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Illicit Drug Trafficking and Use in Libya HIGHS AND LOWS

By Fiona Mangan



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ABOUT THE REPORT

Drug trafficking and drug use in Libya have increased significantly in the wake of the 2011 uprising that ousted Muammar Gadhafi. This report explores how these illicit activities both feed off of and fuel the country's conflict and instability. The research was supported by USIP's Middle East and North Africa program with funding by the International Narcotics and Law Enforcement Bureau of the US Department of State.

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Cover photo: Drugs are often transported across Libya alongside migrants packed into 4x4 vehicles such as this one heading north from Agadez, Niger, on June 4, 2018. (Photo by Jerome Delay/AP)

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Summary



Initially considered a triumph of the so-called Arab Spring, Libya is now defined by what seem to be contradictory tensions. On the one hand, illicit drug trafficking and smuggling have undercut the ability of the state to rebuild. On the other, its networks knit the fractured state together.

Looking at the country's illicit economy before 2011 is crucial to understanding how drug markets have evolved and flourished. Since the late 1990s, Libya had been a transit zone and small market for drugs. The 2011 uprising upended the controlled disorder of that economy, and trafficking and smuggling became more decentralized, producing a significant increase in the flow of illicit drugs and a proliferation of local drug markets. The intricacies of the various flows shed light on who controls the markets, which areas are transit points and destinations, and how local actors intersect with external flows.

The hierarchy of profit and strategic importance of Libya's illicit markets—not just in drugs but in weapons, migrants, and commodities such as fuel—has important implications for the country's conflict dynamics. Drug trafficking overlaps and intertwines with almost all other flows in Libya's complex illicit economy.

Ultimately, drug trafficking and use fuels and feeds off violence. Their profits sustain some communities, but creeping use and abuse trends harm others. Ignoring drug trafficking and use dynamics or blithely waiting to resolve them once the basics of peace and structural reforms have been achieved is no longer an option.

To address Libya's drug trafficking and consumption dynamic, domestic policymakers and civil society, along with international donors and partners, will need to take into account several recommendations in determining the path forward, including understanding how Libya's complex network of illicit markets are interconnected and feed off one another, providing viable economic and social alternatives to engaging in trafficking and drug use, and developing durable peace agreements that holistically address, rather than ignore, the corrosive impact of organized crime.



These blocks of hashish were seized by authorities in Palermo, Italy, from a Libyan cargo ship in December 2015. (Photo by Gianni Cipriano/New York Times)

Drug Trafficking, Drug Use, and Libya's Conflict Dynamics

Libya has come to be defined by seemingly contradictory tensions: illicit drug trafficking simultaneously undercuts the ability of the state to rebuild even as its networks are among the few things that knit the fractured state together.

Illicit drug trafficking in Libya is not new. Nor is the recreational consumption of drugs. Both, though, have been reshaped in the wake of the country's 2011 uprising, meriting analysis of how they relate to the ongoing conflict, both feeding from it and fueling it.

In the nine years since Libya's 2011 uprising, hopes for a smooth transition that once soared have been dashed. Initially viewed as a central success of the so-called Arab Spring, the loose alliances that came together to oust Muammar Gadhafi—the country's autocratic ruler for forty-two years—soon descended into fractious militias and a new political order that has failed to coalesce. The state has come to be defined by seemingly contradictory tensions: illicit drug trafficking simultaneously undercuts the ability of the state to rebuild even as its networks are among the few things that knit the fractured state together. Meanwhile, the focus of the international community has been on other illicit flows—principally human and fuel smuggling—even as drug trafficking has remained a hugely profitable, top-tier element of Libya's criminal economy. The country also now houses a rapidly growing local market for drug consumption,

driving a new focus on Libya as a destination rather than just a transit hub. In the absence of a coherent government response to growing rates of drug use and addiction, militia groups have asserted a new role in addiction treatment and policing. Furthermore, a number of armed groups associated with the Ministry of Interior have taken note of the growing problem with youth drug addiction and intervened.

This report explores how illicit drug trafficking and use has shaped, and been shaped by, Libyan conflict dynamics. Researching illicit trafficking, smuggling, and particularly the flow and use of drugs presents obvious challenges. Figures involved in illegal activities in any country generally strive to conceal their motivations and methods, and even administration officials are often unwilling to speak about organized crime, embarrassed by their inability to police it. This is further compounded in an environment such as Libya, where social taboos and conflict intensify research risks. Nonetheless, it does not preclude the possibility of conducting research. Despite the sensitive nature of the topic, when approached with care and meticulously triangulated and corroborated, gathering information on organized crime and drug trafficking and use patterns is possible. Additionally, given growing concerns over illicit trafficking, sale, and use of drugs, many people are willing to talk when the correct conditions are provided.

This report builds on research on illicit trafficking carried out by the United States Institute of Peace in 2012 and 2013.¹ More than two hundred individuals were interviewed for that study, across all key smuggling hubs in Libya and in Libya's prisons and migrant detention centers. In the years that followed, hundreds of additional interviews were conducted in the course of broader rule of law work and research in Libya. Further dedicated research was conducted in 2018 and 2019 on the topic of drugs specifically. A local research team provided key support, conducting qualitative research in Libya in the fall of 2018 and the spring of 2019.

Local researchers used a structured interview methodology based on prepared interview and focus group guides. Longer-form interviews used semi-structured and unstructured methodologies for in-person and telephone sessions, enabling interviewees to discuss in detail their areas of knowledge, guiding and tailoring discussion topics accordingly. In some cases, maps were used as a visual aid to assist in plotting smuggling routes and discussing geographic zones of importance and influence.

Interviewees included police, prosecutors, armed groups involved in policing and security functions, border guards, local armed groups, judicial police, airport and port officials, businesses involved in transport and shipping, drug treatment specialists (including psychologists, psychiatrists, social workers, and volunteers), addicts and recovering addicts, young people experimenting with drug use, detainees and migrants, community leaders, tribes, families and groups linked with smuggling activities, as well as international experts on Libya, North Africa, the Sahel, and organized crime.

ILLICIT ECONOMY IN TRANSITION

Looking back at Libya's pre-2011 illicit economy is crucial to understanding how drug markets have evolved and flourished since the uprising. Gadhafi publicly espoused socialist notions of black markets serving as "people's markets," but in reality access to trafficking and smuggling networks was open to a chosen few only. As international sanctions, falling oil prices, and a deeply inefficient economy hampered the state's ability to provide for its people, black markets and illicit smuggling became a way of quelling unrest. However, although all were encouraged to purchase smuggled goods, extracting wealth from criminal markets was restricted to a mixture of tribes, families, and communities close to Gadhafi. His administration controlled the country's network of age-old smuggling routes through a number of political and economic bargains. He also used enforcement mechanisms that favored certain groups and commodities over others, which ebbed and flowed with diplomatic tides, and internal and external



A revolutionary fighter walks through the captured town of Sirte on October 20, 2011, the day Muammar Gadhafi, who ruled the country for forty-two years, was deposed. (Photo by Manu Brabo/AP)

political shifts. Border control and law enforcement provided further opportunities for the state to extract wealth, rewarding some officials, tribes, families, and institutions with access to payoffs and bribes. This fostered a protection economy and institutionalized predation within the security sector.²

The 2011 uprising upended the controlled disorder of Libya's illicit economy. In the immediate aftermath, Libya's elite and protected class of tribes, families, and security officials found themselves relegated to the bottom rung. Having backed the losing side, many were suddenly disempowered. Absent the traditional administrative centers for controlling black markets, trafficking and smuggling became more decentralized.

A convergence of some key features of Gadhafi's legacy and decisions made during the early transitional

phase set the stage for a boom in smuggling. First, as mentioned, smuggling had become culturally embedded under the Gadhafi administration through his overt encouragement of a shadow economy and his administration's tacit levers of control over trafficking and smuggling routes. A product of its geography, Libya sits at the center of long-established trans-Saharan trade routes, a nexus for trade crossing the Sahel to reach the Mediterranean and from the Maghreb into the Mashriq. It is home to desert, land, and sea routes in all directions that Gadhafi used and exploited, ultimately normalizing smuggling in Libyan society.

Second, after 2011, Libya's fledgling government found itself with a collapsing security sector staffed with the remnants of Gadhafi's old guard. The police force, military, and border guards were despised by many and mistrusted by most. Many abandoned their posts

The injection of arms into the hands of smugglers and the general population altered the nature of illicit trafficking in Libya, infusing new levels of violence into the trade.

and went into hiding as *thumar* (revolutionary armed groups) stepped in to take their place. Crucially, state weapons caches were emptied during the fighting and seized by armed groups and individuals. Thus, in a move driven both by political calculus and necessity, the transitional government sought to integrate the *thumar*—then viewed as heroes—into the security sector rather than disarm and demobilize them. A briefly held belief was that injecting new revolutionary blood into Libya’s failing security sector could revitalize and legitimize the institutions in the eyes of the people.

Third, the *thumar* that overthrew Gadhafi—many of whom now exert influence over the country’s smuggling routes—had no central command structure. The relative speed and fragmented nature of the uprising was such that revolutionary groups sprang from different localities and briefly and loosely coalesced to topple the regime. These groups were financed by and exerted influence in their localities and had links and alliances to other groups but no unifying leadership. The post-Gadhafi government began integrating disparate revolutionary armed groups into the security sector through transitional security entities such as the Supreme Security Committee and Combatting Crimes Committee, both associated with the Ministry of Interior, and Libya Shield, associated with the Ministry of Defense. Units were integrated wholesale under different ministries, receiving state salaries and legitimacy but never coming under any central command and control structure. The prospect of a salary proved to be an incentive for many who never participated

in the uprising to put their name on lists submitted by armed group commanders. Thus, the process inflated rather than controlled armed group numbers.³ In a 2017 paper, Tuesday Reitano and Mark Shaw observe that

in this way, the growing militias—an irony in itself since the war was ostensibly over—were essentially given the financial platform to pursue their own agendas. . . . This reinforced the frenzied competition that required ever greater amounts of capital, “graduating” revolutionary brigades from political violence to resource predation.⁴

Finally, mixed into the ranks of these revolutionary brigades were members of drug dealing and trafficking gangs active in the local market and a broad mix of other criminal actors, some of whom counted among the estimated 17,500 prisoners who escaped from Libya’s prisons when they were opened during the 2011 uprising.⁵ With access to weapons, and many gaining legitimacy by becoming quasi-state security actors, they were able to expand their criminal enterprises relatively unhindered.⁶

Thus, as central control over illicit trafficking routes and networks collapsed, localized conflicts erupted over control of smuggling activities and profits. Old players and new actors fought for control over illicit trade and, in some cases, fused. Absent top-level regime controls, which had influenced the nature and intensity of flows before 2011, activities expanded in every sense. Most important, the injection of arms into the hands of smugglers and the general population altered the nature of smuggling in Libya, infusing new levels of violence into the trade.



