Responding to drug demand in West Africa

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Summary

West Africa is expected to remain the largest regional drugs market in Africa, with the number of drug users set to more than double from about 5.7 million in 2018 to 13 million in 2050. This policy brief looks at trends in drug supply and how some of the region’s internal vulnerabilities to drug trafficking and production are likely to evolve. It considers possible future trajectories of drug trafficking and production and recommends suitable responses, with a focus on demand reduction.

Recommendations

- The evidence base on drug use in the region must improve.
- To reduce demand, programmes must be instituted that focus on parenting, families and life skills education for children and young adults.
- West Africa must strengthen its healthcare systems and make treatment more affordable for and accessible to people with drug-related problems.
- Drug treatment services should be expanded and the stigma related to drug use and to seeking treatment addressed.
- Transnational cooperation is necessary to bolster law enforcement responses to curb the supply and production of illicit drugs and the diversion of pharmaceutical opioids from legal channels.
- Governments must be more proactive in creating sustainable interventions and programmes.
Africa's illegal drugs market has expanded in the past two decades, partly because the global drugs trade is thriving. In line with this trend, West Africa's role as a global trafficking hub for illegal drugs, particularly cocaine, has grown and an illegal economy has developed in the region around the production and distribution of methamphetamines. West and East Africa are the two main markets for illicit drugs in sub-Saharan Africa. Local consumption of illegal drugs and the non-medical use of prescription opioids in particular is projected to become a public health emergency in the coming decades.

Drug trafficking and production undermine governance, human security and human development. Drug use is a threat to public health in the region and efforts to support drug prevention, drug dependence treatment and care have been limited.

**Data collection**

Reliable data on the extent and patterns of drug use in West Africa remain scarce, severely compromising efforts to understand the scale of the problem, raise awareness and design effective responses.

Against this background, the first comprehensive national drug use survey in Nigeria, conducted in 2018 by Nigeria’s National Bureau of Statistics and the Centre for Research and Information on Substance Abuse, with technical support from the United Nations Office on Drugs and Crime (UNODC), represents a major leap forward.

An ENACT research paper, titled Drug demand and drug use in Africa: Modelling trends to 2050, considers the future of drug demand in West Africa. The paper describes the factors that are known to correlate with increased drug consumption and projects the expected (aggregate) demand in the region for illegal drugs and prescription opioids used for non-medical purposes, both of which are expected to increase significantly in the coming decades. The findings draw on a newly developed drug-demand model that expands on the 2012 *World Drug Report*, in which the UNODC introduced its methodology for forecasting illegal drug demand based on demographic variables. The new model is embedded in the International Futures (IFs) modelling platform.

IFs projects that West Africa will remain – by a significant margin – the largest regional drugs market in Africa.

Dramatic population increases, ongoing urbanisation and rising incomes coupled with persistent and widespread poverty, among other factors, mean that West Africa’s drug market is set to more than double from about 5.7 million users in 2018 to approximately 13 million in 2050, making the region an attractive market for the global drugs trade and further incentivising local drug production.

Given the data limitations and the inherently concealed nature of illegal drug use and, to a lesser extent, the non-medical use of pharmaceutical opioids, the forecasts should be interpreted as indicative of broad trends and a future that is possible but uncertain.

**The International Futures (IFs) Model**

IFs is a global modelling platform that integrates a large number of data series across a wide range of development systems including agriculture, economics, education, energy, the environment, infrastructure, health, governance, technology and international politics. In addition, the model has a repository of more than 4,000 data series for 186 countries and can forecast hundreds of variables to 2100.

IFs is an integrated assessment model, meaning it utilises multiple modeling techniques, such as econometric modeling, computer-generated equilibrium models, and social accounting matrices, to produce forecasts.

The tool allows users to undertake three types of analysis. First, users can explore historical trends and the relationships between development systems to get a better understanding of how a country or region has progressed over time. Second, these relationships are formalised within the model to produce an integrated Current Path scenario. This Current Path scenario helps users to understand where a country or region seems to be heading under current circumstances and policies and barring major shocks to the global system. Third, IFs allows for scenario analyses to augment the Current Path scenario by exploring the leverage that policymakers may have to push different systems toward more desirable outcomes.
The objective of this policy brief is to raise awareness about the expected public health challenges inherent in the increase in drug use and to inform responses from West African governments and the Economic Community of West African States (ECOWAS).

