade.

Heroin is not the only lucrative drug that drives these markets, but our interviews suggest it has become a substantial feature of local drug markets. In fact, to a significant degree heroin is a key commodity underpinning the criminal economy in South Africa and has facilitated the expansion of the criminal economy by pulling in new players as traffickers, dealers and users.

Interviews for this brief were conducted with people close to the heroin economy: dealers, users, health professionals, outreach health workers, law enforcement officials and gang members. These interviews were conducted at different intervals by the author in Cape Town and Tshwane, and by various members of the GI team in Durban and Nelson Mandela Bay, between August and December 2018.

This brief is intended to deepen the picture we have of the South African heroin economy. It attempts to answer questions such as: How valuable is the heroin economy? Is local consumption really that widespread? How harmful is it? How embedded is it in local criminal economies? And, most importantly, what should we do about it?

The following section sets out the situation as we understand it at present. The next section examines the implications of this heroin market, and the final section tries to address what an effective response to both the drivers and the consequences of the heroin economy might look like.

The current situation

In *The heroin coast* we argued that local economies had been borne from a transit trafficking route, as opportunistic spin-offs of the truly lucrative endeavour: getting heroin to developed country economies. This analysis remains valid, although deeper research into South Africa's heroin market suggests it is larger, more lucrative and more deeply embedded than previously thought.

This situation has received surprisingly little attention as a national issue. This may be, in part, because the degree to which heroin use has become widespread in the last decade has been obscured in media reporting by the fact that heroin is called by a different name in different parts of the country – *nyaope*, *unga*, sugars, etc. Heroin users are also concentrated in marginalised communities or spaces that do not attract media and political attention. As such, the issue has been as much ignored as misunderstood.

When and how?

Heroin has been present in South Africa since the 1990s, when the main market was a small number of mostly white men, who were largely injecting heroin, concentrated in Hillbrow, Johannesburg. Heroin was dealt by Nigerian dealers and not commonly available outside Johannesburg. Given the low number of users, it is reasonable to assume that the heroin that was present in the 1980s and 1990s entered the country in small-scale shipments, probably transported by 'mules' on planes. The situation began to change in the early 2000s and evolved rapidly about five years ago.[1]

This upsurge in heroin use and availability is a result of South Africa's position on the so-called 'southern route'.[2]

This route is one of three major heroin routes out of Afghanistan, which have their major markets in Europe and North America. Until recently the southern route was considered to be the poor relation of the Balkan and central routes, which travel overland – and a much shorter distance – from Afghanistan to Europe.

However, the southern route has become much more significant since 2000. This has occurred for a variety of reasons, but principally because of 1) an increase in opium production in Afghanistan; 2) increased enforcement on the other routes; and 3) persistent 'impunity' for traffickers operating in East Africa.

Tanzanian networks have been pivotal in developing local heroin markets – especially in South Africa

The Tanzanian coast has been central to this route since it was established, and Tanzanian networks have been pivotal in developing local heroin markets – especially in South Africa. The heroin trade in East and Southern Africa must be understood as comprising a high-volume, highly lucrative transit trade destined for, primarily, European and Canadian markets, and a relatively lower-volume regional trade for local consumption that has spun off the transit trade and developed dynamics of its own.

In Cape Town, Nelson Mandela Bay, Johannesburg and Tshwane, Tanzanians largely control heroin supply.[3] In suburbs where South African gangs control retail drug markets, Tanzanians act as a wholesalers, and supply heroin to gangs for them to distribute and sell.[4] In other suburbs – usually inner-city neighbourhoods home to African immigrant communities – Tanzanians control distribution themselves, although they may employ locals or other nationalities as dealers.

