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THEME: - ***"*Youth, Health and Development: Overcoming the Challenges towards harnessing the Demographic Dividend*"**

PROGRESS REPORT ON THE IMPLEMENTATION OF THE THE AU PLAN OF ACTION ON DRUG CONTROL (2013-2017) FOR THE PERIOD 2014-2016

Contents

EXECUTIVE SUMMARY

This is the second report on progress in implementation of the AU Plan of Action on Drug Control (2013-2017) (AUPA). The report covers the period 2015-2016 and is based on updates to the Commission of the African Union (AUC) by Member States, Regional Economic Communities (RECs) and Partners; and a report provided by the United Nation's Office on Drugs and Crime (UNODC) on its activities to support implementation of AUPA in Africa. It largely draws from analysis of responses to a questionnaire sent to all Member States of the African Union. Thirty two (32) responses, representing a response rate of 59 percent (compared to 63 during the last reporting period), were received from the following countries: Algeria, Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Egypt, Ethiopia, Gabon, Ghana, Guinea, Kenya, Liberia, Madagascar, Mali, Mauritius, Namibia, Niger, Nigeria, Senegal, Seychelles, Sierra Leone, Somali Republic, South Africa, Swaziland, Tanzania, Togo, Tunisia, Zambia and Zimbabwe. An additional response was received from the Sahrawi Arab Democratic Republic outside cut-off period for inclusion in the analysis.

The AUPA is in the final year of its implementation and is in tandem with the African Union Commission (AUC) Strategic Plan 2014-2017. It will therefore need to be revised in line with the development of the AU's new strategic plan; as well continental and global agenda and frameworks whose aspirations for inclusive growth and sustainable development mirror the AUPA, namely, the AU Agenda 2063, the Sustainable Development Goals; and the outcome document of the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem, 2016.

In the spirit of common and shared responsibility, the Commission developed wide ranging partnerships with different roles to facilitate implementation, and notable progress has been achieved in all the priority areas of the action plan as follows:

- Strengthened capacities for coordination at the African Union, Regional Economic Communities and Member States levels, especially in ECOWAS, and the increase in designation of national drug focal points, which is an important first step towards coordination of national efforts.

- Research capacity has also improved going by the number of surveys and studies conducted, and significantly, the launching of the AU project "*Strengthening Research and Data Collection Capacity for Drug Use Prevention and Treatment in Africa*" which is helping to establish and strengthen 10 national epidemiological networks and observatories distributed across all the African Union's five regions.

- Promotion of a balanced and comprehensive approach to drug control focused on both drug demand and drug supply reduction as well as ensuring availability of

controlled substances for medical and scientific use, including in emergency and conflict situations, while reducing illicit use of narcotic drugs and psychotropic substances. During the reporting period, drug dependence treatment has greatly improved in Kenya, Mauritius, the United Republic of Tanzania, Seychelles, Ethiopia, Senegal, Cape Verde, Liberia, Nigeria, Burundi, Madagascar, Eritrea and Mozambique, while its remains a challenge especially in the West and Central Africa regions.

- Establishment of legal and policy frameworks to counter drug trafficking and related challenges to human security in many countries, even though upgrades are needed to comprehensively address drug trafficking and incorporate new forms of trans-national organised crimes.

Moreover, wide-ranging support was offered to Member States to improve capacities of the criminal justice system in investigating, prosecuting as well as instituting measures to contain drug related organised crimes; There has been good progress towards removing barriers limiting availability of internationally controlled drugs for medical and scientific purposes through collaborative capacity building by Member States, UNODC and the International Narcotics Control Board (INCB).

Based on progress made and challenges encountered, the report outlines a number of recommendations related to common and shared responsibility internationally, continentally, and nationally, and specifically encouraging AUC member states to take practical measures to allocate appropriate funding to implement all the four (4) priority areas of the Plan of Action as well as aspirations encapsulated in the UNGASS outcome document.

PROGRESS REPORT ON THE IMPLEMENTATION OF THE AU PLAN OF ACTION ON DRUG CONTROL (2013-2017)

1. INTRODUCTION

1.1 Background

1. The African Union Plan of Action (AUPA) on Drug Control (2013-2017) was launched in January 2013 as a comprehensive strategic framework to guide drug policy development in the continent, enabling Member States to galvanize national, regional and international cooperation to counter drugs over a five year period.

2. The fundamental goal of the Plan of Action is to improve health, security and socio-economic well-being of people in Africa by reducing illicit drug use, trafficking and associated crimes. It follows a balanced and integrated approach towards drug control, providing a solid framework to address both supply and demand reduction in corresponding measures, as well as ensuring availability of controlled substances for medical and scientific use.

3. The Plan of Action is anchored on four (4) key priority areas as follows:
   - Enhancing continental, regional and national management, oversight, reporting and evaluation of the AUPA.

   - Scaling up evidence-based services to address the health and social impact of drug use in Member States.

   - Countering drug trafficking and related challenges to human security through supporting Member States and Regional Economic Communities (RECs) to reduce trends of illicit trafficking and supply reduction in accordance with fundamental human rights principles and the rule of law.

   - Capacity building in research and data collection enhanced through strengthening of institutions to respond effectively to challenges posed by illicit drugs, and to facilitate licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.

4. The AUPA on Drug Control (2013-2017) is the fourth Plan of Action developed by the African Union (AU) in response to emerging drug control challenges. It is informed inter-alia by the three international drug control conventions and earlier declarations and decisions of preceding Conferences of African Ministers in Charge of Drug Control, taking into account the principle of shared and common responsibility.

5. The AUPA is in the final year of its implementation and is in tandem with the African Union Commission (AUC) Strategic Plan 2014-2017. The strategic plan constitutes the framework that outlines overall priorities of the Commission for the four year period, and provides guidance for programme formulation and prioritization. Revision of the AUPA will go hand in hand with development of the AU's new strategic plan; as well as continental and global agendas and frameworks which aspirations for inclusive growth and sustainable development mirror the AUPA, namely, the AU Agenda 2063, the Sustainable Development Goals; and the outcome document of the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem, held in 2016.

1.2 Operating Context and Challenges[1]

6. Drug trafficking, organized crime and terrorism continue to affect economic and social development in many parts of Africa. This situation is further exacerbated by many factors including wars and intra-state conflicts, revolutions that took place in North Africa, weaknesses in social and criminal justice systems, corruption, limited opportunities for youth, and disparity in income levels, which provide ample opportunity for organized crime syndicates' activities in the region. Moreover, over the past few years, Africa has increasingly been used by international drug-trafficking networks to trans-ship and stockpile illicit drugs on a large scale. These illegal organizations prove to be very flexible and creative in their production and distribution processes.

7. Drug trafficking is primarily motivated by profit and the estimated global USD $322 *bn* turnover requires an effective business and financing model to ensure that the illicit supply chain continues to deliver. Drug trafficking profits also exacerbate other threats including corruption and possibly terrorism and as a result cause significant harm to security, health, and rule of law and development efforts at a national, regional and continental level.