A Libyan police officer inspects a haul of the prescription drug tramadol seized from a shipping container in Tripoli on March 3, 2011. (Photo by Chris Helgren/Reuters)

Drug Flows and Illicit Trafficking

Stretching back to the late 1990s and early 2000s, Libya has been a transit zone and small market for drugs—most prominently for cannabis from Morocco. Before 2011, other drugs—including heroin and cocaine—had small, niche markets in Libya’s coastal cities but represented relatively small flows. After 2011, drug flows and local markets shifted significantly. Although Libyan authorities and smugglers tend to speak generally about “drugs,” a distinction must be made between illegal drugs and illicit flows of prescription medication. Discussion of drugs in this report refers broadly to substances controlled under the international drug control conventions. However, beyond those conventions, the illicit trafficking and nonmedical consumption of prescription drugs have experienced a huge uptick in Libya, mirroring broader global trends. Drug trafficking further intersects with other flows—both licit and

illicit—creating a hierarchy of illegal markets that continue to evolve alongside conflict dynamics.

ILLEGAL DRUG FLOWS

Understanding the intricacies of various illicit drug flows—cannabis, cocaine, ecstasy, amphetamines, and heroin—provides insight into who controls the market, which geographic areas serve as transit points and destinations for certain drugs, and how local actors intersect with external flows. (The main trafficking routes for these substances into and out of Libya are shown in map 1 on page 12.)

Cannabis

Blocks of cannabis resin from Morocco, transiting Libya to Egypt and onward to Europe through the Balkans, are Libya’s most steady traffic. Shipments tend to flow through southern Algeria, sometimes dipping into

northern Niger, and enter the country through the so-called Salvador Pass, where the borders of Libya, Algeria, and Niger converge in an ungoverned stretch of desert (see figure 1). Most major shipments transit through or around the southern cities of Sebha, Ubari, Murzuq, and a constellation of smaller towns and farmlands in their surrounds. These are used as storage hubs and logistics centers for illicit flows of all kinds.

Weakened state control has allowed cannabis flows to surge in Libya today. As a Tuareg tribe member from Ghat who had family in the smuggling business observed:

Before the revolution there was plenty of hashish movement. But there was political control before. You needed a sort of permission from Senussi [Gadhafi's former intelligence chief and brother-in-law] or someone like that. But now we are free to move. And the movement of hashish—like everything else—has gone up a lot. And the consumption is much higher too.

The largest consignments transit through southern Libya to Egypt directly along a number of established routes through the desert. These cross north of Kufra in southeastern Libya through transit hubs such as Tazirbu and Rebiana and onward into Egypt through a variety of crossing points. Transit is managed by smugglers from the Tebu or Tuareg tribes who guide and manage logistics for convoys of 4x4 vehicles through the desert terrain. Although flows occur all year, the largest consignments are usually between the end of winter and beginning of spring when conditions for movement through the desert are optimal.

Significant amounts of cannabis are also stored and trafficked to serve growing markets for hashish in Libya's towns and cities. In southwestern Libya, a market for hashish exists in Sebha and southern cities. These locales are also a staging ground for flows northward through Ash Shwayrif, Brak al-Shati, and Bani Walid to western coastal cities and towns. To meet demands in eastern Libya, hashish transits either to Benghazi and surrounds from Bani Walid or north to Tobruk

from southeastern Libya. Cannabis was the preserve of Libya's wealthier coastal cities before 2011. Now, however, hashish consumption in Libya is a sizable and growing market, with robust markets in the major coastal cities and steady markets in most other towns.

Coastal cannabis flows through Libya's seaports are also becoming more common. Some shipments transported from Morocco and Algeria enter the country by sea, primarily through the ports of Al-Khoms and Misrata in the west and Tobruk in the east. Habitual hashish smokers in Tripoli noted the addition of "Afghani" cannabis resin in their options for purchase over the past year and a growing availability of "Lebanese hashish" rumored to be laced with opium. "It comes from the sea and is a bit more expensive," one user noted. Informants indicated that this new flow enters the country via shipments from Turkey to Al-Khoms and other western ports and through Tobruk. Finally, some cannabis is grown on family farms outside of main cities, then dried and smoked mostly for personal use.

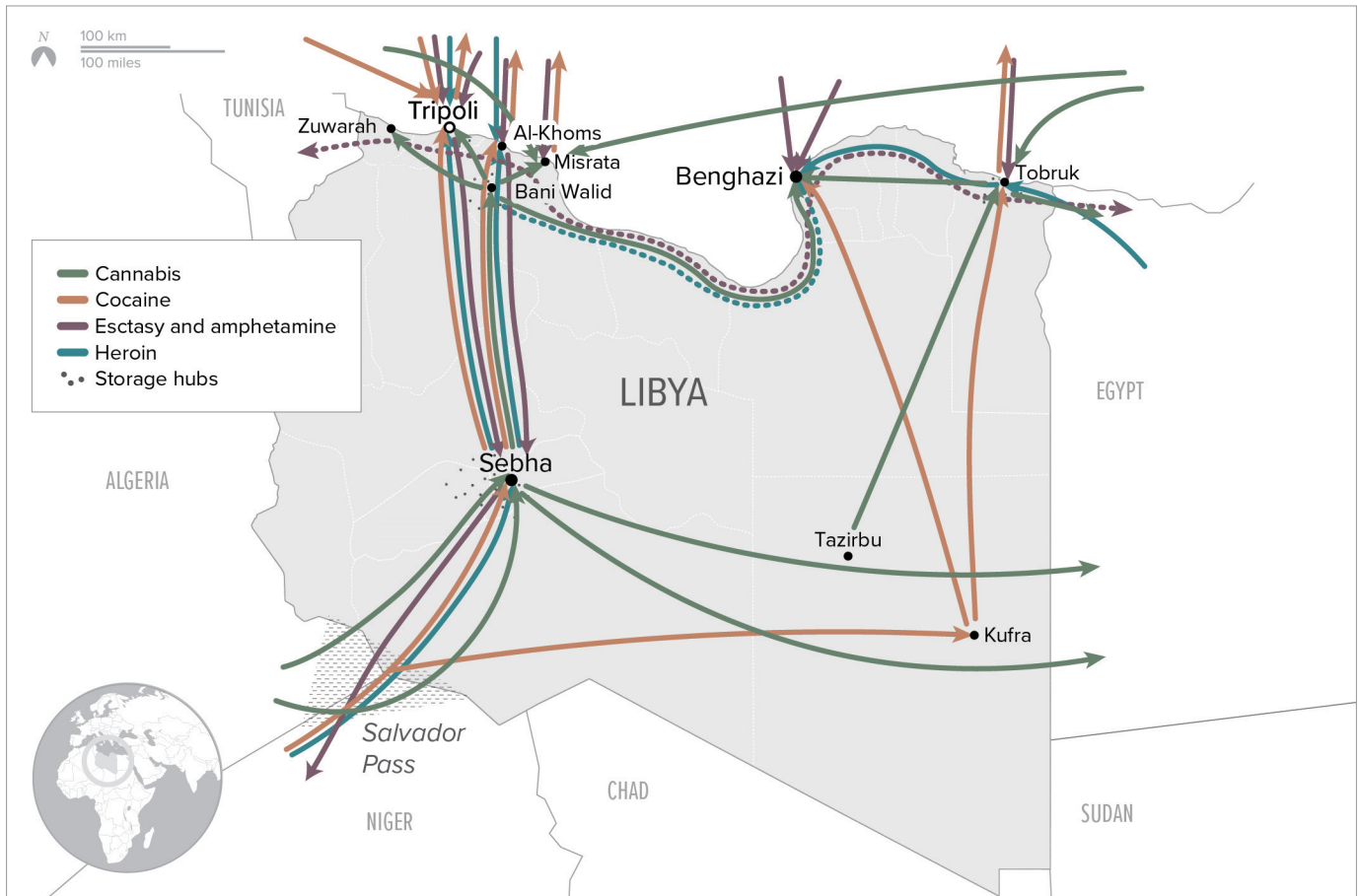
Locations including Al-Khoms, Bani Walid, and Tobruk increasingly serve as storage and staging hubs for repackaging and onward transport of hashish being smuggled for sale in Libya's coastal cities or directly to Europe. Regional organized crime specialist Mark Micallef posits that wealthy Libyan businessmen may be using these hubs to benefit from seasonal price fluctuations, purchasing cannabis at lower prices during the winter-spring transit season and storing it until prices are higher during low transit season. This aligns with observations from low-level smugglers with roots in Bani Walid, who observed that they often exploit the price differential in hashish when traveling back and forth to Tripoli, explaining that

a one kilogram block of hashish from the storage centers in Bani Walid is around 1,500 Libyan dinar (\$1,075). If you bring it to Tripoli, you can make 3,000 dinar (\$2,150). And that's just uncut. That's just the simple monkey business—easy money. If you get it cut, you'll make 9,000 to 11,000 dinar (\$6,450 to \$7,885). But we usually don't take that risk.⁷