In all cases they maintain a low profile, to the extent that they tend not to retaliate against local gangs if they are robbed.[5] This has led to their developing a reputation for being loosely organised and 'peaceful'. However, reports of the violence meted out within Tanzanian networks for offences such as stealing, as detailed by other observers, suggest that their use of violence is strategic.[6] It may be that, like Nigerian dealers, they do not have the manpower or gun power to take on local gangs, nor do they have the political connections to mitigate police attention, so they pursue lower key and reconciliatory strategies.

As far as organisation is concerned, in all the major metros there is a more-or-less strictly enforced division between the drugs sold by Tanzanian networks (heroin) and by Nigerian networks (cocaine, crack, meth). Where South African gangs control retail, this division relates to wholesale supply, although Cape gangs have their own meth production facilities.

The extent of Nigerian drug networks' involvement in heroin is not entirely clear – Nigerians are frequently arrested in India, for example, for dealing in heroin, indicating that they do play a role in global heroin routes. However, in Tshwane at least, if Nigerians do sell heroin it is both more expensive and packaged differently[7] – indicating a different supply or, as is likely the case in other cities, collusion over the division of the drug market.

Tanzanian networks have been bringing heroin into South Africa since the early 2000s, although this was probably at first a more ad hoc phenomenon, driven by enterprising migrants rather than being a concerted push to establish a market. This dynamic appears to have shifted markedly about five years ago, after which these networks became more serious about expansion and the market grew rapidly.

As reported in *The heroin coast*, over the last few years police and military operations in slum areas of Dar es Salaam also appear to have driven hard-core Tanzanian gang members to relocate to other parts of Southern Africa, including Cape Town. On the Cape Flats Tanzanians are referred to as *Bongos* and are reported to have secured protection through the Yuckies gang (who themselves are aligned with the 27s gang) – indicating a distinct identity and role in Cape Town's criminal market.[8]

As with the expansion of problematic heroin use, the growth, scale and increased organisation of Tanzanian criminal networks have also gone largely unnoticed over the last five years. The major figures in these networks are not known to us.

Because heroin engenders dependence, the trade is lucrative and reliable. Interviews with users in Cape Town and Tshwane gave some indication of prices,

which fluctuate, as does the quality of heroin on the market. In Cape Town, users in the inner city, where injecting is common, are paying R30 for a 'beat' (otherwise referred to in this brief as a 'hit'), but on the Cape Flats (where customers mainly smoke) the price has recently dropped to R20 a hit. Users say they need a minimum of three hits per day, every day, to forestall 'turkey' (withdrawal symptoms).

Injecting users in Wynberg do more than one hit at a time, and also use at least three times per day. People who inject drugs (PWID) in Tshwane pay R25 to R30 per 'bag' and claim that one needs a minimum of three per day, but a spend of R200 a day is not unusual (average use is pegged at R90 to R200 per day). One dealer in a gang-controlled neighbourhood on the Cape Flats (with a mid-level position in a large gang and controlling a fixed dealing point – his house) said that he made 100 to 200 sales a day off about 50 customers. On days when he had 'good quality stuff' he could make between R3 000 and R4 000.[9]

Where and who?

Today heroin is widely sold and used in all major South African cities, many of its large and small towns, and even in rural areas. There are large populations of homeless people who use heroin and congregate in inner city streets, along railway tracks, under bridges and in disused buildings in Durban, Cape Town, Johannesburg and Tshwane.

Less well known is the large number of people with a dependence on heroin living in major townships and in towns, especially those along the N7 (which follows a major heroin route into the country), such as Witbank, Middleburg and Pietermaritzburg. In Cape Town, an important vector for nation-wide drug use, heroin has eclipsed many other drugs in dealers' repertoires, and rivals, if not outsells, *tik* (crystal meth).[10]

In Cape Town, where gangs control drug sales in large territories, sales points for heroin include *lekkerhuisies* (equivalent to Tanzania's *tinga-tinga* houses – houses where heroin addicts congregate to smoke and inject) and established sales points run by dealers with some status in the gangs. There are also the diffuse systems used in Manenberg, for example, where multiple houses on one street sell small amounts – a system that has arisen to defray the effects of enforcement and the cost of bribes. In inner cities users buy on the street, or from buildings controlled by Nigerians, who are supplied by Tanzanians, or from South African dealers supplied by Tanzanians. In small towns, taxi ranks and train stations are major dealing points.