8. Increased local drug use also appears to have intensified in all the regions showing that Africa is no longer just a transit zone in the global trade in narcotics, but also a major consumer. While cannabis remains the most widely used illicit substance, there is growing use of cocaine, opioids (mainly heroin) and tramadol (an analgesic opioid) and amphetamine-type stimulants (ATS), and the emerging new-psychoactive substances (NPS).

[1] This section is not intended to be an exhaustive analysis of drug trafficking and abuse situation but a highlight of important trends.

West and Central Africa

9. The West African region continues to be an attractive route for drug trafficking, with increased drug consumption patterns, yet there is limited capacity to address problems associated with drug use. Stigma and discrimination of drug users abound with the perception, still firmly rooted in society, of drug use and dependence as a moral failure as reflected in the political, legal and cultural framework which is to a large extent, punitive rather than rehabilitative. Moreover, drug cartels have collaborated with local partners to turn the region into a significant transit route to Europe and North America for illicit drugs produced in South America and Asia. Cocaine trafficking remains a major concern for the region. The main modes of transport have evolved to use of air assets (including couriers and parcels), a trend likely to increase due to the increased number of flights between South America and West Africa. Over the period December 2014-March 2016, at least 22 tons of cocaine were seized en route from South America via West Africa to Europe, although most of the seizures took place outside of Africa.

10. According to the "Illicit drug seizures with Relation to European Airports" (IDEAS) database, between January 2015 and the end of May 2016, there were 33 cocaine-related arrests at European airports in connection with flights originating from West and Central Africa, and a total of approximately 48 kg of cocaine were seized. All the couriers except one (Ivorian) were reported to be Nigerian nationals, with 29 of 33 couriers arrested having departed from Nigeria and 51 per cent of these having departed from the Abuja airport. The remainder departed from Benin, Côte d'Ivoire and Cameroon. In April 2016, nearly 300 kg of cocaine originating from Brazil destined for Cape Verde were seized by the Cape Verdean police and coast guards on the high seas.

11. Ghana appears to be an important transit country for Latin American cocaine bound for Europe. On 4 March 2015, the authorities of the Plurinational State of Bolivia and the British National Crime Agency made a seizure of 5,800 kg of cocaine near Santa Cruz, California, USA. Based on the road map of the container, the drugs were destined for Burkina Faso via the Port of Tema, Ghana, although the Ghanaian authorities believed the drugs were supposed to be repackaged and shipped to Europe from Ghana. Reportedly, the container's road map was aimed at deceiving authorities. According to Bolivian court documents, the drugs were concealed in 840 sacks of fertilizer. In relation to this seizure, a citizen of Ecuador was arrested in the Plurinational State of Bolivia, as were three Ghanaians in Ghana, who have since been released on bail. In 2015, two Ghanaians, one of them a former officer of the Customs Division of the Ghana Revenue Authority, were arrested in Bolivia for attempting to facilitate the shipment of 5,880 kg of cocaine from that country to Burkina Faso. In

February 2016, the Bolivian authorities seized 8 tons of cocaine destined for Côte d'Ivoire, which was one of the largest recorded cocaine seizure linked to West Africa. The massive shipment was the product of a joint venture between three Colombian cartels, one Ghanaian crime syndicate and one Bolivian cartel. However, there has been a decline in heroin seizures in West Africa since 2015.

12. There was evidence of increased cannabis cultivation in terms of acreage and packaging processes, with huge seizures made of herbal cannabis (2.700 kg) originating from Ghana, seized in Mali, 1000 kg in Ghana destined for Nigeria. Seizures made at the Lagos International Airport point to China as the probable destination; while, 277 kg of cannabis destined to the UK were seized by the Joint Interagency Task Force (JAITF) at Kotoko International Airport in Accra.

13. Increased evidence of use and production of amphetamine-type stimulants (ATS) has also been noted. Methamphetamine destined to Asian countries and South Africa; and ephedrine, destined for South Africa, were intercepted in Nigeria. Some ephedrine and pseudoephedrine imported to Nigeria may have been diverted from the intended legitimate purpose by criminal groups for use in illicit methamphetamine production. The use of Tramadol (an analgesic opioid, not currently under international control, and often prescribed after surgery) has also increased significantly, especially in the Sahel region. In 2015, 1234 large cartons of Tramadol were seized in the Joint Port Control Unit (JPCU) of Cotonou and 824,893 pills of Tramadol were seized in Niger that same year.

Eastern Africa

14. Cannabis remains the sub-region's second commonly abused substance after alcohol. Injecting drug use has also been reported in many countries, for example Kenya and Tanzania, posing fresh challenges to efforts to fight HIV/AIDS. East Africa is also a transit area for cocaine consignments intended for Europe. Meanwhile, East Africa remains a significant entry point for heroin in Africa. The region is a recognized destination and transit area for heroin trafficked by land, sea and couriers from South West and East Asia.

15. Drug dependence treatment has greatly improved in this region. However, the seizures of important amounts of heroin both onshore and offshore in Eastern Africa still constitute a major security and public health threat. In addition to that, several countries in the region are seeing a high prevalence of heroin use, including injecting drug use and the transmission of HIV and hepatitis among people who inject drugs, including women and young people.

North Africa

16. Despite the scarce data on demand for substances from the North Africa Region, available indicators point to a steadily growing situation that is currently intensified by political instability and turbulence in many countries in the region. This instability has on the one hand harboured a profitable route for further trafficking of substances (including new ones) that could trickle down to the local market. The social and political uncertainty in the region has also diverted priorities away from the already frail substance use prevention and treatment of substance use disorders at a time of growing need for such health services.

17. This is particularly concerning given the growing numbers of refugees and internally displaced populations in the region that is acutely exposed to a large set of vulnerabilities. This acute vulnerability is predominantly important among the youth and children of these communities in distress, potentially increasing the occurrence of substance use disorders in young children. The situation is worsened by the virtual absence of services capable of addressing such needs wherever these sub-populations are taking shelter.

18. Most recent indicators from the World Drug Report points to an expansion of the so-called "southern route" of Afghan heroin trafficking including through the Middle East and Africa to reach Europe. The misuse of tramadol has also been reported in parts of the region. Moreover, cultivation and production of cannabis herb ("marijuana") remain available in the region, while production of cannabis resin ("hashish") globally remains confined to a few countries in North Africa, the Middle East, and South-West Asia. Another always growing concern of substance use in the region is that of Amphetamine Type Stimulants. The region has similarly seen high prevalence of heroin use, including injecting drug use and the transmission of HIV and hepatitis among people who inject drugs.

Southern Africa

19. Southern Africa continues to be a key node in the trafficking of class of drugs '*A'* category of narcotic or psychotropic drugs, to the EU, the United States of America, Canada, Australia and Asia. The good transportation infrastructure in the region is used for drug trafficking, trafficking in persons and smuggling of migrants. Recently, transhipment of cocaine and heroin was reported, as well as trafficking of methamphetamine produced in the region to Asia and the Middle East. Development of new harbours such as Port Ngqura, a Deepwater port on the east coast (Indian Ocean) of South Africa, 20 km northeast of Port Elizabeth, and expansion of existing harbours such as Durban in South Africa, continue to be tested by traffickers as possible

entry points for drugs into Southern Africa. Southern African nationals continue to be detained as drug couriers in Southern and South-East Asia and South America. Women, especially those from low-income backgrounds, continue to be vulnerable to recruitment as drug couriers.