Reference List of Drugs Commonly Consumed and Trafficked in Libya

Drug	Street names	Price range	Description and Use in Libya
Cannabis	Hashish, Gelub, Ajba	\$1.50–\$3 per 3 cm stick	Plant used as a psychoactive drug. Both medical and recreational purposes. Either harvested and dried (weed) or its resin extracted before being pressed and shaped into blocks (hashish). Rising numbers of users. Primarily smoked. Most is hashish from Morocco, some Afghani and Lebanese. Small amounts grown on family farms.
Tramadol	Trema, Trama	\$1.50–\$3 per 8-tablet strips	Potentially habit-forming opioid painkiller. Usual oral doses are 50 to 100 mg every 4 to 6 hours, maximum daily dose not to exceed 400 mg. A stimulant. Nonmedical use common globally. Euphoric effect at high doses, similar to nonmedical oxycodone. Associated with use during battle or checkpoint duty.
Clonazepam	Roge		Potentially habit-forming benzodiazepine. Used to relieve seizures, panic attacks, acute catatonic conditions, and restlessness by decreasing abnormal electrical brain activity. Marketed as Rivotril. Commonly used as an over-the-counter anti-anxiety treatment. Most common in pill form, but also available in liquid drops.
Ecstasy + “other pills”	Ecsta, the king’s pill, “See you in a week”	\$20–\$30 per pill	Hallucinogenic synthetic drug. Associated with young people. Occasional-use party drug. Known for potency and long-lasting high and disassociated state.
Trihexyphenidyl	Artane, Scaf		Targets symptoms of Parkinson’s disease, such as tremors, but can have hallucinogenic or euphoric effects. Use reported by combatants, particularly in Iraq, to alleviate stress from combat. Brand names include Artane and Tremen.
Zolpidem			Habit-forming sedative used to treat insomnia and anxiety. Various brand names, including Ambien, Ambien CR, Edluar, Intermezzo, and Zolpimist.
Cocaine	Coca, Samia	\$90–\$100 per gram	Addictive stimulant drug made from leaves of the coca plant. Consumption relatively low, mostly restricted to elites in larger cities.
Cough syrup + alcohol + soda	Purple drank, Purple haze		Combination of prescription strength cough medicine containing codeine and soda drinks. Produces a swooning euphoria and sedative effect. Generally mixed with alcohol.
Captagon			Central nervous system stimulant similar to an amphetamine. Originally the trade name of a pharmaceutical preparation containing fenethylline, a synthetic stimulant. Listed as a Schedule 2 psychotropic substance by the UN in 1986. Sales as a recreational drug continued into the 2000s. Market growing in Northern Africa.
Heroin	Herwina, al-Hera	\$45–\$68 per gram (30% purity), \$3–\$5 per gram (3% purity)	Opioid, usually injected. Can be chewed or smoked. Consumption low. Sold in larger cities. Purity and price varies significantly.
Inhalants and solvents			Huffing or inhaling solvents common among children and adolescents. Produces dizziness, relaxation, and hallucination, and loss of consciousness.

Sources: UNODC, *World Drug Report 2010*; *World Drug Report 2017*, booklet 3, 15; *World Drug Report 2018*, booklet 1, 7; Mark Shaw and Fiona Mangan, “Illicit Trafficking and Libya’s Transition: Profits and Losses,” Peaceworks report no. 96, USIP, February 2014; Natalie Tecimer, “The Dangerous Opioid from India,” *New Perspectives in Foreign Policy* no. 15 (Spring 2018); Drug Enforcement Administration, “Fenethylline and the Middle East: A Brief Summary,” DEA-03046, September 2003; European Monitoring Centre for Drugs and Drug Addiction, “Captagon: Understanding today’s Illicit Market,” 2018; Christian Nellesmann et al., ed., *World Atlas of Illicit Flows* (INTERPOL, RHIPTO, and Global Initiative, 2018); Council of the EU, “Regional Report for North Africa.”



Map 1. Main Illegal Drug Trafficking Routes

Map by Vita Obscura Design

This phase of work intersects with Libya’s now-infamous migrant flows. Once at its point of destination, cannabis is cut and distributed by operations that are owned by Libyans but whose day-to-day activities are often managed and run by migrants from sub-Saharan Africa who act as workers and cashiers. Many of these migrants are willing to take on the risk of involvement in the illicit drug trade because it pays better than the wages they can earn in construction, domestic work, or other jobs. For example, the Gragsha section of Tripoli’s Gargaresh neighborhood—well-known for its warrens of small houses containing drug stores, cutting rooms, alcohol vendors, and prostitution—was raided in 2017, resulting in the arrest of numerous lower-level African migrant workers. Distribution then reverts back to Libyan hands, mostly carried out by low-level Libyan dealers and friend networks,

“as most Libyans would not buy from an African,” one user and occasional low-level dealer explained.

Cocaine

Cocaine flows through Libya tend to be less frequent but move in large, heavily guarded convoys separate from other drug and illicit trafficking flows. In contrast to cannabis and pharmaceutical drug shipments, which often pass through numerous sets of hands as they are sold up the value chain, cocaine tends to move in consignments controlled from its point of origin. These flows originate in Latin America, and transit via sea or air to West Africa, where they move through the Sahel and into Libya (see figure 2). In Libya, transport is seasonal, toward the end of winter and beginning of spring. Interviews with communities involved in

Once at its point of destination, cannabis is cut and distributed by operations that are owned by Libyans but whose day-to-day activities are often managed and run by migrants from sub-Saharan Africa who act as workers and cashiers.

smuggling in southern Libya, and other researchers, revealed that communities, other smugglers, and militias are paid to remain off the routes on key dates when such convoys are due. This allows convoys rapid, unencumbered progress through the desert to the coast, where shipments are then believed to be transported to mainland Europe. However, as conflict dynamics in southern Libya and banditry in northern Niger have made security arrangements less predictable, overland cocaine flows through Libya have dropped. Alternative routing involves use of coastal shipments from Latin America either to West Africa and onward via sea to North Africa and to Europe, or directly from Latin America to North Africa and onward.⁸

Before 2016, North Africa made up only 11 percent of cocaine seizures in Africa.⁹ Since then, however, based on seizures in 2016, cocaine quantities increased sixfold, and about 69 percent of the continent's seized cocaine is now found in North Africa.¹⁰ Many believe this indicates a growing maritime delivery network connecting flows from Latin America to West Africa and onward to Europe, through coastal shipments linking Morocco, Algeria, and Libya in North Africa.

Libya is solely a transit country for high-quality cocaine. There is little evidence to indicate that any significant amounts are peeled off to serve local markets. A very small flow, however, serves a nascent market of less-pure cocaine trafficked by West African migrants, who often smuggle small quantities to pay for transit through the Sahel and Libya to Europe.¹¹ A separate small-scale flow of high-quality cocaine purchased in Europe occasionally arrives with business and political travelers and their security teams. Consumption, rare as it is, is generally for personal use or use by close acquaintances.¹²

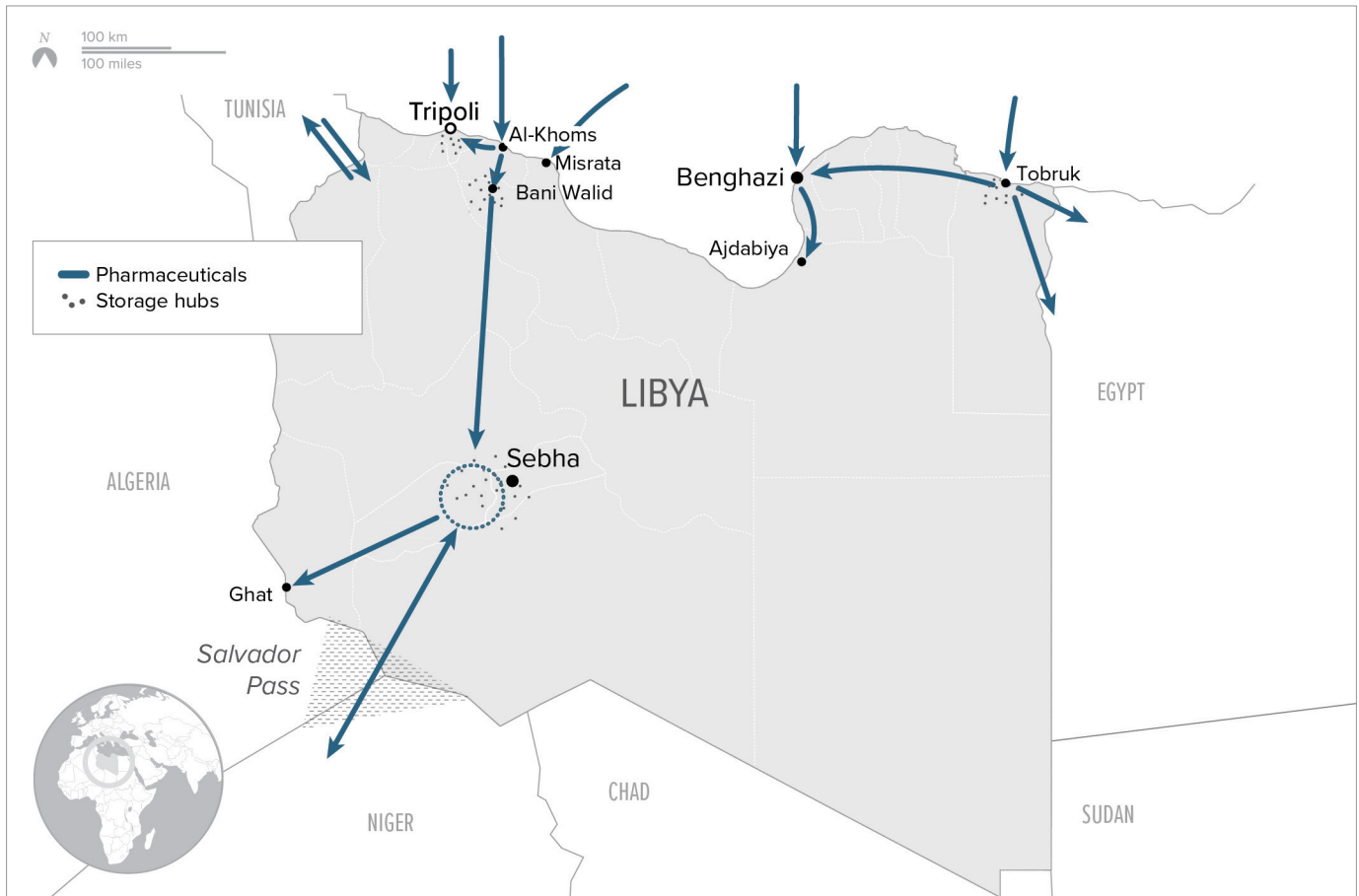
Ecstasy and Amphetamines

Libya is both a transit country and a small market for ecstasy and amphetamine-type stimulants. The primary transit route is through Libya's ports, and occasionally airports, from East and Southeast Asia moving east and west to Tunisia and Egypt, and southward toward larger markets for such products in West Africa. Small amounts serve a market for ecstasy in Libya's larger towns and coastal cities. Ecstasy shipments tend to be in smaller parcels or contained within shipments of other commodities and electrical goods, and travel alongside other licit and illicit trade on overland routes. Reports indicate that the ports of Tripoli, Al-Khoms, Misrata, Benghazi, and Tobruk are most relevant for this trade.¹³