Heroin is widely sold and used in all major South African cities, many of its large and small towns, and even in rural areas

The data on drug use in South Africa leaves much to be desired – surveys are not comprehensive, detailed or frequent enough to provide a complete picture of people's habits or the dynamics of illicit trade. Much of the data is supplied by non-governmental bodies rather than the state. The most recent data we have about PWID estimated that there were 75 000 PWID in 2015.[11] The same study estimated that 0.21% of the South African population of 55 million used heroin – this translated to a figure of around 110 000 heroin users. Several respondents working with communities of drug users believe that this number has grown significantly over the last four years.

There are no estimates of the number of people who smoke heroin. However, we assume this population to be larger. In other countries in the region, the population of injecting users is a small minority of those using – around 10%. In addition, interviews with public health professionals working with people who use drugs suggest the population of heroin users has grown significantly since 2015.[12] There has also been a strong demographic shift. Injectors were once primarily white, but now black users have transitioned from smoking to injecting, and black South Africans make up the majority of PWID.

Poly-drug use is also common. In Cape Town and Tshwane many people are using both *tik* and heroin.[13] In Tshwane meth use has grown recently and it appears to have been marketed as a drug that can help people quit heroin. In reality, many people develop habitual use of both. In Cape Town, where meth arrived first, it is more common to smoke both drugs. In Tshwane, where heroin took hold first, new meth users have been injecting the drug.

What are the implications?

The growth of the heroin market in South Africa has several social, economic and political implications. I discuss them here as they relate to three key groups: people who use heroin, the police, and communities where drug use is prevalent. These implications are reflected against current drug policy, with some comments on its appropriateness and effectiveness.

For people who use heroin

People who use heroin face a range of risks, some of which are caused or exacerbated by poor drug policy. Heroin is highly dependency forming and incorrect dosing can result in an overdose, which can be fatal as the drug affects the functioning of the heart and respiratory system. (Overdoses can, however, be medically treated and public health interventions can significantly reduce mortality related to heroin use.)

Drug users in South Africa generally have poor access to services as a result of neglect, marginalisation and deliberate policies

Injecting drugs carries a much higher risk than smoking, as it can result in HIV infection and the transmission of hepatitis C. People who use heroin may end up socially marginalised; in the worst cases they are estranged from their families and/or living on the street.

Many of the people interviewed for this brief who lived in one of the – increasingly large – communities of homeless people in South African cities count heroin dependence as a contributing factor in their losing support networks, shelter and employment. Social marginalisation has also led to verbal and physical abuse from passers-by, and assault and extortion by the police.

Economic marginalisation was cited as a particularly pernicious consequence of heroin dependence, both by heroin users and by their relatives and neighbours. In general, heroin users were seen as being too beholden to their need to use at regular intervals to be in steady employment.[14]

People who use heroin said that their primary avenue for income was to 'hustle' (to *skarrel*, in the Cape; to *panda* in Johannesburg; to *zula* in Tshwane). Hustling activities include begging, collecting recyclable materials, running errands for neighbours, guarding or washing cars, or reselling donated charity goods. People engaged in outreach work with heroin users believe they provide a crucial urban service through their participation in informal recycling economies.

Despite a common perception that all drug users are violent and engaged in criminal activity, users, dealers and other community members interviewed for this brief in areas of high drug use consistently claimed that heroin users generally do not commit violent crime. For the same reason that people who use heroin struggle to hold down a formal job, they were seen (by their own account as well as by other people involved in the drug economy) to be too passive and pre-occupied with avoiding withdrawal to be engaged in criminal activities requiring aggression and coordinated activity over a period of time. (The opposite assessment was made for alcohol and crystal meth and, as stated above, poly-drug use is common.)