While the report addresses West Africa, it recognises that there is no uniformity among countries in the region when it comes to drug trafficking, drug production and drug use and that patterns may also vary significantly within individual countries. However, analysis of regional trends, together with an analysis of the driving variables, enables a regional forecast of likely future trends.

West Africa in context: trends in drug supply and structural vulnerabilities

In recent decades globalisation has strengthened the continent’s ties with the global criminal economy, including the trade in illicit drugs. West Africa’s trade with the world in both legal and illicit goods will continue to expand. For example, criminal groups involved in the increasing manufacture in Nigeria of methamphetamines for the South African market exploit high volumes of legal trade between the two countries.

The ‘thriving’ global drugs market has raised West Africa’s profile as a key trafficking hub for cocaine from South America and for heroin from South East and East Asia

The ‘thriving’ global drugs market has raised West Africa’s profile as a key trafficking hub for cocaine from South America and for heroin from South East and East Asia to European and North American markets. In addition, precursor drugs such as ephedrine, which is used for the production of amphetamine-type stimulants, mostly methamphetamines, are trafficked from West Africa, destined principally for countries in East and South East Asia, but also for Eastern and Southern Africa and for the local market. Trafficking in the synthetic opioid, tramadol, is also on the rise in West Africa, with most of it originating from clandestine laboratories in Asia and some being diverted from legal channels.

The global production of cocaine and heroin is growing, with the World Drug Report (WDR) 2018 predicting that ‘We are facing a potential supply-driven expansion of drug markets, with production of opium and manufacture of cocaine at the highest levels ever recorded.

Cocaine

The WDR 2018 records a significant increase in the global manufacture of cocaine, mostly driven by increased production in Colombia. With some of the traditional transit routes under tighter law enforcement control, West Africa’s role as a transit hub in the global market has grown since the early 2000s.

In 2016 Africa was one of the regions with the biggest increase in cocaine seizures. The WDR 2018 notes that West Africa – Nigeria more specifically – was the most frequently reported origin of the seized cocaine. According to ECOWAS data, Cape Verde accounted for the lion’s share of cocaine seizures in West Africa between 2014 and 2017 (more than 96% of 305 tonnes), trailed by Mali, Nigeria, Benin, Ghana and Togo.

In the first quarter of 2019 two record cocaine seizures took place in Cape Verde and Guinea-Bissau (9.6 and 0.8 tons respectively), suggesting that West Africa’s cocaine trafficking problem is growing.

Heroin

Global opium poppy cultivation stands at a record high and the WDR 2018 reports an unprecedented number of heroin seizures in the world in 2016. Although in 2016 Africa accounted for only 1% of global heroin and morphine seizures, of which one-third was seized in West and Central Africa. this represents an increase in the number of seizures since 2008, which the UNODC interprets as indicative of the growing role of West Africa in the global heroin trade. The shift from small-scale heroin trafficking involving couriers to larger shipments trafficked in sea containers or as freight is seen as further evidence of this trend.
West Africa and Nigeria are among the most frequently mentioned transit countries for opiates produced in Afghanistan and moved via Pakistan (and partly to Iran) for subsequent shipment to the Gulf countries and East Africa and onward trafficking to Europe, either directly by air or via Southern or West Africa by air or sea. In 2016 Ghana and Nigeria were the only West African countries that reported heroin seizures and the UNODC describes Nigeria as ‘the epicentre of the heroin nexus in West Africa’. In previous years Benin, Côte d’Ivoire, Burkina Faso and Liberia also reported seizures of heroin.

Amphetamine-type stimulants

West Africa is also a transit hub for precursor chemicals and there is evidence of synthetic drug production in the region. The region has become a source of methamphetamines for the global market, in particular for countries in East and South East Asia, often via Southern Africa or Europe, although the drugs are also sold on the domestic market.

Again, Nigeria seems to be the epicentre of the manufacturing and trafficking of methamphetamines in West Africa, although flows are also being reported from the broader region, including from Benin. Between 2011 and 2016, 11 methamphetamine laboratories were detected in Nigeria, including a so-called super laboratory with a production capacity of between 3 000 and 4 000kg per production cycle. This lab was home to ‘the first industrial-scale production of crystal methamphetamine’ in West Africa.