Heroin

Libya had a confined but serious heroin problem in the late 1990s and early 2000s, as will be discussed later. Before 2006, the United Nations Office of Drugs and Crime (UNODC) assessed that heroin use in Libya was between 0.1 and 0.3 percent of the population.¹⁴ Currently, however, the market is quite limited. Interviews indicate that flows into and through the country are low. Heroin production is centered in Afghanistan. From there it travels through to India, and from India to East Africa and West Africa, from which it is transported up to North Africa.¹⁵ Heroin is also transported to the Middle East and then on to Egypt.¹⁶ In Libya, it is largely trafficked through Sebha or enters the country in small amounts from Egypt.¹⁷ Occasional shipments also enter the country from Europe via sea-ports, including Al-Khoms.¹⁸

In 2010, heroin production in Afghanistan declined slightly, reducing trafficking worldwide.¹⁹ By 2017, however, Afghanistan's production rebounded and reached record levels.²⁰ This has resulted in a global oversupply and increasing attempts by traffickers to target African



Map 2. Main Pharmaceutical Trafficking Routes
Map by Vita Obscura Design

countries as a potential growth market rather than just as transit states. This is clearly in evidence along the East African seaboard and merits broader caution continent-wide, particularly given surging opioid and prescription drug abuse and attendant risks for transition to heroin use.²¹

PHARMACEUTICAL SMUGGLING

Perhaps the most significant expansion in Libya’s drug market and transit flows is a booming business in pharmaceutical smuggling. Customs officials at Libya’s ports and airports report that they only occasionally open shipping containers, either for random inspection (when they receive a tip-off) or when paperwork raises concerns. Despite the infrequency of inspections, shipments of millions of pills have been seized regularly since 2012.

Two routes for pharmaceuticals exist in Libya, one coastal and one overland (see map 2). The vast majority comes into the country via its ports and, to a lesser extent, airports. These serve booming markets in all of Libya’s coastal cities and towns. Eastern flows also extend into Egypt, which has a massive market, and both out of and into Tunisia. Some consignments also move south to markets in southern cities. There the market mixes with pharmaceuticals smuggled from West Africa northward and through the Sebha area.²² According to one smuggler, a carton of tramadol strips can be acquired for €300 (\$340) in Nigeria and sold in Sebha for €4,500 (\$5,100).²³

Prescription medication is imported into Libya by a broad array of groups—from criminal gangs to business leaders to armed groups—all seeking profit from

a booming market. The role of pharmacies is important to highlight. The Ministry of Health provides oversight of Libya's pharmacies, which are supposed to request a written prescription from customers and record all prescription medication sales. In Libya, however, purchasing prescription medication without a prescription from a doctor occurs frequently and with ease, according to many interviewees. Low-level smugglers reported that many pharmacists supplement their income by importing black-market pharmaceuticals from Asia and selling them under the counter at their pharmacies. Some pharmacists are also involved in importing medication that they then sell to other black-market distributors.

Flows include enormous quantities of painkillers—most prominently tramadol, produced in India, Pakistan, and China—and psychiatric medication, sleeping pills, and others. Boxes of pills are often smuggled alongside and mixed with broader contraband flows. Larger quantities can travel in dedicated truckloads. Before 2011, the primary entry point for tramadol into North Africa was Egypt, where it served a large domestic market and was trafficked south through Africa and east into Gaza. Egyptian authorities clamped down on such trafficking in 2011 and 2012, a period that coincided with the collapse of Libya's security sector. This resulted in Egypt's large-scale illicit flows rapidly diverting course to Libya, a dynamic that remains in place.²⁴

A HIERARCHY OF ILLICIT MARKETS

The hierarchy of profit and strategic importance of illicit markets—weapons, drugs, and smuggling of subsidized goods—has evolved and shifted over time and has had important implications for conflict dynamics.

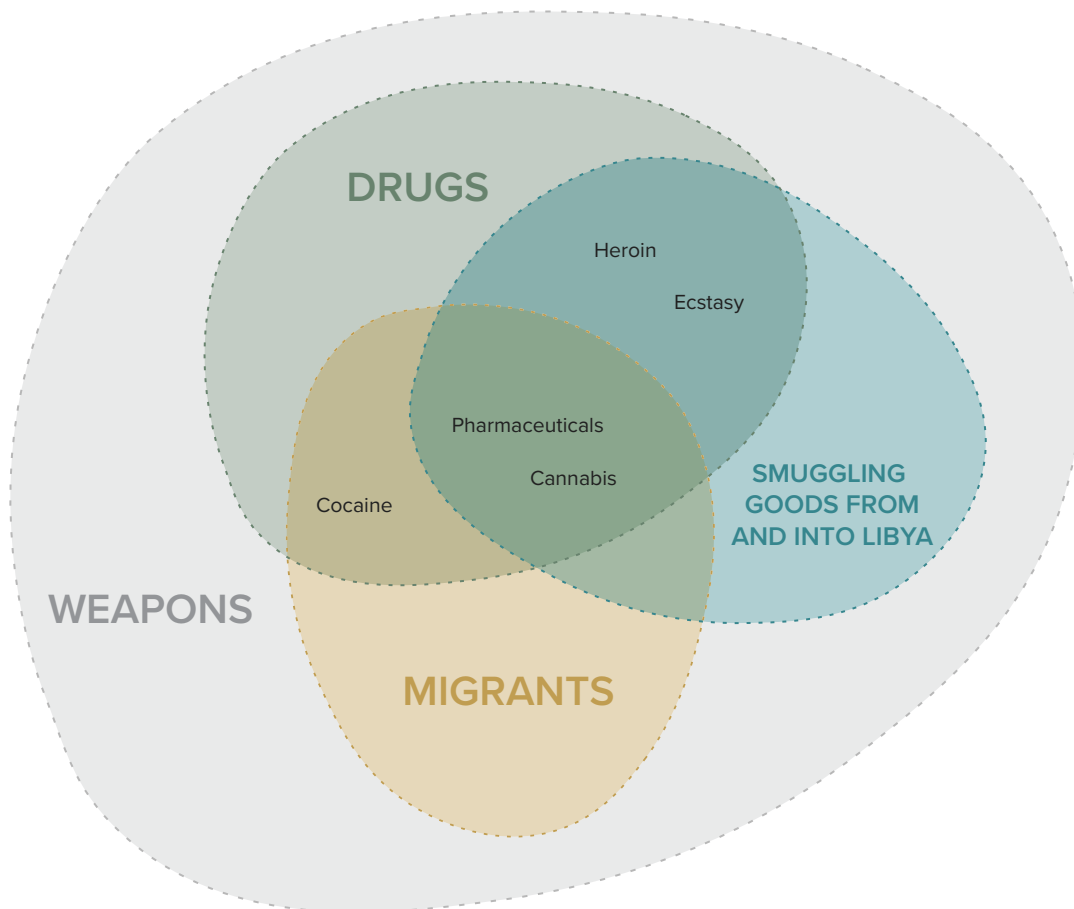
At the base of the hierarchy, smuggling in livestock, consumer goods, and subsidized goods is an economic mainstay of many communities along Libya's borders. Such goods include camels and other livestock, sugar, flour, rice, oil, manufactured goods, cigarettes, and cars. As the country has sunk into economic crisis in the years since the 2011 uprising, funding for goods

subsidized by the state has been lowered. This has affected ordinary Libyans and the smuggling economy alike, disrupting and reducing livelihoods.²⁵ Routes and modes of transport for this type of smuggling often overlap with drug smuggling, particularly pharmaceutical flows, smaller consignments of hashish, and the movement of migrants northward through Libya.

Fuel smuggling, which is also a category of subsidized goods in Libya, should be considered separately given its status as a hugely profitable enterprise for both lower-level land-border smugglers and larger-scale diesel smugglers. Specialized fuel smuggling is a top-level criminal activity garnering millions of dollars per year for the militia leaders involved. One long-established route runs between the western towns of Zawiyah and Zuwarah and Malta, Spain, Italy, Greece, and Turkey, exiting Libya carrying fuel and returning with alcohol and an array of other goods, and involving Libyan groups, Sicilian mafia, and others, including groups under the internationally recognized Government of National Accord.²⁶ In eastern Libya, Field Marshal Khalifa Haftar's Libyan Arab Armed Forces and associated armed groups are involved.²⁷ Targeted Italian law enforcement operations since 2017 have had some effect in reducing large-scale fuel smuggling, particularly from western Libya.²⁸

Several overlaps between drug and human smuggling flows are clear. Pharmaceutical drugs and small consignments of cannabis often travel alongside migrants in packed 4x4 cars and trucks. Further, migrants occasionally carry small amounts of cocaine or other drugs to pay for their journey. USIP's 2012–13 study placed migrant smuggling on the next rung of the hierarchy of trafficked commodities; the migrant crisis in intervening years and responses to it have shifted the situation significantly. Although the country had long been both a destination for migrants and a launch point for travel to Europe, migrant smuggling and trafficking surged as Gadhafi-era controls dissipated and militia dynamics entered the picture.²⁹ Wealthier migrants fleeing

Figure 6. Shifting Intersections and Hierarchy of Trafficked Commodities



violence in Syria and Iraq also injected new levels of profit alongside steady flows from sub-Saharan Africa. Libya became the focus of attention as the so-called central Mediterranean route to Europe.³⁰

Efforts to stem migrant flows—particularly by the European Union and Italy—initially further commodified migrants by engaging with Libyan security and migrant detention agencies, many with significant militia involvement, known records of abuse, and a track record of extorting migrants.³¹ In response to pressure by the EU to stem the northward movement, Libya’s southern neighbor Niger introduced a law in 2015 criminalizing human smuggling across borders and restricting the transport of non-Nigerien migrants in border areas. Research indicates that this has driven migrant smugglers into

closer association with more illicit trafficking networks.³² These elements have also driven up the profit, risks, and strategic importance of human smuggling within Libya’s hierarchy, placing it on par with or above many types of drug smuggling. However, the tide began to turn in 2017 and 2018 when UN sanctions on six top human smugglers, combined with international and domestic efforts to curb flows, saw many militia groups reduce or abandon activities in this sphere.³³

Interestingly, around the same time that human and fuel smuggling activities decreased, Italian law enforcement began to detect an increase in coastal drug movements centered on Libya, indicating a transition to an expansion of activities in a different illicit market as the environment for human and fuel smuggling hardened. As Mark Micallef

observes, “This is not to say that the decline of sea bound fuel smuggling and human smuggling created a coastal drug trafficking industry. . . . But the sudden collapse of these enterprises . . . was a catalyst for the intensification of narcotics shipping along [Libya’s] west coast.”³⁴

Drug trafficking itself spans the middle of the hierarchy, splitting into flows of varying value and levels of protection—from highly insulated, occasional, high-value consignments of cocaine to boxes of pharmaceutical drugs loaded on trucks alongside other goods. Drug trafficking overlaps and intertwines with almost all other flows in Libya’s complex illicit economy.