When criminal activities were listed as sources of income they were opportunistic theft of small items, such as stealing clothing from washing lines, shoplifting, or breaking into cars to steal goods left inside. A few female interviewees said that they sold sex in order to buy heroin, and that this was a common practice.

Drug users in South Africa, in particular PWID, generally have poor access to services as a result of neglect, marginalisation and deliberate policies. South Africa has a National Drug Master Plan (NDMP) that is supposed to guide drug policy across several departments – the latest plan (2018–2022) will soon be released. This plan is developed, implemented and monitored by the Central Drug Authority (CDA), made up of representatives of all spheres of government.

In the consultation process for the new NDMP drug users and progressive drug policy advocates had novel or increased input into the document, hopefully signalling a greater emphasis on harm-reduction approaches. This remains to be seen, however. In the past, despite ostensible commitments to harm reduction in the last NDMP, the state's strategy was largely characterised by approaches to treatment that were not evidence based, and that often punished people who use drugs, deepening their vulnerability.

For example, two approaches to opioid use and dependence are supported by scientific evidence and have widespread international acceptance as best practice, including by the World Health Organization (WHO). These are Opioid Substitution Therapy (OST) and Needle and Syringe Exchange Programmes (NSP).[15] Yet there is only one state-funded OST and NSP programme in the country – the Community Oriented Substance Use Programme (COSUP). This service is funded by the City of Tshwane and run in partnership with the University of Pretoria, with 17 centres across the city.

The City of eThekwini suspended its own successful NSP, which was being run by the non-governmental organisation (NGO) TB/HIVCare, over a dispute about the disposal of used needles.[16] In other major centres there are no state-run or state-funded evidence-based treatments available to heroin users. TB/HIVCare, through its Step Up Programme, tries to fill this gap in Cape Town, Pretoria and Durban, although the scale of provision is understandably limited by funding.

In Tshwane, the NGO Harmless provides multi-faceted services for people who use heroin, including psychosocial support, HIV testing and counselling, family planning, and behavioural change interventions. Harmless serves around 3 000 clients on an HIV and NSP programme every week, with around five to 10 new clients signing up for these services each week. Harmless's peer-to-peer educators teach people how to inject safely, such as techniques to avoid accidently injecting into arteries, and educate them on the use of clean needles to avoid HIV or hepatitis C.

While South Africa has more than 80 treatment centres countrywide, most heroin users cannot access effective private services, as private treatment centres that are affordable tend to use abstinence-based treatment models, despite the lack of evidence on their effectiveness.

Some private facilities do offer methadone-assisted treatments (methadone is available on prescription), but these are beyond the financial reach of most problematic users. Private medical aids will pay for 28 days in a treatment centre but will not pay for methadone. The average cost of treatment is R1 500 (US$100) per month to start, then R700 per month for maintenance. This is far above the average international pricing (US$100 per year).

In short, OST is generally beyond the means of most people who use drugs, who may not even know about the efficacy or existence of such treatments. In Cape Town and Tshwane several people who used drugs complained that they wanted to reduce their dependency on heroin but had been unable to afford any services to help them do so.[17]

PWID added that in areas where there were no NSP services, needles were repeatedly used and shared between users.[18] They also struggle to access services not directly related to drug use. For example, in case of injury or serious illness, people who use heroin avoid going to hospital, out of fear they will undergo withdrawal on the ward and will not be able to secure heroin to treat it.