Pharmaceutical opioids

The WDR 2018 records an expansion in the global market for non-medical use of pharmaceutical opioids. Africa has dominated the market, with 87% of global seizures in 2016, predominantly of tramadol, followed by codeine, taking place on the continent. Tramadol originating from India and China is trafficked via West, Central and North Africa and some of it onward to countries in the Near and Middle East.

Tramadol, a synthetic opioid analgesic, is used to treat moderate to severe pain but is also said to act as a stimulant. It is not under international control but is increasingly being misused in West Africa. Although it is sometimes diverted from legal channels, most of the tramadol seized appears to originate from clandestine laboratories in Asia, in particular India, and often consists of capsules containing unapproved doses.

Weak drug regulation regimes and limited law enforcement capacity in West Africa make it difficult to stop tramadol from flooding national markets. According to the WDR 2018, Benin is the main trafficking hub for tramadol in West Africa, followed by Nigeria, Niger, Ghana, Sierra Leone and Senegal.

In addition to global and regional supply and demand dynamics, West Africa faces structural vulnerabilities to drug trafficking and production. These include high levels of informal cross-border trade, high and growing levels of income inequality and low levels of state capacity, which are associated with poor regulation and law enforcement and corruption.

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but other countries, including Nigeria, Ghana, Mali, Senegal, The Gambia, Sierra Leone and Liberia are also implicated. 59

One of the key findings of the 2014 West African Commission on Drugs (WACD) report was that corruption at the top was enabling drug trafficking in West Africa. "Traffickers seem to connect easily with people of influence and are able to establish and operate informal social networks, allowing them to avoid detection by the formal security apparatus or co-opt it when necessary." 60

As Mark Shaw writes, "Participation in trafficking appears to offer political, military and business leaders windfall profits: they can conduct electoral and military campaigns, feed patronage systems, or simply take a fast track to wealth and power. In turn, politicians and security leaders can offer traffickers protection, or even assistance." 61

The electoral process is a key weak point in the nexus between organised crime and politics. 62 Limited or no restrictions on political campaign funding make many countries in West Africa vulnerable to the influence of drug money. 63 This applies particularly to smaller and/or poorer economies that do not have revenue flows from natural resources, particularly oil. In Nigeria, especially, the role drug money can play in politics is relatively small due to the abundance of oil money and opportunities for large-scale looting of public funds.

High levels of inequality and low GDP are other factors that render economies vulnerable to penetration by criminals, including drug traffickers. 64

West Africa is projected to experience deepening income inequality as both extreme poverty and extreme wealth are set to increase. 65 In 2018 the region’s Gini coefficient stood at 0.41, indicating high income inequality even if less than in Southern Africa (0.54) and in Latin America and the Caribbean (0.47), the most unequal regions in the world. Four West African countries – Guinea-Bissau, Togo, Benin and Cape Verde – are already among the 50 most unequal countries in the world.

Pronounced income inequality, a general lack of economic and employment opportunities, marginalisation and a sense of relative deprivation particularly benefit the recruitment of young people by organised criminal networks involved in drug trafficking and production.66 Drug trafficking often serves as a strategy for upward social mobility.

The majority of West African countries are low-income economies 67 with large informal sectors. 68 According to IFs, which uses data from the United Nations Economic Commission for Europe, West Africa’s informal economy accounts for more than a third of the region’s GDP (37% in 2018), the highest share of all regional economies in Africa.69

High levels of inequality and low GDP are other factors that render economies vulnerable to penetration by criminals

Countless networks of cross-border trade connect these informal economies and have facilitated the growth of criminal economies, including drug trafficking.70 A study by the Economic Commission for Africa argues that informal cross-border trade constituted on average 43% of the region’s GDP.71 Case studies also show that informal cross-border trade far exceeds reported bilateral trade in West Africa.72

The presence of extensive networks of (informal) cross-border trade in West Africa is associated with a number of practices that facilitate drug trafficking, including ‘trust-based networks of cash exchange’73 and ethnic and religious networks.74 In fact, history plays into drug traders’ hands as they benefit from ancient trade routes ‘paved by slave traders and smugglers, formed long before state borders were drawn’.75

IFs projects that West Africa’s informal economy as a share of GDP will decline to approximately 26% by 2050, likely reflecting higher government capacity and greater formality, in line with higher incomes.76 In oil-exporting economies such as that of Nigeria, the correlation between higher levels of GDP per capita and more state capacity and/or better governance is typically much weaker.77

However, a transition to more formality might not be a potent counterweight to the illicit drugs economy in West Africa as illicit and legal activities tend to be intertwined,78 with actors moving fluidly in and out of trade with illicit and licit goods and the region’s elite protection networks connected to both legal and illegal flows.79 In fact, criminal organisations are ‘mirroring the
existing networks of licit power, exploiting advantageous positions close to official power to gain benefits and opportunities for illicit activities. 