Finally, weapons trafficking sits atop and influences all other flows in and through the country. Although flows have slowed from their peak, Libya remains a vibrant market for arms and a transit country. Between 2011 and 2013, vast stockpiles of heavy weapons closely held during the Gadhafi era spread through the country, outward to Syria and down through the Sahel and across Africa. Downturns in trafficking of Gadhafi-era small arms and heavy weapons began in 2014, aligning with increased domestic volatility that reduced the willingness of armed groups to part with their arsenals. Export of heavy weapons has now almost entirely ceased. Indeed, from mid-2014 on, different groups around the country have sought to acquire more arms and especially ammunition.³⁵ The import market is vibrant for small arms—assault rifles, pump-action shotguns, and pistols, including blank firing pistols imported from Turkey and converted to fire live rounds.³⁶ Since conflict intensified with the launch of Haftar’s campaign against western Libya and Tripoli in April 2019, conflict parties have received fresh injections of arms—including heavy weapons and even mercenary forces—from international backers who have increased their military support for Libya’s warring factions, especially since the beginning of 2020.

Most important in this discussion, the injection of arms has transformed smuggling and illicit trafficking in Libya. Before 2011, protection for smugglers emanated from payoffs and connections with the central state administration. Smugglers were rarely armed. Conversations with smugglers in 2013 revealed major changes: trafficking was evolving based on increasingly violent competition between localized armed groups and tribes vying for control along trafficking routes and in smuggling hubs across the country. This trend continues. The spread of arms has transformed smuggling and as a result Libya now houses a lively market for protection. Additionally, flows of Libyan arms southward across the Sahel have injected similar dynamics in Niger, Mali, and farther afield.³⁷ Absent the controls of a central state, a number of protection economies have developed. How protection overlaps with different types of drug trafficking is illustrative:

- **Direct protection.** Hashish smuggled through Libya’s southern desert to Egypt moves under the protection of tribal smuggling guides who, given their control and knowledge of desert routes, directly run smuggling activities. They are paid for their protection and for guiding convoys.
- **Taxation for safe passage.** Lorries and 4x4s loaded with smuggled pharmaceuticals may bribe or pay a fee to armed groups dominant in a given town or along a smuggling route for safe passage through a particular area.
- **Extortion.** Smugglers and businesses in Libya may enter into an agreement with authorities and militias “providing security” at a key port or airport to arrange for the secure inbound or outbound flow of consignments of drugs and the assurance that their containers will not be searched.³⁸

Drug Use, Addiction, and Treatment

Getting an accurate picture of drug use, addiction, and treatment in Libya both before and after 2011 is important to understanding trends in drug consumption. Nevertheless, gathering such information is challenging. The government under Gadhafi paid little attention to monitoring, treating, or combating drug addiction. Whatever data was gathered was rarely accessible, and research on the topic was generally not welcomed. Additionally, Libya's relatively closed, conservative society has meant that addiction is often hidden behind closed doors and dealt with from within the family or tribe. As the UNODC observed in 2013, "Under Gadhafi, Libya's drug problem was largely ignored. Now we're starting from scratch trying to pull together hospital records and data from prisons but so far it's been impossible to get a handle on the situation."³⁹ A number of addiction specialists noted that hospitals and clinics often went out of their way to avoid recording medical data about addiction, given concerns over associated stigma and also a sense that data stored was vulnerable to use by the administration. For example, a patient admitted with severe addiction-related health concerns might be recorded as suffering from kidney failure without mention of the cause.

BEFORE 2011

Although information is limited, research interviews and data suggest that drug use was prevalent under the Gadhafi regime and has increased since the uprising. The few related public estimates are linked to research on HIV rates, a body of work that gained prominence following the largest purported hospital outbreak of HIV in 1998 in Libya. The case garnered significant international

attention because it resulted in the arrest and nine-year detention of six international health workers implicated in the scandal.⁴⁰ Interviews with current and former drug treatment specialists, psychiatrists, psychologists, health workers, and former addicts revealed concerning patterns of drug use. One treatment professional observed that "the drug problem in Libya was not clear until the addiction treatment department was opened at the psychiatric hospital in Tripoli in 1992. They had anticipated alcohol or cannabis abuse cases, but everyone was surprised that 90 percent of cases sought voluntary treatment for heroin addiction." A number of studies in the late 1990s and early 2000s focused on soaring HIV infection rates of 87 percent among people who were injecting drugs in Tripoli—the highest rate recorded globally.⁴¹ Medical research conducted in 2010 revealed that high rates of HIV infection may have resulted from logistical and cultural taboos that made getting clean needles particularly challenging. The study noted that

[85%] of PWID [people who inject drugs] reported having shared needles in the past, 29% in the past month, and 18% at last injection. More than a third of all PWID reported having shared drugs in a high equipment sharing situation (ie, shooting galleries, prison, or as injection by a dealer) in the past month.⁴²

In the mid-1990s, the Irada Clinic at Benghazi Psychiatric Hospital opened and witnessed a similar influx of injecting drug users with high rates of HIV/AIDS and Hepatitis B and C infection, many of them residents of Tripoli and western regions. In 2000, the General Directorate for Drug Control opened the Center for the Care, Treatment and Rehabilitation of Drug Addicts in Tripoli's



People wait for prescriptions to be filled at a pharmacy in Tripoli's Al-Khadra Hospital on January 8, 2020. Many pharmacists supplement their income by importing black-market pharmaceuticals and selling them under the counter. (Photo by Mahmud Turkia/AFP/Getty)

Tajoura neighborhood, offering more comprehensive psychological support, access to social workers, and job-training programs. The government also launched education campaigns centered around intravenous drug use and the HIV/AIDS outbreak to some effect. Observations by treatment specialists and medical researchers both reinforce the view that heroin use has fallen in Libya and continues to be relatively low.⁴³

More broadly, recreational drug use was not uncommon, particularly smoking hashish, but remained a relatively hidden activity mostly engaged in by young men. Nonmedical prescription drug use was also present, mostly under-the-counter painkillers, antidepressants and anti-anxiety medication such as Clonazepam, known as *roge*. A small market for cocaine, ecstasy, and other “party drugs” existed, mostly for occasional use by more wealthy and liberal groups in larger cities.

AFTER 2011

Almost all interviewees agreed that Libya has seen a marked increase in drug use in the nine years since the 2011 uprising. The reasons and nature of use are manifold. First, as discussed, once administration controls over smuggling collapsed, activity along established trafficking routes surged. Second, with security in flux, the purchase, sale, and use of drugs became less risky. As one young person explained,

Smoking hashish has gone way up. It's more accessible. Before you needed to be linked to that kind of circle. But now you can sometimes even smell it in the streets. . . . You'd be surprised by how many and who take drugs now. Women, old and young. Culturally things are shifting a bit.

The results of two focus groups on drug use conducted with male and female youth groups in Tripoli—though

by no means scientific—illustrate broader trends gathered from other interviews with drug users

Drug use among young people has increased but much of it remains within the frame of experimentation. Middle-class Libyan youth described parties on family farms or in friends' houses, weighed the benefits of smuggled Absolut vodka versus homemade alcohol, and discussed smoking joints, popping occasional ecstasy pills (if someone gets their hands on them), and even imbibing “purple drank,” a mixture of prescription cough medicine, codeine, alcohol, and Sprite soda. “It’s all sort of trendy: using drugs, drinking alcohol, even being gay. But heroin, cocaine, and pills . . . with my friends that’s a big no-no.”

However, a darker side of drug use—creeping dependence and addiction—is increasingly notable as well. Addiction specialists report shifting dynamics in patient profiles. Although the dominant category of addicts is still young men ages eighteen to forty, increases are significant among women and much younger patients, notably children of middle-school and high-school age. Children as young as ten or twelve are accessing tramadol, easily purchased alongside sweets and cellphone credit from small shops in most cities for two to three dinar (\$1.50 to \$2) or less per strip of pills. For women, addiction often begins with self-medication. One younger woman explained that “taboos around mental health persist, so there’s a lot of self-diagnosis and a lot of people start taking things through that route.” Anti-anxiety medication, sleeping pills, and painkillers are pervasive among female users, mostly purchased under the counter from pharmacies or quietly shared among friends.

Militia groups and conflict actors are another significant group of habitual drug users. The prescription painkiller tramadol, and to a lesser extent the stimulant Captagon, are popular. Cheap and easily attainable, they ease pain, act as a stimulant, and, in large doses, produce a euphoric effect that many fighters

believe increases energy and bravery. Militias report using tramadol to stay alert and stave off anxiety while manning checkpoints and on the frontlines of Libya’s frequent outbursts of violent conflict. Although some interviewees reported that “all fighters take it [tramadol] and some militias even import it so that commanders give it out to control them,” in reality, distribution and consumption is more likely rooted in the rank and file. As one militia-associated youth put it,

Each militia is really just a group of friends. And in all groups, you have the bad friend . . . the one who knows how to get things. Most of it [drug use] is not supported from above, because the heads are Islamic. But there’s no doubt that the dealers are always active on the frontlines.

A wide array of drugs other than tramadol are popular within militia circles. Hashish and alcohol consumption are common, as well as many prescription drugs, including an anti-tremor medication used to treat Parkinson’s disease known in Libya by its brand name Artane (trihexyphenidyl), Clonazepam, and sleeping pills.