Many women who live on the street or are in abusive relationships cannot access shelters for victims of abuse because most have policies that exclude drug users. Punitive policies, such as arresting drug users for possession and the lack of treatment in jails, also undermine the principles of harm reduction. There is therefore some incoherence in the state's position, between what is stated as policy and what is in fact enacted.[19]

For the police

Drug economies, because they are both cash-based and criminalised, have severe corrupting effects on police forces. South Africa is no exception. The relationships between gangs, drug-selling networks and communities of drug users are, however, variable and granular.[20]

Drug economies, because they are cash-based and criminalised, have severe corrupting effects on police forces

In Cape Town, dealers in gang-controlled neighbourhoods say that patrol vans treat their selling points as ATMs – a place to visit for small injections of cash. They claim there is no set price for bribes paid to police, but R50 to R100 was an average bribe payment for a low-level police officer in a patrol van.[21] Police officers are said to visit a few times a week. Buying

a police docket to forestall the conviction of a gang member costs R2 000.

In Wynberg, people living on the street report a relatively more functional relationship with policemen from the local station, who tolerate drug users who do not commit crime, but report indiscriminate abuse by police from outside the neighbourhood.[22]

In Tshwane, users describe the police as predatory, but not uniformly so. Interviewees in Tshwane claim police officers fall into three categories:

- Police officers who cannot be bribed (usually more senior and better paid)
- Police engaged in a drug-focussed operation that must produce arrests, who will force arrests if need be, e.g. by planting drugs
- Corrupt police – usually low-ranking officers, on patrol and out of sight – who will confiscate drugs from users and small-time dealers and sell them to other dealers

Drug markets often require higher levels of corruption in order to function effectively. In South Africa it is not clear what, if any, political protection the retail market (and implicitly, Tanzanian networks) has. However, our interviews did uncover allegations of corruption at more senior police levels, which allows the transit heroin trade to function in port cities like Durban.[23] These allegations require further investigation.

For communities

The heroin economy does not affect just individuals but also has severe implications for whole communities. Its effects are felt in the social cleavages that drug dependency creates in the absence of effective treatment and support, and in the severe social marginalisation of drug users.

Its effects are also felt in the violence and disruption of normal economic and social activities that accompany gang control of and competition over drug markets. Many people who are dependent on heroin have damaged familial bonds, which is often why people end up without shelter or support. They are also often unable to hold down formal employment, which puts added financial pressure on their families or compels them to enter taboo or criminal livelihoods.

All of this creates a reinforcing cycle of social marginalisation with destabilising effects on communities at large. Where communities live under gang governance, as they do in some parts of Cape Town, Johannesburg and Nelson Mandela Bay, they are subject to extreme levels of violence as gangs compete for control of drug markets.

This violence has a secondary negative effect on communities that is most evident during gang wars, when long-running gang battles prevent children from walking to school or ambulances from operating.

As heroin is now a lucrative and large part of the South African drug trade, it contributes to these effects.

What can we do?

A comprehensive policy response to South Africa's heroin economy should encompass not just law enforcement and public health responses but also broader measures, including political approaches to dealing with the corruption that accompanies drug trafficking and more creative development interventions to address the drivers of community vulnerability.

The response should aim to mitigate impact and address the drivers of the negative impacts of heroin trafficking domestically. It should also harmonise with and amplify positive measures taken by neighbouring states affected by the regional heroin economy.

A regional political response

Once a local market has developed from a transit route, tackling the issue of supply is tricky. Several countries are now facing a severe public health crisis owing to the use of fentanyl. This situation arose as people sought a substitute opioid when other, less lethal, kinds became more difficult to get hold of.

Reducing the heroin supply in South Africa will not cure users of their dependency and could lead to supply lines for even more harmful drugs entering the market.

Fentanyl is produced in China, and there is already a supply of Chinese synthetic drugs entering the markets of the Indian Ocean islands, which in turn are supplied with heroin from East African and South African routes.[24] It is not hard to imagine that importers of synthetic drugs in Mauritius could spot a gap in the market in South Africa, if the heroin supply was reduced through enforcement at the borders.

It is also not clear that a response focused on seizures and border management would have any success.