20. Heroin seizures have continued to rise in the region, particularly in South Africa. The majority of heroin is smuggled into Southern Africa either by maritime transport from South-West Asia into Eastern Africa and Mozambique, or by air passengers on increasingly indirect routes.

21. While South Africa operates a precursor control programme and has achieved success in dismantling laboratories manufacturing methcathinone and methamphetamine, it remains a producer and exporter of amphetamine-type stimulants. In 2012 alone, about 12 such laboratories were dismantled in South Africa. In 2013, the number increased and 33 laboratories were dismantled. Fifty seven clandestine laboratories were dismantled during in 2014 and 2015 of which 31 were hydroponic while 26 were other synthetic chemical manufacturing facilities. Cannabis is produced and consumed locally in most of the countries in the Southern African region, though it is also exported to Europe. For example, the quantity of cannabis seized in Zambia increased from 44, 2017.4 kilogrammes in 2014 to 114,377.0 Kilogrammes in 2015. On the other hand, khat/mirra originating from East Africa is increasingly being trafficked to Southern Africa.

22. It is important to mention that South African groups are also engaged in the online sale of illicit drugs using the anonymity software, such as the "Tor Network." Large-scale seizures of methaqualone/Mandrax and its precursors continue to be reported from Mozambique and South Africa

2. PROGRESS ON IMPLEMENTATION OF THE AU PLAN OF ACTION ON DRUG CONTROL (2013-2017)

23. Progress in the implementation of the Action Plan has been reviewed against its four (4) key priority areas namely:

- Enhancing continental, regional and national management, oversight, reporting and evaluation of the AUPA.

- Scaling up evidence-based services to address the health and social impact of drug use in Member States.

- Countering drug trafficking and related challenges to human security through supporting Member States and RECs to reduce trends of illicit trafficking and supply reduction in accordance with fundamental human rights principles and the rule of law.

- Capacity building in research and data collection enhanced through strengthening of institutions to respond effectively to challenges posed by illicit drugs, and to facilitate licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.

24. During the reporting period, the Commission of the African Union strengthened its international, continental, regional and national partnerships to facilitate implementation of the AU Plan of Action on Drug Control (2013-2017). Information to assess progress with implementation is based on analysis of reports obtained from a biennial questionnaire sent to all Member States on the implementation of the AUPA, reports from RECs and Partners, in particular the United Nations Office on Drugs and Crime (UNODC) Report on its activities to support implementation of AUPA.

25. Thirty two (32) responses representing a response rate of 59 percent were received ` from the following countries: Algeria, Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Egypt, Ethiopia, Gabon, Ghana, Guinea, Kenya, Liberia, Madagascar, Mali, Mauritius, Namibia, Niger, Nigeria, Senegal, Seychelles, Sierra Leone, Somali Republic, South Africa, Swaziland, Tanzania, Togo, Tunisia, Zambia and Zimbabwe. An additional response was received from the Sahrawi Arab Democratic Republic outside the cut-off period for inclusion in the analysis. In the last reporting period (2015), a total of 34 responses which represented a response rate of 63 percent of the African Union Member States were received. While six(6) countries (Cameroon, Chad, Ethiopia, Guinea, Sierra Leone, and Somalia) submitted their returned their questionnaires for the first time in the current reporting period, eight (8) others who previously reported in 2015 (Benin, Comoros, Cote d'Ivoire, Eritrea, Gambia, Mozambique, Rwanda and Sudan) did not do so in the current period.

2.1 Continental, Regional and National Management, Oversight, Reporting and Evaluation of the AUPA enhanced

Continental, Regional and National Management, Oversight, Reporting and Evaluation of the AUPA enhanced

AUC strengthened to manage implementation of the Plan of Action

26. The Commission continued to work synergistically with Members States, Regional Economic Communities (RECs), and partners to strengthen coordination mechanisms for overall implementation of the AUPA. There is a growing core team of experts on drug control continentally, regionally and nationally. At the African Union Commission level, there is a dedicated Programme Management Unit consisting of a manager, one officer, an administrative assistant, and a consultant epidemiologist. At the regional

level, capacity for drug control has been strengthened significantly at the Economic Community of West African States (ECOWAS) with dedicated staff and more programme support, while at national level, more Member States have designated drug control focal points for overall national drug control coordination. In addition, Member States have also nominated focal points for supply reduction as well as for demand reduction, respectively. As *figure 1* below shows, more than 81 percent of the Member States reported that they have the respective drug control focal points. This is an important first step towards coordination of national efforts.

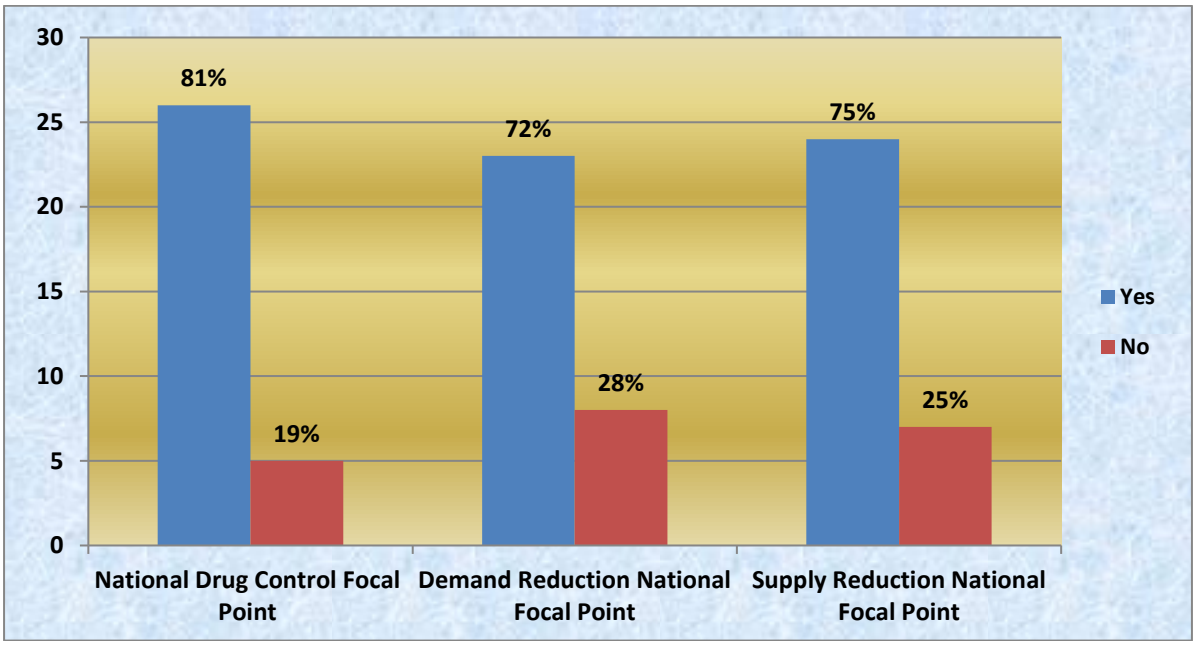

Figure 1: National Drug Focal Points

Programme activities identified and jointly developed by RECs and Member States

27. The Commission of the African Union leveraged wide ranging partnerships to provide technical assistance with regard to drug demand reduction activities. These were implemented at the AUC, Regional Economic Communities (RECs) and Member States' levels. Two continental consultative, review and planning meetings in demand reduction were held in 2015 and 2016, respectively.