TRAUMA AND DRUG USE

The conflict dynamics that have marked the country since the 2011 uprising have reshaped drug consumption. Running through the different strands of drug use in Libya are clear markers of trauma: children raised in conflict, women suffering from depression and anxiety, and youth self-medicating to cope with pain, to feel brave, to relax, to sleep, to escape. For one psychosocial support worker, the effects of progressive waves of conflict on the population over nine years is clear:

People don’t smile anymore. People are living with tension. They are quick to anger and drug use is just one coping mechanism. Violence has increased in schools. Domestic violence is up. We don’t sleep so many nights and we ask our kids to stay ready in case we need to leave because of fighting. . . . And the things these young men have seen and done. We’ve treated former fighters, raped women, raped men, tortured people. . . . And that was just the start after the conflict.

TRAMADOL IN AFRICA

A Lesser-Known Opioid Epidemic?

“Tramadol is something we had barely heard about before the revolution. Back then it was just hashish. Now it’s everywhere.”

Tramadol is a potentially habit-forming opioid painkiller used to treat moderate to severe pain.^a It is a stimulant, allowing people to feel high-functioning, and when taken in large doses can produce a euphoric effect. Unlike Captagon—another pharmaceutical drug synonymous with use in conflict zones such as Iraq and Syria but banned in the 1980s—tramadol is appealing because it lacks regulation, so production is cheap.^b

Theories about how tramadol use was introduced in Libya are numerous. Some assert that youth who fought in the 2011 uprising were given opioid painkillers as a course of treatment for their injuries and became addicted. Others note that Egyptian migrant laborers have long used tramadol to self-medicate for pain, introducing the trend to Libya before 2011. Many espouse conspiracy theories of how Gadhafi and his loyalists intentionally flooded the country with pills to sabotage revolutionary dreams. In reality, the reasons people initially take tramadol are likely varied—much like opioid addiction in the United States or anywhere else: for some, it might be after an injury or medical procedure, for others, recreational drug use with friends, or recommended by a colleague for aches and pains. Addiction to tramadol and other opioid painkillers, like other nonmedical prescription drug use, can be insidious because many view prescription medicines as safer or less nefarious than scheduled substances, but addiction can be rapid. As one study notes, “Particularly in countries whose legislative systems are based on Islamic notions of justice with an injunction against psychoactive substances and where public codes of morality tend to condemn ‘intoxication’ as ‘haram’ or unacceptable, an opportunity opens up for moderately powerful substances that come with a medical alibi.”^c

Libya’s sharp rise in tramadol trafficking and use is part of a larger regional trend. The UN Office of Drugs and Crime has repeatedly drawn attention to “epidemic proportions” of nonmedical use of prescription drugs in recent editions of its annual *World Drug Report*. The 2018 edition observes that although “the opioid crisis in North America is rightly getting attention. . . . However, we need to raise the alarm about addiction to tramadol, rates of which are soaring in parts of Africa.”^d Yet many question what policy solutions should be undertaken to address this complex problem, noting that tighter regulation may reduce access to one of the few cheap, accessible analgesics on a continent where a significant proportion of the population remain underserved by medical care and pain management.^e

Notes

- a. Mark Shaw and Fiona Mangan, “Illicit Trafficking and Libya’s Transition: Profits and Losses,” Peaceworks report no. 96, USIP, February 2014, 13.
- b. Kwasi Gyamfi Asiedu, “There’s an opioid abuse problem unfolding in African cities and it’s not getting the attention it needs,” *Quartz Africa*, March 16, 2018.
- c. Axel Klein, “Drug Problem or Medicrime? Distribution and Use of Falsified Tramadol Medication in Egypt and West Africa,” *Journal of Illicit Economies and Development* 1, no. 1 (January 14, 2019): 52–62.
- d. UNODC, *World Drug Report 2018*, booklet 1.
- e. Ernest Yorke et al., “Tramadol: A Valuable Treatment for Pain in Ghana and Nigeria,” *Current Medical Research and Opinion* 35, no. 5 (May 4, 2019): 777–84.

“Emptiness is a killer,” a security officer in Ubari observed, capturing a pervasive sense of hopelessness that echoed through all interviews and feeds drug use and addiction cycles in Libya, from middle-class kids experimenting on a weekend evening, to fearful parents worrying about safety and their children’s futures, to adrenaline-filled fighters who find it hard to relax or sleep. The highs of Libya’s so-called revolution have been replaced by the lows of protracted conflict. War has reduced already limited job prospects and positive recreational outlets are few in Libya. A young female NGO worker in Tripoli noted that, in her view,

No one cares about education now. If you graduate it’s not like there are any jobs, so everyone is dropping out and joining in smuggling or joining a militia to at least get a salary. . . . [or] a sense of belonging. And then many of them get into drugs there. The youth here, we’re a ticking time bomb. In the past eight years no one has cared about this generation and what they’ve seen. It’s a time bomb and it will explode.

TREATMENT OPTIONS

As described, a limited set of drug treatment facilities provided care prior to the uprising. These included the Ziad unit at Tripoli’s Al Razi Psychiatric Hospital, Irada Clinic at Benghazi Psychiatric Hospital, and the General Directorate for Drug Control Center for the Care, Treatment and Rehabilitation of Drug Addicts in Tripoli’s Tajoura neighborhood, which had a criminal justice component. After the uprising, the limited support systems for drug addiction crumbled: any drug outreach and education programs that operated under the regime expired, and few were reopened.

Numerous private clinics have either opened or expanded drug treatment services in the main population centers, reporting and responding to an increase in community members seeking treatment for addiction. Psychiatrists and psychologists interviewed also note a long-standing trend among wealthier families—sending relatives abroad to private clinics, most commonly in Egypt and Tunisia. However, these options are generally the preserve of middle-income and wealthier

classes, and those that catch addiction early, before the system catches them. For those who cannot afford to go abroad, private clinics offer an alternative to the collapsed public system and thus some discretion for patients. Treatment is paid for privately by patients or family members.

Criminal Justice

For drug users who come in conflict with the law, treatment options within the official criminal justice system are scant. According to interviewed prison leaders, because the Tajoura center is no longer operating, the trend in drug-dependent detainees within general prison settings is moving upward. As Libya’s medical sector struggles to care for its population, prison clinics are in short supply of medication, equipment, and personnel.⁴⁴ Some clinics are of course significantly better equipped than others, but none are staffed with addiction specialists. During a 2017 visit to Tobruk prison, a particularly resource-limited facility, the director revealed that he was using cramped isolation cells to house inmates in withdrawal and treating them with antibiotics and milk. The facility has no clinic and no medical staff. The director acknowledged the treatment was inappropriate but noted that he was doing his best and had no other recourse or support options.

Militia Involvement

In the absence of a coherent government response to growing rates of drug use and addiction, militia groups have asserted a new role for themselves—drug treatment and policing. A number of armed groups associated with the Ministry of Interior observed a growing problem with youth drug addiction and intervened.

The Special Deterrence Force (SDF), or Rada, runs a correctional center alongside its detention facility on Mitiga Airbase in Tripoli. Individuals are arrested and detained if caught with quantities of drugs or alcohol, informed upon, or caught using or dealing. Other “moral infractions” dealt with by the facility include homosexuality, political activism, or social activism.


Another subset of detainees or patients are committed to the center by family either voluntarily or following pressure from community members or armed groups. Interviewees observed that detainees have their heads shaved, receive religious instruction, get individual and group therapy, and can participate in exercise activities and vocational skills training courses. A staff member reported in an interview that they have different punishments for different concerns, giving the example that a youth might receive six months for drug consumption but be held for longer if selling drugs. He contended that community members felt that it was necessary and were grateful to the group's leader, Abdul Raouf Kara, for providing an option for them in the face of increased drug consumption and insecurity, which has driven families and parents to desperate measures in seeking to control their children. However, former Mitiga detainees, their family, and their friends report that the SDF uses fear, intimidation, and physical violence. Others note that the period of detention is often determined by a person's connections, wealth, and so on. The SDF is also prominently involved in drug, alcohol, and organized crime raids in Tripoli.

In Misrata, the Anti-Crime Unit, an armed entity associated with the Libyan National Police Criminal

Investigation Department, runs a drug treatment facility set up in 2015 that professes to hold more than six hundred patients from across Libya. It is 90 percent privately funded "because the Ministry of Health is incapable of providing treatment or protecting their hospitals." Another Misratan detention center, Al Huda prison, is known to voluntarily accept addicts as well as detainees being processed by the criminal justice system. Although associated with the Ministry of Justice, Al Huda is significantly influenced by an armed group associated with the Judicial Police. The facility provides medical and psychiatric treatment to addicts in its care.

The groups operating these facilities are guided by Islamic Madkhali-Salafi teaching and principles—a growing trend in Libya's security sector.⁴⁵ Interviews indicate that many believe that a good-faith effort to respond to soaring drug use, particularly among Libya's youth, lies at the core of these interventions. However, such facilities are run by security staff associated with the Ministries of Interior and Justice and have only a limited number of medical doctors, addiction specialists, and psychologists. None of the facilities has any association or supervision from the Ministry of Health or any other appropriate government agency.

Drugs, Organized Crime, and Conflict



Drug trafficking and increasingly embedded organized crime both fuel and sustain conflict, whether directly or indirectly.

USE ON THE FRONTLINES

Video images captured from the frontlines of Libya's latest large-scale conflict, which began in the spring of 2019, show intoxicated young men indiscriminately shelling and operating vehicles mounted with machine guns or anti-aircraft weapons known as *technicals*.⁴⁶ The images vividly illustrated the drug use described during interviews with militia-associated users and psychosocial support specialists who underlined the very direct role of drugs in fueling violent confrontations and violence. One psychologist observed that militia members they interact with discuss their need for a sense of removal: "I believe that deep in their minds they don't want to kill. Many confrontations are just a show of power. They shoot in the sky. But in real conflict situations, it [drug use] takes them out of themselves." Militia-associated youth, meanwhile, describe drug use as commonplace: "Yes, in war, on the frontlines, we use pills to get high—to fight more. It gets us out of our heads. And there's a mix that comes . . . the adrenaline and the highness."

IMPACT ON JUSTICE AND SECURITY SECTOR

The impact of trafficking, smuggling, and use of drugs has been particularly corrosive to the justice and security sector. The vast wealth extracted from trafficking and smuggling has empowered militia groups and denigrated efforts for reform or strategies to tackle associated criminal dynamics.