South Africa's borders are large and current heroin routes, which primarily come through the Mozambican border, have much scope to shift. These routes could conceivably move to Swaziland or Zimbabwe – both borders the country has so far failed to secure against other illicit products.

Even if South Africa could present an effective barrier against heroin imports (which it cannot), the existing route would continue to present a problem to neighbouring countries. Cocaine trafficking routes between Colombia and Mexico spread to the Caribbean and many other Central American countries when Mexico and Colombia hardened their stance against the cocaine trade.

This is not to say that the issue of supply should be ignored, but it must be tackled in coordination with neighbouring countries, using a proactive strategy to both provide treatment to current users and prevent supply lines for more harmful opioid drugs from entering the country.

Invest in understanding the heroin economy

Widespread heroin use has created social marginalisation and a public health crisis, and embedded Tanzanian criminal networks in the country. This situation has been developing for half a decade. The corruption of neighbouring states that are complicit in this trafficking has been building for even longer.

> The CDA does not seem to have galvanised the necessary political will or resources to address the heroin economy

It is shocking that these phenomena have not received greater attention from the state and are not subject to a comprehensive state strategy. This speaks to inadequacies in criminal intelligence, which does not appear to have monitored drug markets or the broader criminal underworld with enough vigilance in recent years.

The CDA, which should design and implement such a response, does not seem to have galvanised the necessary political will or resources to address the heroin economy. It is questionable whether South Africa has appropriate forums where the state can develop both a shared understanding of problems related to drug markets and multi-stakeholder responses.

Key steps in devising intelligence-led and evidence-based policies would be to improve police analysis of drug markets, engage other departments to look at illicit financial flows and the corruption surrounding this trade, and develop cross-departmental forums to align strategies so that, for example, police actions do not undermine social welfare and public health objectives aimed at drug users.

Understand the drug market, and the true costs of the current response

An illustrative dummy calculation can be made of the value of South Africa's heroin market, revealing that a market that developed out of a transit route may now have become valuable in its own right:

If we extrapolate the data we have from Cape Town and Tshwane across the country as a whole, using an estimate of three hits a day at R30 per user, then a drug user spends R32 850 (US$2 374) per year on heroin. If there are 110 000[25] such users in the country (combining people who inject and those who smoke heroin), the heroin industry in South Africa generates R3.6 billion (US$260 million) in revenue.

This money is extracted primarily from the poorest communities in the country, where unemployment rates often exceed 40% and many families survive on old-age, disability and child grants.

These calculations should not be repeated as fact – the assumptions about the size of the heroin-using population and the average number of 'hits' per day are too unreliable. But these are assumptions that could and should be remedied with more up-to-date survey data on the number of drug users, drug prices and modalities of use.

This exercise is nonetheless rhetorically useful. Play around with the data we do have – which gives a good sense of the price of drugs, the frequency of use, and a conservative estimate of the number of users – and try to come up with a number that does not point to a highly lucrative industry.

As we do not know how much dealers pay for heroin when it reaches South Africa we cannot calculate profit, but it is sure to be substantial and untaxed. Some of the revenue is also spent on socially destructive ends: bribes and, where gang competition is present, weapons.

The state could swing profits away from organised crime by providing alternative substances, such as methadone

At the same time the state adopts policies that exacerbate the costs (to the public) of this market: by criminalising users who must then be processed by the justice system at a cost to the state, and by failing to provide health services that could prevent the spread of infectious disease. The state could also swing profits away from organised crime by providing alternative substances, such as methadone, directly to drug users.

Undermine demand for harmful substances

There are compelling arguments that opioid drug use is a rational response to living in economically depressed and socially fractured neighbourhoods where anxiety, depression and physical pain are features of daily life. Rather than merely seeking to cut off supply and criminalise use, a more sustainable and effective response to problematic drug use would be to educate people about the risks of the most harmful substances, increase their access to regulated alternative substances, and implement social programmes that directly target the problems people seek to solve with substance abuse.