28. As mandated by the Sixth Session of the African Union Conference of Ministers in Charge of Drug Control (CAMDC6), held in October 2014; and the first Session of the African Union Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC-1) in April 2015, the AUC facilitated consultations and engagements towards development of the

Common African Position (CAP) for the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem that took place in April 2016. The CAP was submitted to the UNGASS Board for consideration in contribution to the development of UNGASS outcome document. UNODC also facilitated regional dialogues on drug policies and HIV in AU Member States, in Dakar, Nairobi, and in Rabat for Northern Africa. The Twenty-fifth Session of the Heads of National Drug Law Enforcement Agencies (HONLEA), Africa, was also used to drum up support for UNGASS.

29. In addition, UNODC regional offices, namely, the Middle East and North Africa; West Africa; Eastern Africa; and Southern Africa, as well as one Country Office in Nigeria, and their respective programmes collaborated in the implementation of the AUPA. ECOWAS, the Southern African Development Community (SADC) and the League of Arab States (LAS) developed joint Regional Programmes with UNODC, providing integrated and long term national and regional capacity. Many countries also developed drug control, crime and terrorism prevention strategies. Moreover, the ECOWAS 2015-2019 Drug Action Plan with an implementation framework and requisite budget was approved and adopted in 2016.

30. The African Union Commission (AUC) is an ex officio member of both the Colombo Plan International Centre for Credentialing and Education of Addiction Professionals (ICCE), and The International Society of Substance Use Prevention and Treatment Professionals (ISSUP) founded in July 2015, through which it works with other international organizations to expand the treatment workforce in AU Member States. ISSUP aims at creating a global network of certified professionals in the field of substance use prevention and treatment through the promotion of research, and the application of evidence-based practices to prevention and treatment interventions, flagged as crucial for Africa by Government Ministers who attended the STC-HPDC 1.in April 2015. Through its participation and collaboration with international partners, the Commission of the African Union has been a major player in drug control policy and practice development globally and in the Continent.

Strengthened research capacity to collect data and analyse trends related to drugs; and establishment of national inter-sectorial drug control coordinating committees

31. There has been commendable progress towards establishment of inter-sectorial national drug coordination committees, development of National Drug Control Frameworks/Master Plans, and drafting of annual drug situation reports as indicated in figure 2 below.

32. Member states continue to strengthen their national drug coordination committees which have multi sectorial representation, including CSOs. Only one (1) country indicated not having a CSO in their committee. Cape Verde, for example, has reviewed its 1995 law which established the National Coordination Committee against Drugs (CCCD) to strengthen its institutional coordination capacity to better frame the coordination of Drug Demand Reduction activities in the country and also tackle drug issues in a more comprehensive and integrated way.

33. However, ongoing strengthening is still needed in terms of training, coordination and holding of meetings regularly. Countries that have not yet established the committees require assistance to initiate, and even to designate a focal institution as is the case of Liberia and Somalia, among others. Some countries have multiple coordination mechanisms with overlapping mandates and therefore confusion with regard to who takes the lead for overall coordination, demand reduction and supply reduction, as it is the case between the National Drug Law Enforcement Agency (NDLEA) and the Federal Ministry of Health (FMOH) in Nigeria which they cited as hindering production of national annual reports.

34. With regard to drafting of drug master plans or strategies, Nigeria drafted and adopted a National Drug Control Master Plan 2015-2019 (NDCMP) which embraces a balanced approach to drug control and aims to strengthen responses on drugs in order to contribute to the enhanced health, security and well-being of all Nigerians. Countries like Togo and Niger, while not having specific drug control master plans, use their national development strategies which contain significant drug control components.

35. Several Member States require various forms of technical assistance with their strategies: 1) Namibia, Guinea Conakry, and Swaziland, drafting assistance; 2) Ghana and Kenya, Zambia and Zimbabwe lobbying for the approval of drafts strategies, many others also indicating their strategies have remained in draft form for many years; 3) Algeria and Tanzania require assistance to revise and update their existing ones; 4) while others require assistance to develop supporting policy.

36. Some Member States, like Seychelles, while not having drafted national annual situation drug reports, derive substance use information from the annual Epidemiological Report prepared by the Ministry of health.

37. With regard to research capacity, some form of research on drug use was conducted in 63% of Member States that responded to the questionnaire. Thus there has been a significant improvement in research capacity. Several surveys, rapid situation assessments, academic research were undertaken. For example: Ghana has produced an assessment report of the situation of cannabis production and trafficking

with the support of UNODC; Nigeria is currently conducting an extensive household survey with both household and community based components; Tanzania is currently undertaking a clinical trial with take home dose of Methadone (still at the level of protocol approval); Algeria finalized a national survey on the prevalence of drug use in schools, results of which are expected in 2017; The Kenya Drug Authority has offered 20 PhD and Masters scholarships on various aspects of drug abuse.

38. In many countries, however, research conducted related to newspaper articles and audio-visual broadcasts (TV and radio) and student dissertations of which scope was not indicated. Fragmented and isolated studies were also conducted by various departments, universities and civil society organizations but there are no mechanisms for systematic centralization of information from all the sources.

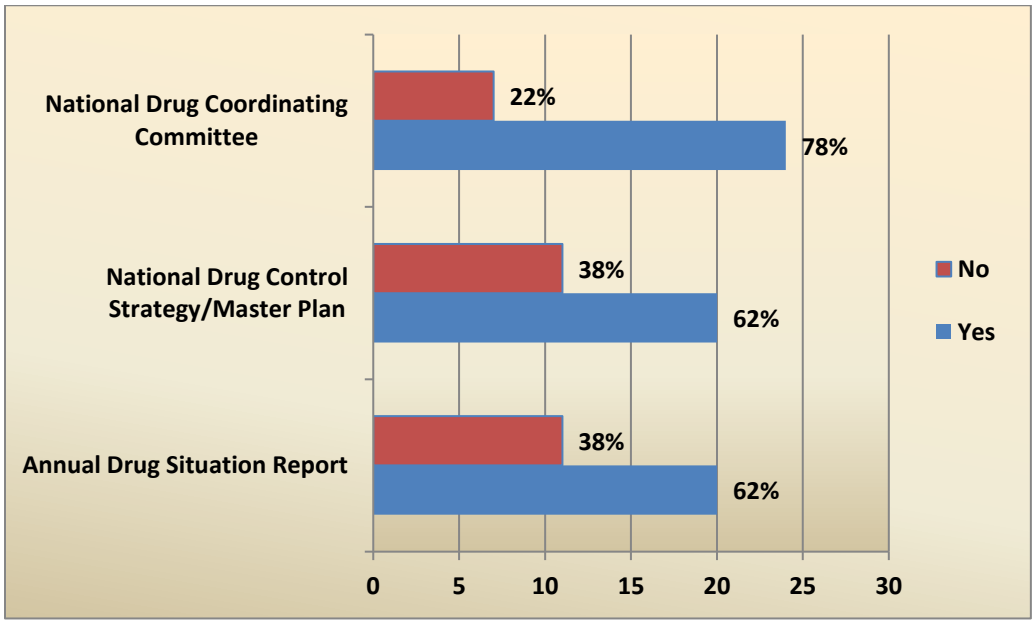

Figure 2: Research and coordinating mechanisms

2.2 Evidence-based Services Scaled-up to address the Health and Social Impact of Drug Use in Member States

Baseline studies conducted

39. Even though nineteen (19) out of thirty-two (32) Member States which responded said they had conducted some form of assessment on drug use, there is limited data available on drug use for all the regions. While cannabis remains the most widely used illicit substance (cannabis only or in combination with other substances), there is growing use of