Possible trajectories

The number of cocaine users in Europe and North America is projected to increase from a combined 9.2 million in 2018 to about 10.3 million in 2050. Demand for cocaine in Asia is also projected to grow – from more than eight million people in 2018 to nearly 14 million by mid-century. The number of opiate users in Europe is expected to decline quite significantly, while the numbers are expected to remain stable in North America.

Based on this increasing demand, it is plausible to assume that West Africa will continue to be a key trafficking hub for cocaine. It is also likely to remain more profitable to sell cocaine in European or North American markets because the prices will be higher than in West Africa. This could imply that West Africa’s role in the illicit drugs trade remains limited to facilitating the operations of the big drug lords based in Latin America and that Nigerian drug barons will use their well-established international networks to expand operations offshore.

At the same time, it is also plausible to assume that drug lords will pay traffickers in product rather than in cash, to create a local market. Anecdotal evidence has emerged that this is already happening. Cape Verde, for example, a major trafficking hub for cocaine, seems to have a higher prevalence of cocaine use than other countries in West Africa. Such a development could be compounded by the fact that, according to IFs, the expansion of the cocaine market in Europe and North America will be relatively small. Moreover, if profit margins shrink because cocaine becomes more affordable, West Africa’s market could become more attractive.

Given the expected decline in heroin users in Europe, the pressure on criminal networks to create new markets is likely to increase. This can already be seen in East and Southern Africa, where the consumer base for heroin has grown since trafficking has increased along the southern route. West Africa is no less well suited to the introduction of opiates than other regions in Africa given that the youth bulge will remain large, widespread poverty and marginalisation will persist and urbanisation will continue. ‘Heroin is cheap, highly addictive and mainly afflicts the poor’ and has already been successfully introduced into other African markets.

The local user base for methamphetamines can also be expected to grow in line with the overall trend of an expanding market and it will be relatively easy to satisfy that demand via local production, which is also likely to spread across West Africa. As Nigerian law enforcement agencies, for example, get better at seizing methamphetamines and dismantling laboratories, sites of production will move to countries where law enforcement capacity (and external support for it) is weaker or non-existent.

In the medium term, however, external demand for methamphetamines could decrease, as competition from producers located in destination markets grows. This is to be expected, since ‘all regions with illicit methamphetamine markets also have illicit methamphetamine production’, which requires no sophisticated technology and can take place anywhere at relatively low cost. The trafficking of precursor drugs will remain critical to the production of methamphetamine in commercial quantities and the quality of national drug regulations and law enforcement capacity will be decisive factors in the evolution of global flows of these drugs.

The available data on the non-medical use of pharmaceutical opioids show that West Africa’s user base is already large and can be expected to increase. Yet there is still considerable uncertainty about the drivers of this phenomenon.

The size of West Africa’s drug market is projected to reach nearly 12 million people by the mid-2040s and surpass the size of the entire European market. And between one and two million drug users in West Africa may suffer from drug use disorders, further underscoring the public health threat the region faces.

Effective responses to this threat must include efforts to stop or reduce drug production, trafficking and the diversion of drugs from legal channels, coupled with approaches to prevent drug use and dependence and establish programmes for the treatment and care of drug users.

Improving the evidence base

Governments and citizens have become increasingly aware that West Africa is experiencing a growing drug use problem that is threatening public health and human development.
However, the empirical foundation on which to develop evidence-based policies and programmes to address the problem is still weak. Most countries in West Africa do not have drug-use monitoring systems in place. Consequently, no comprehensive and reliable data have been available on levels, patterns and trends of drug use and national responses.