This is also an antidote to organised crime: approaches that encompass education, healthcare and measures that give disenfranchised people a sense of contributing meaningfully to society – and young men an alternative to gang recruitment – are not just 'social welfare' strategies. They also undermine the ability of gangs to control neighbourhoods by depriving them of recruits and customers.

Notes

1 This is timeline is confirmed by interviews in various locations in South Africa with people who have used heroin or were close to the heroin trade over various periods of time, stretching back to the 1990s.

2 For more details, see M Shaw, S Haysom and P Gastrow, *The heroin coast: a political economy along the eastern African seaboard*, ENACT, 2 July 2018, https://enactafrica.org/research/research-papers/the-heroin-coast-a-political-economy-along-the-eastern-african-seaboard

3 Interviews with dealers, heroin users and gang members in all these locations, September–December 2018.

4 Interview with dealers in Wynberg, Hanover Park and Manenberg, Cape Town, 11 and 12 September 2018; interviews with people who use drugs in Tshwane, 4 and 6 December 2018; GI interviews with gang members in Nelson Mandela Bay, September 2018. Also see S Christie, *Under Nelson Mandela Boulevard: life among the stowaways*, Cape Town: Jonathan Ball, 2016, for anecdotes about small-scale and more organised Tanzanian heroin networks and their development over the years.

5 Interviews with dealers in Wynberg, Hanover Park and Manenberg, Cape Town, 11 and 12 September 2018.

6 See S Christie, *Under Nelson Mandela Boulevard: life among the stowaways*, Cape Town: Jonathan Ball, 2016.

7 Interview with people who use drugs in Tshwane, 4 September 2018.

8 Interview with Community Policing Forum in Manenberg, 25 October 2017.

9 Interview with a dealer in Hanover Park, Cape Town, 11 September 2018.

10 Interviews with dealers and community members in Hanover Park and Manenberg, Cape Town, 11 and 12 September 2018.

11 G Setswe et al., *Programmatic mapping and size estimation of key populations: sex workers (male and female), men who have sex with men, persons who inject drugs and transgender people*, Cape Town: NACOSA, 2015.

12 Interview with drug policy expert, Cape Town, 6 September 2018; interview with drug treatment professional, Tshwane, 4 December 2018.

13 Observation and interviews with people who use drugs and health professionals in Cape Town and Tshwane, September and December 2018.

14 Interviews in Manenberg, Hanover Park in Cape Town, and Tshwane, September and December 2018.

15 See, for example, World Health Organization (WHO). WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for PWID, 2013, https://www.who.int/hiv/pub/idu/targets_universal_access/en/

16 J van Dyk, Durban delays re-opening of city's only needle exchange programme, Bhekisisa, 12 December 2018, https://bhekisisa.org/article/2018-11-27-00-durbans-only-needle-exchange-project-expected-to-reopen-in-december-hiv-prevention

17 Interviews in Cape Town and Tshwane, September and December 2018.

18 Interviews in Tshwane, 6 December 2018.

19 For more on this see S Shelley and S Howell, South Africa's National Drug Master Plan: influenced & ignored, Global Drug Policy Observatory (GDPO), Working Paper 4, August 2018, https://www.swansea.ac.uk/media/ShellyandHowellSouthAfricaGDPOWorkingPaperNo4.pdf

20 Such corruption economies are also seen in relationship to Nigerian networks and dealing hotspots for other drugs. In the drug economy in one Johannesburg neighbourhood controlled by Nigerian networks described by Paul McNally, police regularly collected bribes from dealers and also extorted drug dealers for money. In the case described, a police officer acted in collusion with a Nigerian drug dealer against his competition. P McNally, *The street: exposing a world of cops, bribes and drug dealers*, Johannesburg: Pan Macmillan SA, 2016.