cocaine, opioids (mainly heroin) and amphetamine-type stimulants (ATS), (See figure 3, below). Drug prevalence rates varies, from as low as 1.5% of the population in Algeria up to as high as 20% in South Africa. Egypt reported up to 92% of opioid users and 50% of cannabis users, and South Africa 6%. There is a worrying rend of tramadol abuse such as in Togo and Niger, where they report extremely high use of tramadol by youths, women and adults in rural as well as urban areas. Based on an assessment conducted by UNODC, there may be up to 2.4 million cocaine users in West and Central Africa, most of them in West Africa, and approximately 1 million opiate users (mostly heroin users) in that region.

40. Worrisome is the number of countries reporting substance use among the youth in particular students in colleges and universities. In Zimbabwe for example, youths and children as young from 14 years of age were reported to be among those using cannabis, cocaine, ecstasy, alcohol, Bronchleer cough syrup and a concoction of drugs derived from Anti-Retroviral drugs, agricultural fertilizers and ratkill pesticide.

41. UNODC supported the conduct of specific assessments related to HIV in Ethiopia, namely, A study on People who Inject Drugs (PWID), and Rapid Assessment of HIV Situations in Prison settings in Ethiopia.

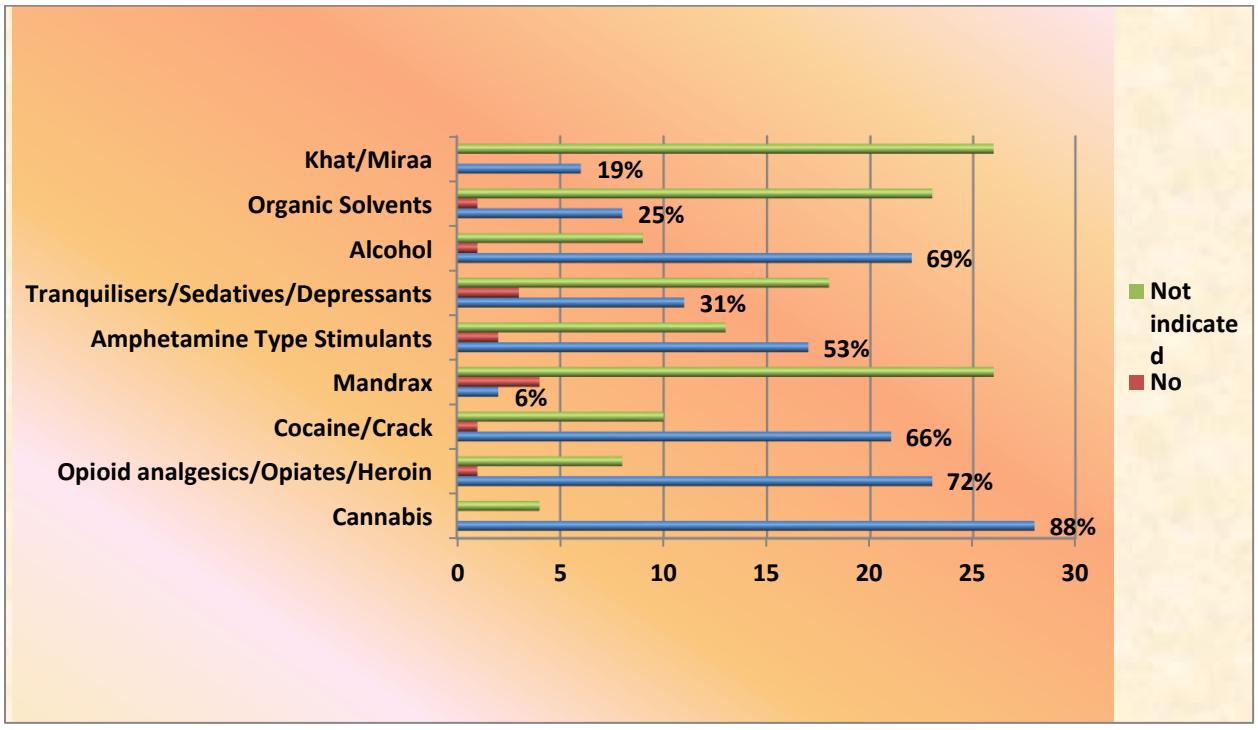

Figure 3: Reported drug types

42. There remains an urgent need to further the evidence-basis with reliable information which would translate to the type of services and intervention programmes available to address drug abuse.

Inventory of services for the prevention and treatment of drug abuse, National Drug Use Surveillance and Continental Minimum Quality Standards for Treatment of Drug Dependence

43. Progress has been made towards the institutional and operational establishment of National Drug Observatories/Epidemiology Networks, mapping treatment service inventory, and improving information base (figure 4). Fifty nine (59) percent of the countries responded having an inventory of treatment services as well as epidemiology networks. There is however a general perception that there is inadequate factual, objective and comparable data on drug use and services available. Again, while more than 59 percent of the countries report having networks, in practice, only seven (7) networks are currently operational, namely, the South African Community Epidemiology Network on Drug Use (SACENDU), a private network run by the South African Medical Research Council, which also receives support of the Ministry of Health; In Tunisia, operational since 1969, probably the oldest; Algerian network operational since 2002; the Kenyan network, the National Technical Committee on Drug Trafficking and Abuse (NTC), operational since 2011; the Senegalese observatory operational since 2014, the Nigerian network, NENDU, operational since 2015; and one in Mauritius. Seychelles has one on supply reduction; Guinea Conakry had a network of NGOs involved in the fight against drugs but it could not survive due to lack of funding.

44. The Commission of the African Union, through its project, "Strengthening Research and Data Collection Capacity for Drug Use Prevention and Treatment in Africa" with financial assistance of the Bureau for International Narcotics and Law Enforcement Affairs, US State Department (INL), is establishing and strengthening ten (10) networks distributed across all the African Union's five regions on the basis of available information on the viability of an epidemiology network as follows: North Africa (Tunisia and Algeria); Southern Africa (Botswana and Zambia); East Africa (Tanzania and Uganda); West Africa (Ghana and Togo); and Central Africa (Cameroon and Angola).

45. A continental planning meeting for establishment of regional and national epidemiology networks was held in Cape Town, South Africa in August 2016, and subsequently country assessment missions conducted in Cameroon, Tanzania, Uganda, Zambia and Angola. The remaining five will be completed by the end of 2017. A regional training

of focal institutions from the five countries where assessment has been completed will be conducted in Addis Ababa on the 26-27 March 2017.