However, the situation is improving, largely due to external donor support, principally from the European Union. Examples are the creation of the West African Epidemiology Network on Drug Use (WENDU), which has national focal points in the ECOWAS member states and Mauritania;91 the establishment of the Nigerian Epidemiology Network of Drug Use92 and Senegal’s progress towards a drug information system,93 among other initiatives.

West African governments must continue to improve the evidence base on drug use in the region. This includes monitoring drug use, the creation of drug observatories, epidemiological networks and national surveys on drug use to achieve a harmonised drug data information system. Such data will also be critical to generating context-specific knowledge about the drivers of drug use in the region.

**Reducing demand and offering treatment**

Reducing demand for drugs in West Africa is the most direct way of interfering with the region’s drugs market. Demand constitutes the very foundation of the global market; as long as people consume drugs, drug production and trafficking will persist and generate huge profits for criminal networks.

The prevention of drug use must be a priority for West African governments and ECOWAS. According to the UNODC’s ‘International Standards on Drug Use Prevention’,94 the most effective forms of prevention are those focused on parenting, families and life skills education for children and young adults.95

There is a dramatic inability in West Africa to meet the demand for treatment of and care for people with drug use disorders.96 The healthcare systems of most ECOWAS member states lack the financial resources, capacity and facilities to respond adequately to the demand for treatment, especially when it comes to care and rehabilitation.

In Nigeria, for example, 2017 data revealed that 40% of high-risk drug users wanted treatment but were unable to access it.97 The main barriers included ‘the cost of treatment, stigma associated with accessing such services, as well as stigma associated with substance use in general and availability of adequate drug treatment services’.98

**There is a dramatic inability in West Africa to meet the demand for treatment of and care for people with drug use disorders**

West Africa must strengthen its healthcare systems and make treatment more affordable and accessible. Drug treatment community services should be expanded and the stigma related to both drug use and the need for treatment must be addressed proactively.99

**Law enforcement**

In addition to addressing drug demand, West Africa must continue to bolster law enforcement responses to curb the supply and production of illicit drugs and curb the diversion of pharmaceutical opioids from legal channels.

Law enforcement needs to be intelligence-led and aim at mid- to high-level traffickers, not drug users.100 This effort must be coordinated across countries to prevent traffickers and producers from simply moving to escape higher regulation and/or law enforcement pressure in specific countries.

Any action taken against the non-medical use of pharmaceutical opioids, tranquillisers and cough syrups must not impede the availability of these drugs for medical and scientific purposes.101

West Africa is not in a position to address effectively the dynamically developing and interconnected phenomena of drug supply, drug use and dependence without substantial assistance from foreign governments and development partners. More proactive leadership from West African governments is necessary to make interventions and programmes sustainable in the longer term.
Responding to drug demand in West Africa

Notes


11. IFs is open source and available for download at www.pardee.du.edu.


13. Ibid.


15. Olukoshi, 2013, 10; Lewis, 2015; see also INCB, Annual report 2017.

16. The trafficking of illicit drugs, particularly cocaine, through West Africa is not a new phenomenon. It can be traced back to at least as early as the 1970s and Nigerian traffickers have traditionally played a key role, while the rest of the region has remained relatively marginal to the trade. See UNODC, 2013, 19; see also S Ellis, West Africa’s international drug trade, African Affairs 108(431), 2009, 171-196; on Nigeria see also I S Obot, Assessing Nigeria’s drug control policy, 1994-2000, 2004, The International Journal of Drug Policy 15, 17-26.

17. WACD, Not just in transit, 2014.

18. The main destination market for cocaine that transits West Africa is Europe (80% between 2010-2015), notably Spain, France, the United Kingdom and the Netherlands, followed by North America (15%) and Asia (4%). UNODC, World Drug Report, Booklet 3, 2017, 33.

19. Olukoshi, 2013, 10; Lewis, 2015; INCB, 2017, 64; UNODC, Regional Programme, 22.


22. Ibid, 8.

23. Ibid, 15. The other region is Asia.


25. As reported to WENDU. According to WENDU, between 2014 and 2017 cocaine/crack use was prevalent in Cape Verde, Côte d’Ivoire, Liberia and Guinea. Also during this period there was a significant increase in cocaine use, although this might merely reflect improved drug treatment reporting by ECOWAS member states.