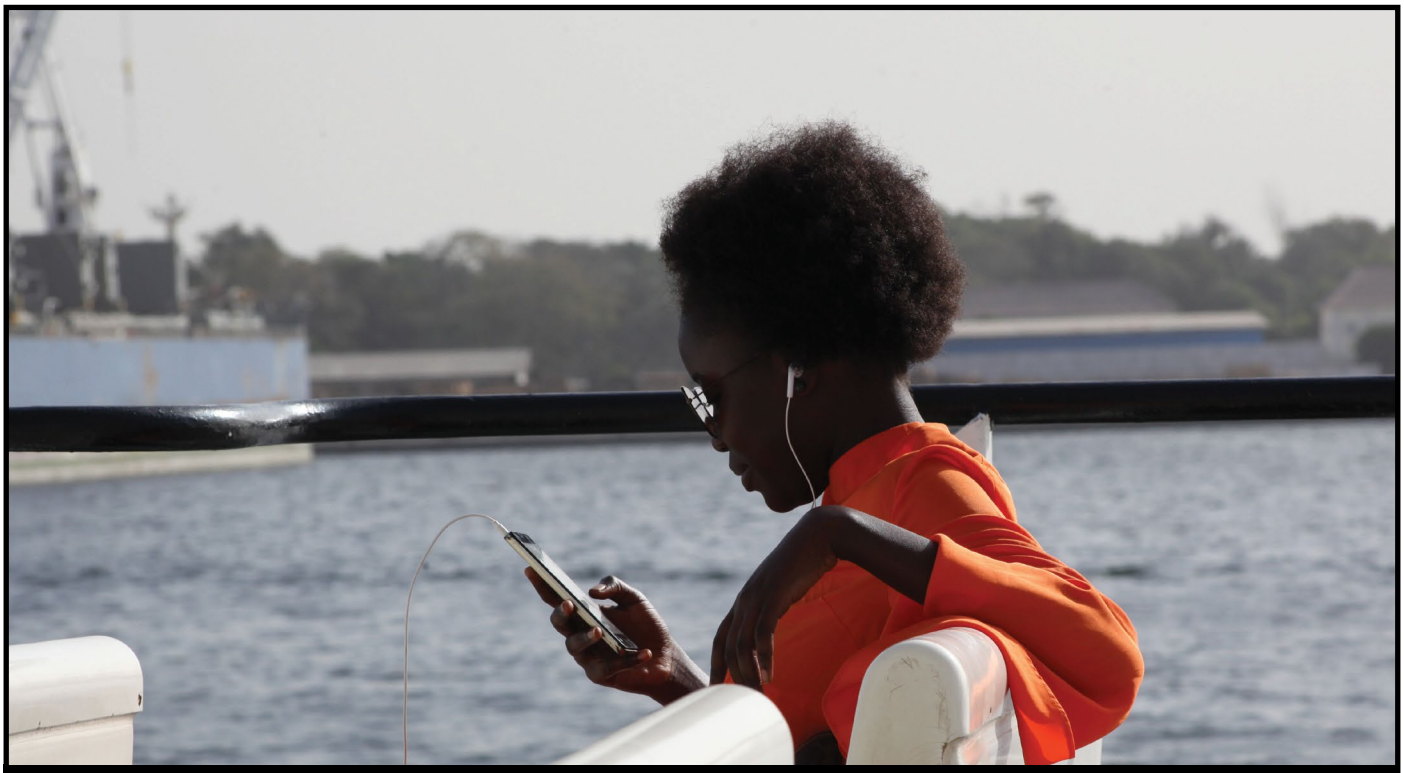
21 Interview with a drug dealer in Hanover Park, 11 September 2018.

22 Interviews with people who use drugs, Wynberg, 11 September 2018.

23 Interviews with law enforcement officials in Durban, August 2018.

24 Interview with an investigative journalist who has covered the drug trade and state responses in Mauritius for over a decade, Tunis, August 2018.

25 As explained above, probably an underestimate.



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About the author

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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.

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