46. The West African Epidemiological Network on Drug Use (WENDU) in ECOWAS has been significantly strengthened by UNODC. It is helping all the ECOWAS countries to improve their data collection.

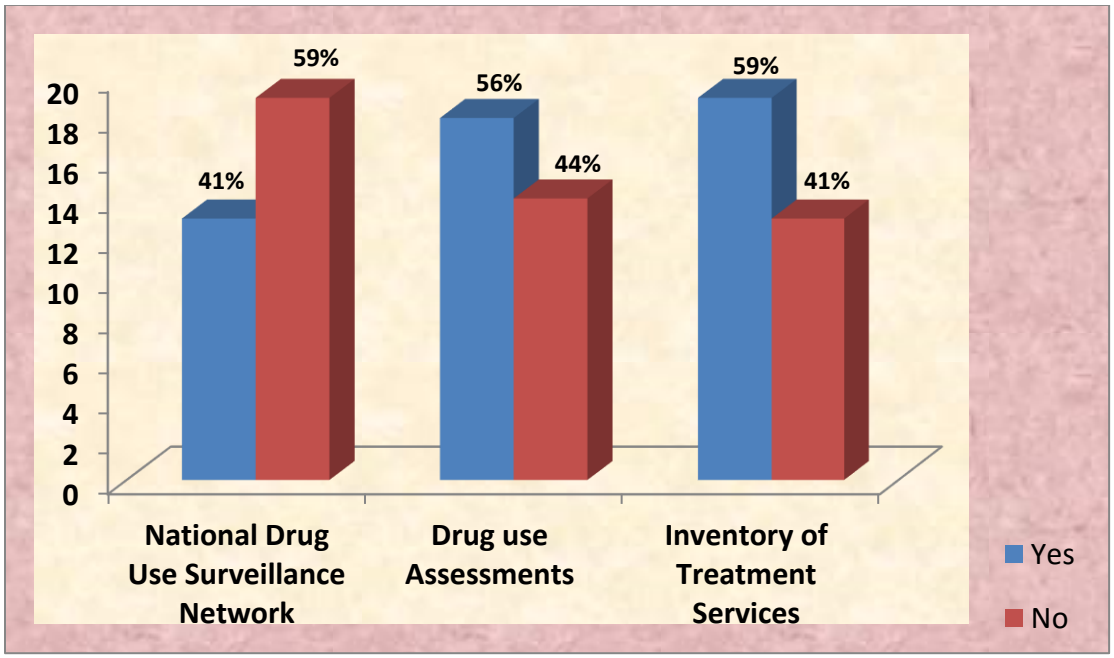

Figure 4: framework for treatment services

47. Moreover, AUC, alongside WHO, UNODC, the EU Drug Monitoring Centre, (EMCDDA) and the Organization of American States (OAS) have come together to form an Intergovernmental Organizations and Agencies collaboration to strengthen the drug epidemiology data for policy and programmes development. The collaboration aims at improving availability of global standards to collect treatment data with international organizations.

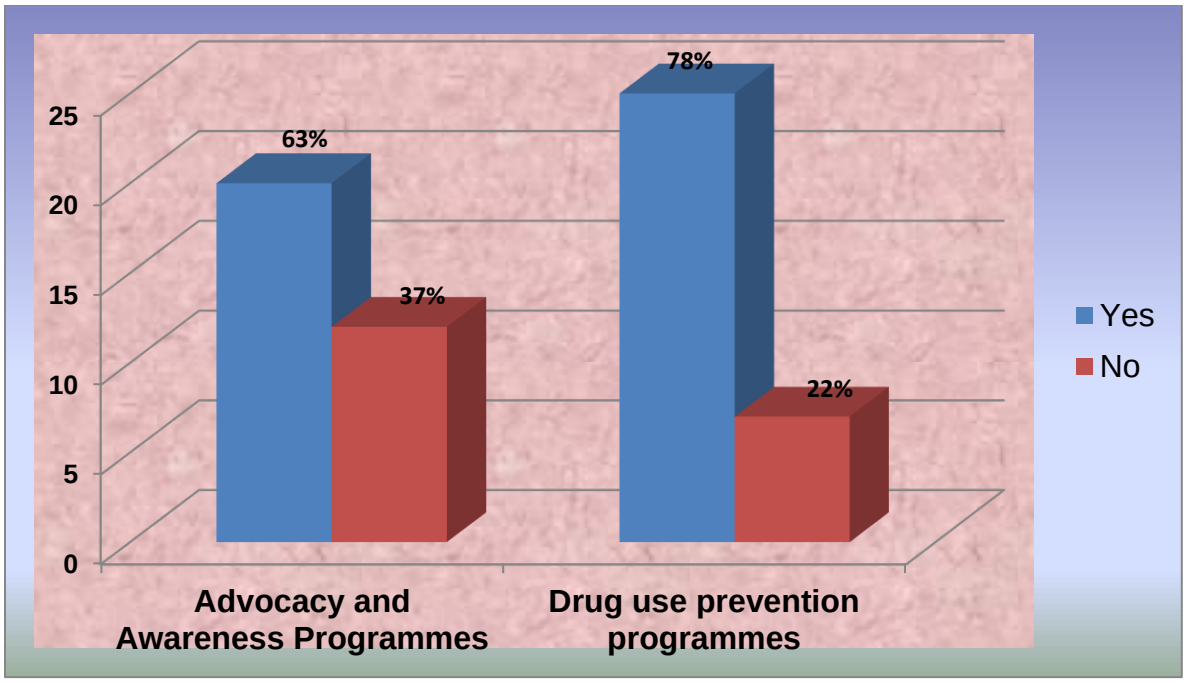

Figure 5: Drug use prevention and awareness services

Information disseminated to policy makers, professional bodies, civil society organizations, vulnerable groups and the public at large through advocacy, mass media campaigns and awareness raising conducted

48. The Commission of the African Union conducted advocacy and promotion of the AUPA with Member States, RECs, AU and UN statutory meetings at relevant fora addressing drug control and related challenges to social and human security, resulting in consideration of knowledge and acceptance of the Plan of Action as the strategic framework to guide drug policy development in Africa.

49. At national level, several dissemination and awareness raising activities were carried out mainly with health care providers and regulatory bodies, HIV policy organs and service providers. However, in a number of countries, advocacy and awareness campaigns are primarily driven by the security sector. Countries such as Kenya, Sudan and Nigeria held their annual national conferences on drugs and substance abuse; while South Africa for the first time held a drug policy week in 2016, which brought together civil society organizations, the government, research institutions and academia. Another drug policy week is being organized in South Africa in August 2017. Many countries used platforms such as the mental health week, observed annually in October, and the international drug abuse prevention day (26 June) to raise awareness.

50. Continentally, the first African Union Specialized Technical Committee Meeting on Health, Population and Drug Control (STC-HPDC 1) held

under the theme '*Challenges for Inclusive and Universal Access*' emphasized implementation of the AUPA on Drug Control with specific focus on drug use prevention and treatment standards, establishment of national and regional drug observatories, and consideration of the process for developing the Common African Position for the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem (19-21 April 2016).