A number of decisions and dynamics make this situation particularly acute in Libya. Gadhafi's use of border agencies and law enforcement to control trafficking and smuggling institutionalized predation and patronage in the security sector. Key officials, tribes, families, and institutions were carefully placed in positions around the country, preferring some over others and granting them access to local control and bribes. Thus, when the 2011 uprising upset local power balances, the strategic value of institutional positioning was not lost on Libya's revolutionaries and political power brokers.

When the decision was made to integrate revolutionary armed groups into the state security architecture, brigades across the country's towns and cities jockeyed for control over key security functions. Some brigades joined the Ministry of Justice, running the prisons and detention centers and court security and assuming responsibility for the enforcement of court rulings. Others joined the Ministry of Defense, securing borders and working on national security issues. Perhaps the largest group joined the Ministry of Interior, taking on policing-style functions, border security, and immigration controls. Although salaried and deputized by each ministry to carry out these functions, few were successfully integrated into central state command structures, instead tasked by brigade commanders according to localized interests. These groups have access to weapons, 4x4 vehicles, uniforms, salaries, and authority. Alongside these entities, the old structures of the police, border guards, and others remain present but are outgunned and outnumbered by their new colleagues.

The state has essentially provided Libya's armed groups with the seed money, equipment, and legitimacy to operate according to their interests—which for many has included participating in the illicit economy and drug trafficking, whether directly or indirectly. Having empowered these entities, it becomes very difficult to tip the balance of power back in favor of central state security forces.

Simultaneously, police, militia security providers, prosecutors, and judges report increased drug-related crime and insecurity. An ongoing security vacuum and widespread weapons ownership has led to a surge in criminality in Libya. Although reliable data on crime rates amid the current crisis in Libya is difficult to obtain, legal professionals, prison guards, and community members all echo concerns that criminality, and particularly youth and juvenile criminality, has significantly increased. This includes juvenile-on-juvenile crime, including murder, manslaughter, drug dealing and possession, theft, car accidents, and carjacking. USIP's research on juvenile detention in Libya revealed that with easy access to weapons, youthful playacting or rivalries now have the scope to quickly escalate beyond control with unintended consequences. According to prosecutors, involuntary manslaughter ("accidental murder," as it is known in Libya) is occurring at far higher rates than in the past, especially among youth and juveniles. A specialized juvenile prosecutor and lawyers interviewed regarding this dynamic referenced drug and alcohol consumption as a frequent contributing factor.

Organized crime is surging but judges, prosecutors, and lawyers note that tackling it is nearly impossible in the current climate. First, arresting smugglers and traffickers is extremely challenging because criminal gangs and militias linked with illicit activities are better armed than state security forces. Second, in rare instances that suspects are intercepted, it is often by armed groups associated with the Ministry of Interior who operate in policing roles. Prosecutors note the challenge of formally charging or trying such cases, given that militia security providers often fail to adhere to

correct police arrest procedures, pre-charge detention periods, criminal procedure codes, or laws of evidence. When cases proceed to trial, threats and kidnapping of judges, prosecutors, and their family members have bred an atmosphere of fear. Judicial Police—who are responsible for ensuring court security and transport of detainees to and from hearings—note that convoys transporting sensitive, high-profile, or tribe- or militia-associated detainees are vulnerable to threats or attacks. Courthouses have been attacked or surrounded by militias. Judges and judicial staff benefit from protection only when at their place of work, even when handling sensitive cases. They are thus vulnerable to violence, threats, and pressure. Additionally, judges also complain that Libya's criminal code, adopted in 1953, requires modernization to equip them to handle the evolving nature of organized crime. Finally, crime labs for processing evidence—including testing narcotics—are currently in a state of reduced function, and witness protection is all but impossible to guarantee.

The result is an environment of effective impunity in which only low-level actors risk rare intervention by law enforcement. For example, the SDF made a name for itself in Tripoli for being tough on crime and alcohol. In 2016 and 2017, the group conducted a number of high-profile raids on the Gragsha section of Tripoli's Gargaresh neighborhood that were successful in disrupting and reducing drug trafficking and distribution hubs in the area.⁴⁷ The raids targeted a number of senior figures and also resulted in the arrest of a significant number of lower-level African migrant workers. Many Tripoli residents hailed the raids as impressive. Those involved in the smuggling business remain skeptical, noting that it only temporarily affected flows. Activities that centered around Gragsha soon relocated to areas of Tajoura, Warshafana, and other Tripoli suburbs.

The growth in criminality and embedding of drug trade, combined with the state's inability to address it, is having a considerable impact on overall social stability and prospects for recovery.

TRIBES, TOWNS, AND TRAFFICKING

Much like in other parts of the globe, illicit trafficking in Libya relies on tightly knit organized criminal groups and smuggling networks, which have traditionally centered around families, tribes, and geographic zones of influence. Levels of violence between and within communities depend on numerous factors, including homogeneity or diversity of the local community, value of the smuggled commodities, and levels of political influence.

Examples abound. In Tobruk, near the Egyptian border, close ancestral relationships between the families of the Ubaidat and Awlad Ali combine with the dominance and homogeneity of the Ubaidat in political and security life of the town (and indeed across eastern Libya). These relationships are key to smooth illicit flows of drugs and other goods through many diverse crossing points along the border and the seaport.⁴⁸ On Libya's western coast, the town of Zuwarah is an important smuggling hub because of its proximity to the Tunisian border and, by sea, to Malta and Italy. As in Tobruk, the town's population is relatively homogeneous, composed of families from Libya's minority Amazigh community, allowing smuggling to proceed relatively smoothly with significant community-level control over what is smuggled and when.⁴⁹ By contrast, however, Zuwarah has experienced repeated low-level clashes with neighboring Arab communities—Rigdalín, Al-Jmail, and Zelten—which were empowered over Amazigh during the Gadhafi era, both as smugglers and in local law enforcement. As smuggling interests have rebalanced since 2011, smugglers and rival youth from these border towns have often clashed in the town's periphery.⁵⁰

Perhaps nowhere have localized tribal and familial conflicts over smuggling and control of economic resources been more frequent and intense than in Libya's southern Fezzan region. Its vast desert terrain is traversed by smuggling routes that are the main arteries for much of Libya's most lucrative licit and illicit trade flows. Dotted with a number of towns, these routes are centers of commerce, storage hubs, and

logistical bases for operations. Here, long-standing cultural reliance on smuggling is even more pronounced, and employment opportunities in the legitimate economy are more scarce than in Libya's coastal cities. Profit margins are high and the stakes for exclusion therefore even higher. Numerous tribes mix in larger cities, such as Sebha and Kufra. In smaller cities and towns, composition is also mixed but tends to reflect a historic dominance and perceived ownership by different tribes and families. In Sebha, the capital of the south, and the towns of Murzuq, Ubari, and Kufra, complex conflicts over the smuggling trade and political control have played out between a multitude of groups, most prominently the Gadadfa, Awlad Suleiman, Tuareg, Tebu, and Zwai.

The role of the Tuareg and Tebu tribes in drug smuggling is particularly pertinent. "In any movement of trade [in the south], you must use Tuareg or Tebu. They are the owners of the area," a community member from Ghat explained. Both communities are traditionally nomadic, living in Libya and straddling borders for centuries, playing a key role in guiding and transporting goods through the desert. The Tuareg presence centers on the Algerian border, and is most concentrated in Sebha, Ubari, Ghat, Awal, and Dirj. Tebu communities, on the other hand, line the border with Chad and Niger, concentrated in Kufra, Rebyanah, Murzuq, Um Al Aranib, Qatrun, and Sebha. Both are minority communities that had complex relationships with the former administration, were marginalized, and were used as instruments to benefit Gadhafi. Before the uprising, an understanding between the communities had maintained peace for more than a century, given that families from both tribes profited from licit and illicit trade.⁵¹ After it, that truce collapsed, and the delicate balance between tribes was altered by changes in political providence, access to weaponry, and the upending of Gadhafi-era controls over smuggling. "In the Libyan south, desert communities saw their fortunes rise or fall after the 2011 uprising," writes Rebecca Murray, a journalist and expert on Libya's south.⁵²

Drug trafficking and smuggling dynamics contribute to inter- and intra-community violence at a local level across Libya, with violent confrontations between rival towns, tribes, and families a regular occurrence.

During the uprising, the Tebu and Tuareg largely sided with Gadhafi, but the Tebu sensed the tide turning and switched sides. Finding themselves on the winning side, the Tebu strategically deployed their brigades to acquire control over key economic assets such as oil fields and the southern border.

The Tuareg and Tebu both smuggled drugs (mainly cannabis) during the latter part of the Gadhafi era. The Tuareg had the upper hand given their strategic positioning and familial bonds straddling the Algerian border, where the dominant hashish flows enter Libya from Morocco. After 2011, the Tebu significantly increased their involvement in drug trafficking, emboldened by dominance on key routes and increased access to weapons and 4x4 vehicles.⁵³ This displaced some more-established Tuareg smugglers and much reduced their operations. Some engaged in banditry, pressed by income loss and as a form of retaliation. The balance of Libya's age-old desert truce upset, skirmishes between the Tuareg and Tebu spilled from desert routes into cities and towns in the south. In Ubari, hundreds were killed and many displaced by waves of violent conflict. In Sebha, the Tebu have repeatedly clashed with Tuareg and other tribes, most prominently with the Awlad Suleiman. In Kufra, in the southeast, conflict between Tebu, Zwai, and other Arab tribes has erupted regularly since 2011. Camille Schyns of the European Institute of Peace has observed that research interviews indicate that violence in Kufra is often heightened when seasonal drug flows are at their peak. Conflict and competition within tribes has also increased. Once tight social controls over youth have frayed, and conflict between different families and growing factionalized militias has further contributed to complicated inter- and intra-community violence.⁵⁴

Although the many layers of conflict and tribal discord in Libya's south cannot be explained by competition

over smuggling alone, it is a key driver of insecurity, and the increased prominence of illicit drug trafficking is an important factor.⁵⁵ The injection of high-value flows of cocaine and regular large-scale flows of pharmaceuticals, along with increased quantities of cannabis, have upped the risks, rewards, and competition for engagement in the drug trade.

Drug trafficking and smuggling dynamics contribute to inter- and intra-community violence at a local level across Libya, with violent confrontations between rival towns, tribes, and families a regular occurrence. Although they are often overlaid with political overtures of the moment, in many cases economic motivations lie at their core. These outbursts of localized violence are destabilizing to community relations and disruptive to daily life.