29. Ibid, 15. Based on responses to the annual report questionnaire and government sources.

30. UNODC, 2016, 23.

31. Ibid.

32. Ibid, 23.


34. Ibid.

35. INCB, 2017, 63.
36 UNODC, 2016, 23.
37 Ibid.
38 According to WENDU.
40 UNODC, 2016, 22; INCB 2017, 64.
41 INCB, 2017, 64; Lewis, 2015. In Nigeria ephedrine has reportedly been diverted from legal distribution channels, probably because imported volumes of the drug exceed what is needed for medical and scientific purpose. See UNODC, 2013, 20; INCB, 2017, 64.
43 INCB, Annual report 2018, 52.
44 UNODC, Drug use in Nigeria, 2018, 49.
46 UNODC, 2018, Executive Summary, 9.
47 Ibid.
48 Tramadol is unlike opioids such as methadone and fentanyl, which are regulated by the International Narcotics Control Board operating on the erroneous assumption that the drug is not likely to cause addiction. See Tramadol, the opioid crisis for the rest of the world, The Wall Street Journal, 19 October 2016, www.wsj.com/articles/tramadol-the-opioid-crisis-for-the-rest-of-the-world-1476887401; On the dependency potential of tramadol, see WHO Expert Committee on Drug Dependence, Tramadol: pre-review report, Thirty-ninth Meeting, Geneva, 6-10 November 2017.
51 Olukoshi, 2013, 6.
55 OECD, 2018, 23; Felbab-Brown, October 2017, 106.
57 UNODC, 2013, 9; WACD, June 2014, 24.
58 Africa Confidential, Guinea Bissau: All at Sea Over Drugs, 10 May 2013.
59 WACD, June 2014, 24.
61 OECD, 2018, 42.
63 WACD, Not just in transit, 2014.
64 J Cockayne, State fragility, organised crime and peacebuilding. Towards a more strategic approach, NOREF Report, Oslo, 2011.
65 J D Moyer, D K Bohl, T Hanna, I Mayaki and M Balwa, Africa’s path to 2063: Choice in the face of great transformation, Denver and Midrand: Frederick S. Pardee Center for International Futures and NEPAD Planning and Coordination Agency, 2018, 28.
66 UNODC, Regional Programme for West Africa 2016-2020, 2016, 32.
67 As per the World Bank classification, where low income is defined as a GDP per capita of US$999 or less and, with the exception of Cape Verde, Nigeria, Ghana and Côte d’Ivoire, which are lower-middle-income economies with a GDP per capita of between US$996 and US$ 3 895.
68 There is no standard definition of informal economy in the literature. See L Medina, A Jonelis and M Canguli, The Informal Economy in Sub-Saharan Africa: Size and Determinants. IMF working paper 17/156, 2016, 5. The OECD defines the informal economy as including all economic actors whose activities focus primarily on generating employment or income for themselves alone. See OECD, 2018, 23.
69 According to IFs, in 2015. Southern Africa’s is 19%, Central Africa’s 32%, North Africa’s 20% and East Africa/the Horn’s 27%, compared to under 3% in the OECD group. A recent study by the International Monetary Fund puts forward a similar figure (39.2%). See L Medina, A Jonelis and M Canguli, The Informal Economy in Sub-Saharan Africa: Size and Determinants. IMF working paper 17/156, 2016, 5.
Responding to drug demand in West Africa

70 OECD, 2018, 39.
73 OECD, 2018, 40.
77 Ibid.
78 OECD, 2018, 25.
81 A gram of cocaine costs approximately US$80 in France, for example, but only about US$32 in Nigeria. See https://addictionresource.com/drugs/cocaine-and-crack/cocaine-prices/ and www.dailydot.com/irl/cocaine-around-world/
83 According to WENDU.
84 Shaw, Haysom and Gastrow, June 2018.
86 Shaw, Haysom and Gastrow, June 2018.
87 UNODC, 2012, 98.
88 UNODC, 2013, 1.
89 UNODC, 2016, 55.
90 Taking the global prevalence of users with drug use disorders of 11% as the lower range and Nigeria’s prevalence of 20% as the upper range of this estimate.
95 UNODC, *Drug use in Nigeria*, 2018, 44.
98 Ibid.
101 Ibid. 45.
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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 ISS and INTERPOL, in affiliation with the Global Initiative Against Transnational Organized Crime.

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