51. The Commission conducted two continental technical experts' consultations on drug demand reduction in 2015 and 2016, respectively: Firstly, a consultation was held in Vienna, Austria on 10 December 2015 on the margins of an international scientific conference, organised by UNODC, to lobby and drum up support for the Common African Position for the UNGASS and to review implementation of the AU Plan of Action on Drug Control (2013-2017). At a strategic level, the meeting discussed progress, processes and plans towards implementing a regional drug policy; Secondly a Technical Consultation for Drug Demand Reduction National Focal Points was held in Cape Town, South Africa, on 03-05 August 2016, to share experiences and review implementation progress, including emerging challenges towards improving access to comprehensive, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare services in Member States.

52. The twenty-fifth and twenty-sixth sessions of the Heads of National Drug Law Enforcement Agencies (HONLEA) mainly resolved to continue to support the preparatory process for UNGASS; and adopted operational recommendations on effective national and regional strategies in addressing drug trafficking by sea and challenges in addressing new psychoactive substances, amphetamine-type stimulants and the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances.

53. At International level, advocacy to promote implementation of the AU Plan of Action on Drug Control (2013-2017) was carried out at various international fora for example:

i) The 59th Session of the UN Commission on Narcotic Drugs (CND) where support for the Common African Position (CAP) for UNGASS was consolidated; The CAP was successfully presented before the United Nations General Assembly Special Session on the World Drug Problem held April 2014 in New York.

ii) The Commission of the African Union organized two side events at the CND, namely; harm reduction and the health approach which

emphasized harm reduction approaches, evidence based interventions, role of civil society, human rights, and voluntary treatment; and the Afghan heroin trade through Africa-trends, impact and areas of international and national collaboration to support implementation of the AUPA. In addition, an informal Scientific Network was launched during the 57th session of the Commission of Narcotic Drugs (CND), in March 2014. The network has two scientists from Nigeria and Uganda and is at the disposal of Member States to provide state-of-the-art evidence on drug and health related issues, with a particular focus on drug demand reduction.

54. The Commission of the African Union facilitated the participation of Drug Demand Reduction National Focal Points of the AU Member States in the UNODC/WHO International Scientific Consultation on Drug Demand Reduction (7-11 December 2015) in Vienna, Austria. Bringing together policy makers and leading experts to share cutting edge research findings in the field of drug demand reduction, the session promoted scientific understanding of evidence-based interventions to support Member States in the development of policies, strategies, and methods based on rigorous scientific evidence to prevent and treat such disorders. Participants were apprised of ethical and science-based drug prevention and treatment as well as rehabilitation programmes proven effective in stopping or reducing negative health and social problems by drug use disorders.

Comprehensive, accessible, evidence-informed, and ethical and human rights based drug use prevention, dependence, treatment and aftercare services implemented

55. Research has consistently shown that investments in treatment and harm reduction services can lead to economic and social benefits far in excess of the resources invested.

56. During the period under review, drug dependence treatment greatly improved in Kenya, Mauritius, the United Republic of Tanzania, Seychelles, Ethiopia, Senegal, Cape Verde, Liberia, Nigeria, Burundi, Madagascar, Eritrea and Mozambique. Nigeria developed national minimum standards for drug dependence treatment; and standard policy and practice guidelines for counsellors working with the National Drug Law Enforcement Agency (NDLEA).

57. Nineteen countries (56%) indicated that they provided some form of medically assisted treatment, which includes substitution therapy. Opiate Substitution Therapy (OST) is now available in six (6) countries, namely, Mauritius, Tanzania, Kenya, South Africa, Senegal, and Algeria. Two more countries are in the process to offer OST Seychelles is in the

assessment stage, while Egypt is contemplating a pilot. This follows an Opiate Substitution Therapy (OST) feasibility study which was conducted between 2013 and 2015, published and approved by the National Tertiary Committee in January 2016. The approval of the Minister of Health is expected, after which the implementation of an OST pilot can start in Egypt, provided funding availability.

58. Services for injecting drug users are improving. Government Needle and Syringe Programme (NSP) is available in Mauritius, Tanzania, and Kenya who explicitly mention harm reduction in their national drug policies. Egypt has also expanded coverage of comprehensive harm reduction services through two civil society organizations in Alexandria and Luxor, focusing on people who inject drugs (PWID) and Men Who have Sex with Men (MSM). In Libya, capacity building for harm reduction has also improved. Nigeria conducted training on enhancing partnerships between law enforcement and civil society organisations in the context of drug use and HIV; Engagement with the CSOs and National AIDS control Agencies supporting formation of a harm reduction network. The Tanzanian Police Services reviewed and adapted the UNODC law enforcement training manual for law enforcement officials on HIV service provision for people who inject drugs to be more aligned with the National HIV Multi-sectorial Framework. Moreover, regional harm reduction networks have been established to address, among others, needs of injecting drug users, namely; the Eastern African Harm Reduction Network; Middle East & North Africa Harm Reduction Association (MENAHRA), and national networks exist in Uganda, Kenya, Tanzania, Mauritius, Senegal and South Africa. Most of these networks run one or two components of harm reduction services.

59. In terms of prison services, only a few countries have adopted prevention and treatment services, which include drug prevention and treatment such as Mauritius, Kenya, and Tanzania. Tanzania refurbished a model clinic with medical/hospital equipment, furniture, electronic equipment to ensure the provision of quality health services to both inmates and staff, also development and adoption of Guidelines and Standard Operating Procedures for HIV and AIDS service provision in prison settings.

60. Furthermore, the Commission of the African Union strengthened collaboration on drug demand reduction internationally to professionalize the treatment workforce where it participated as ex officio board member in International Society of Substance Use professionals (ISSUP) to promote: 1) science by connecting scientists with practitioners; 2) training, capacity building, knowledge and professional development; 3. credentialing / qualifications; and 4) issue guidance on demand reduction related matters.

61. More than 10 AU Member States are presently benefitting from ISSUP training and networking events. Training and capacity building played a big role in professionalizing treatment efforts. Through the UNODC "Treatnet" training package on effective approaches to treat drug dependence, more than 12,000 professionals have been successfully trained. In 2015 alone, more than 1,100 practitioners were reached through training activities using both the "Treatnet" training package and the Universal Treatment Curriculum (UTC), including in Cote d'Ivoire, Benin, Senegal and Togo. UTC training was also provided through the Colombo Plan in many Member States including Mauritius, Kenya, Tanzania, Botswana and South Africa.

62. However, many countries still lack dedicated treatment and rehabilitation facilities as well as the most basic drug-related health and treatment services are scarce. Most services are provided by psychiatric hospitals, which may be overcrowded and may not have specialized drug dependence services, or by traditional healers and faith-based facilities, which have been reported in many places to use scientifically unsound methods and even methods that are cruel or inhumane. Figure 6, below shows that the bulk of treatment provided is psycho-social and detoxification only. Available facilities are generally poorly funded, and few have adequate numbers of personnel with skills and experience in managing substance use disorders. Indeed INCB and UNODC reports show that there is high treatment demand and low services access, with only 1 in 18 problem drug users receiving treatment in Africa compared to 1 in 6 in developed countries. What ultimately emerges from the evidence is that the harms of criminalization far outweigh those of decriminalization. However, Member States would remove a huge weight from already overburdened criminal justice systems if they would consider to decriminalize drug use and possession, and expand health and social services for those with problematic use.