UNDERCUTTING PEACE PROCESSES AND STATE CONSOLIDATION

The role of organized crime in conflict and postconflict settings is increasingly acknowledged in the peacebuilding and statebuilding literature. Drug trafficking and organized crime, once understood as the domain of specialized criminal organizations, is more and more recognized as a funder and driver of conflict. Further, recognition is growing that organized crime has itself become a dynamic actor in postconflict settings.⁵⁶

The scale of profits generated from drug trafficking render it particularly insidious in corrupting local- and national-level politics and security institutions. (Such institutions are even more susceptible to infiltration when in a nascent stage.) As networks further embed and a local market for consumption continues to grow, so do the long-term challenges of restoring political processes and a functioning justice and security sector. In Libya, state funding has empowered localized armed actors to vie for and consolidate control over illicit trafficking

networks. Salaries and status were not conditioned on integration into state security architecture. Decisions by successive governments have simply strengthened some groups over others without demonstrating effective central state power or institutional control. Ongoing

peacebuilding and statebuilding initiatives have sought to map, engage, and understand Libya's many armed militia groups. The reality, however, is that the financial rewards from ongoing instability undercut sincere commitment to peace and state consolidation.

LINKS BETWEEN DRUG TRAFFICKING AND EXTREMIST GROUPS

Given the role of organized criminal activities in financing Islamic extremist groups in the Sahel, Syria, and Iraq, assessing links between drug trafficking and such groups in Libya is warranted. The prevalence of the amphetamine Captagon in the conflicts in both Syria and Iraq is infamous. Used by the Islamic State and rebel groups alike, it was hailed for producing “pharmacological morale,” making fighters “more alert, more focused, and resistant to fatigue.” Further afield, some reports suggest that the perpetrators of the Bardo attack in Tunis in 2015 took Captagon beforehand.^a It was also reportedly found in the hideout of the Bataclan terrorists and the base used by the Tunisian violent extremist who shot tourists on a beach at Sousse.^b

Some Captagon is available on the market in Libya, but tramadol is currently the most available and appealing pharmaceutical drug to fighters. It is also viewed as improving endurance, alertness, and steadying nerves. As outlined, huge quantities of the drug, along with other pharmaceuticals, are entering the country and mixing with markets and flows in other illegal drugs.

Nonetheless, research revealed scant evidence that the Islamic State or other entities are using drug trafficking or sales to finance their operations in Libya. Interviewees in the southern towns of Ghat and Ubari did note with concern the presence of new actors purchasing homes and farms in the area, however. “We need to be careful with new people coming into our community,” one resident remarked. “They tend to overpay [for property]. That’s the Daesh way.” Nonetheless, the overwhelming sense from smugglers in the area is that it is not advantageous to interact with these new arrivals, fearing that their presence will draw attention from the international community and thus damage their own smuggling operations. The issue remains a challenging area to research and merits ongoing scrutiny.

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Paths Forward



In the early post-Gadhafi years, when hopes for a smooth transition were high, community and political leaders in Libya conceded that trafficking and smuggling were dynamics the new state would need to tackle. Most, though, viewed them as abstract concerns. Illicit drug flows, they posited, would be controlled once the basic architecture of the new free Libya had been established. Drug use was seen as a social ill that could be corrected in time. In the years since, the same political and community leaders have seen Libya torn apart by competition over resources and witnessed creeping increases in drug use at levels that can no longer be ignored. Many of those who stood against these trends found themselves exiled or silenced.

The scale of Libya's drug flows and consumption has grown significantly since 2011 and shows no signs of abating. Drug trafficking, drug use, and, increasingly, embedded organized criminal networks fuel and sustain conflict, whether directly or indirectly. Evidence ranges from direct examples of conflict actors using drugs during fighting on the frontlines of conflict to the ways that it has damaged the justice and security sector, stoked localized inter- and intra-community violence, and detracted from central peacebuilding and state consolidation efforts.

Viable solutions to Libya's drug trafficking and drug use problems are likely to remain elusive, especially given the ongoing conflict, the fragility of the state, and the lack of capacity of state institutions. The following observations and recommendations, however, merit serious consideration by Libya's domestic policymakers, civil society, and international donors and partners in determining the path forward:

Recognizing the problem is the first step. Little government attention was paid to monitoring, treating, or combating drug addiction under Gadhafi. Limited data was gathered, and research on the topic was generally unwelcome. Although discussion of drug use and abuse in Libya remains taboo, space for discussion and analysis is opening. Users, treatment professionals, and health officials almost universally admit that Libya is facing significant trafficking and use problems. Although the topic remains challenging to research, when approached with sensitivity, interviewees are surprisingly willing to discuss use patterns and smuggling dynamics. This marks a significant shift, even since the early post-uprising years. Much like in drug treatment itself, recognizing that you have a problem is a key first step. Civil society and policymakers in Libya need to recognize concerning trends taking hold in Libya and be willing to engage in the challenging work required to address them. In Libya, where evidence of trauma-associated drug use is rife, this will also entail confronting mental health concerns, seeking to destigmatize discussions around trauma, and connecting citizens with the support they need to stem the tide of self-medication.

Understanding Libya's complex network of interconnected illicit markets. Libya's evolving illicit economy is made up of four interconnected markets: weapons, migrants, drugs, and smuggling of subsidized goods. In the years since the uprising, the hierarchy of profit and strategic importance of these illicit markets has continued to evolve and shift, and the implications for conflict dynamics are significant. For example, policies that the European Union and Italy adopted to counter the so-called migrant crisis drove up the profit, risks, and strategic importance of human smuggling within Libya's hierarchy, placing it on par with or above many types



A Libyan soldier checks weapons handed in by rebel fighters and civilians at a military compound in Tripoli on September 3, 2012. (Photo by Mo-ham-mad Hannon/AP/New York Times)

of drug smuggling. Similarly, an increase in the use and trafficking of pharmaceutical drugs has altered the nature, modalities, and profile of users and drug traffickers. Given the financial benefits accrued by different militias and political forces through smuggling activities, on the one hand, and countercrime and countermigration activities on the other, shifts in Libya's illicit markets and smuggling networks are key to understanding the fluid power dynamics. Thus, in seeking to address the economic forces at play in Libya that detract from efforts to build sustainable peace, domestic and international policymakers and peacebuilders need to understand how these illicit markets connect, how they manifest in different localities, and the key levers of power involved, using this analysis to guide engagement at every level. This will require ongoing research and analysis as the political economy of Libya's conflict and transition continue to evolve.

Providing viable alternatives. Any policy decisions aimed at curbing drug trafficking and consumption must consider viable economic and social alternatives. Although a few individuals at the apex of drug trafficking extract vast wealth from their activities, the majority see an opportunity to make quick money in a country with few economic opportunities. As conflict wages on and economic investment in the state remains low, more and more citizens are turning to Libya's surging illicit economy. In the south, economic and cultural reliance on smuggling is even more deeply embedded. Nonetheless, interviews with individuals from southern tribes historically involved in smuggling note that this is not what anybody dreams their son will do when he grows up. From a social perspective, few positive outlets exist for young people in Libya. There are few spaces or opportunities—such as sports clubs and cinemas—for youth-oriented social activities. Given limited professional and economic

opportunities, many young people are losing interest in their studies. As drugs have become easier to obtain, small gatherings at homes and farms have become associated with experimentation. Providing tangible economic and social opportunities to engage in licit rather than illicit activities will be important in any plan for Libya's recovery.

Adopting a phased and multilevel approach.

Addressing organized crime in conflict-affected environments tends to be relegated to later-stage intervention, targeted through technical, security-focused programming. These interventions are generally introduced after the fundamentals of peace processes have been hammered out and basic security sector reforms are in place. The reality is that such programs often offer too little, too late, allowing illicit trafficking dynamics to expand and embed during transition processes. Libya is a classic example of a state where trafficking dynamics were *enabled* rather than *addressed* in the immediate aftermath of a government change. Given the increasing awareness that the economic incentives of some actors run counter to peace and statebuilding efforts, interventions must use analysis of illicit trafficking and markets at every phase and level of peacebuilding. This should include informing high-level diplomatic engagement, developing durable peace agreements that include measures to address economic drivers of conflict and potential spoilers, and supporting multiyear strategic-level programming. Considerations regarding organized crime should come both from above, at a senior leadership level, and below, at the practitioner level. Too often a disconnect between policy objectives and practice realities hinders the impact of interventions aimed at combating organized crime.

Understanding the approach and impact of border security and law enforcement initiatives.

The international community has long engaged with Libyan authorities on border security and law enforcement—perhaps most prominently the European Union, Italy, and the United States. On its own, drug trafficking has received much less international attention, despite its clear intersection with migrant smuggling and other illicit markets and its impact on Libyan youth and society. Meanwhile, extensive media coverage and border security funding focused on the migrant crisis has resulted in growing negative perceptions of work targeting trafficking in persons and smuggling of migrants in Libya, viewed as focused on external needs rather than those most central to Libyans. Adopting a broader approach in border security and law enforcement that seeks to tackle serious and organized crime as a whole, including drug trafficking, may have the dual effect of improving receptivity from Libyan stakeholders and broadening the impact of programming.

In the Gordian knot of Libya's complex conflict dynamics, drug trafficking and use are an important strand, tangled with other illicit trafficking concerns, enmeshed with a mess of predatory armed actors, and influenced by internal politics and external meddling. Ultimately, drug trafficking and use fuels and feeds off violence. Their profits sustain some communities, but creeping use and abuse trends harm others. Ignoring drug trafficking and use dynamics or blithely waiting to resolve them once the basics of peace and structural reforms have been achieved is no longer an option. Action is required. The challenge is where to begin.

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Illicit drug trafficking and drug use in Libya have increased significantly in the wake of the 2011 uprising that ousted Muammar Gadhafi. Initially viewed as a success of the so-called Arab Spring, Libya is now marred by conflict and defined by seemingly contradictory tensions: illicit trafficking and smuggling networks that simultaneously undercut the ability of the state to rebuild are also among the few things that knit the fractured state together. Based on hundreds of interviews conducted since 2012 and dedicated research on drugs conducted in 2018 and 2019, this report explores the links between illicit drug trafficking and use and the ongoing conflict and instability that have plagued Libya since the uprising, assessing how both feed off it and fuel it.

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