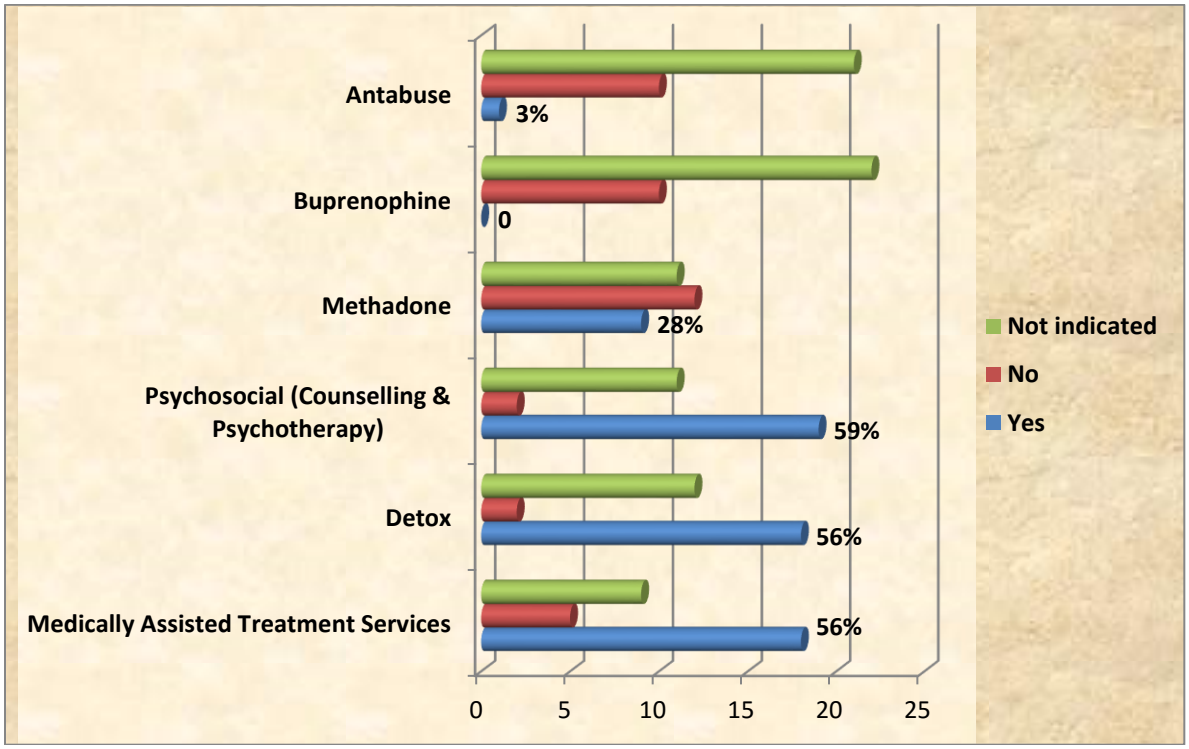

Figure 6: types of treatment services available

Prevention programmes

63. Prevention programmes appeared to receive more attention when compared to the last reporting period. However, most activities were episodic and mostly confined to urban centres. Only Algeria reported country wide coverage. Most prevention efforts were mainly awareness raising via radio talk shows, schools, and public meetings. Many countries have initiated drug free clubs in schools. For example, drug use prevention is part of the school health programme in Ghana. In Nigeria, drug education has been infused in the curriculum of schools (from primary schools through secondary schools to general studies in tertiary institutions). The country is currently piloting 'UNPLUGGED', an evidence-based programme for 12-14-year-old students developed by a consortium of European researchers. In Kenya, drug use prevention programmes target young people through life-skills training for young people aged 10-15 and via the strengthening of families' programmes which targets families of school-going children. In Ethiopia, strengthening of the Families Programme (SFP 10-14 Years) is being implemented by the Federal Ministry of Education supported by UNODC. The programme has proved effective in delaying the age at which adolescents begin to abuse substances, lowering levels of aggression, increasing the resistance of adolescents to peer pressure and enhancing

the ability of parents and caregivers to set appropriate limits and show their children affection and support.

64. The campaign '*Listen First'* which was initiated by UNODC and currently running on social media, has been introduced to member states, who receive regular updates. The Campaign was launched at the United Nations General Assembly Special Session on the World Drug Problem (UNGASS) in April 2016 with participation of more than 40 Member States (including 5 from Africa: Algeria, Angola, Egypt, Kenya, Senegal).

Institutionalise diversion programmes for drug users in conflict with the law, especially alternatives to incarceration for minor offense

65. No country indicated implementing alternatives to incarceration. Moreover, inclusion of drug users as beneficiaries of national social protection programmes remains a gap which needs to be addressed. Algeria is the only country reporting legal provision for alternative measures to criminal prosecution of drug users. UNODC continued to provide technical assistance on the basis of the United Nations standards and norms in crime prevention and criminal justice in the penal system in some countries as follows: police reform in Kenya, alternatives to imprisonment for juveniles in South Sudan, and comprehensive programmes covering the full penal chain in Nigeria and Ethiopia.

66. The Commission of the African Union and some AU Member States participated in the UNODC/WHO organised expert group meeting on "Treatment and Care of People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction and Punishment" in October 2016. The meeting reviewed existing practices on treatment as an alternative to conviction or punishment with a view to providing inputs to the ongoing process of development of a handbook on the subject. The initiative seeks to explore strategies and options to direct, in appropriate cases, people with drug use disorders and in contact with the criminal justice system to the health care system in line with international drug control conventions and other relevant legal instruments. This has opened a channel for ongoing dialogue to highlight the opportunities and challenges and areas requiring advocacy and technical support.

2.3 Countering Drug Trafficking and Related Challenges to Human Security

Legal and policy frameworks and Strategic information

67. Most countries have legislation, and some recently revised awaiting parliamentary approval like Ghana, and Côte d'Ivoire, and Nigeria awaiting the Attorney General's approval. Nigeria undertook a review of the

adequacy and efficacy of Nigerian drug control laws and policies, making a series of recommendations for law reform, together with four (4) strategic thematic assessments on vulnerabilities associated with air and sea borders, precursors and psychotropic substances, completed in 2016. Seventy-five percent (75%) of the countries reported having legal and policy frameworks; and fifty-six per cent (56%) having carried out one form of assessment or another on trafficking and supply trends (*Figure 7*). In Tunisia, a sustainable process of crime data collection and analysis is now in use, complementing the conventional investigation techniques. Many countries are yet to update their policy and legislative frameworks to comprehensively address drug trafficking and incorporate new forms of trans-national organized crimes.

68. However, in spite of the existence of these policies and legal frameworks, enforcement remains a key challenge.

69. In terms of strategic information, UNODC launched the "Afghan Opiate Trafficking through the Southern Route" in March 2015. The report analyses trends of opiates trafficking to and through Africa, mainly the Northern, Eastern and Southern, and Western and Central African Regions. It analyses trends of opiates trafficking to and through these regions along the southern route and its correlation with global trade.

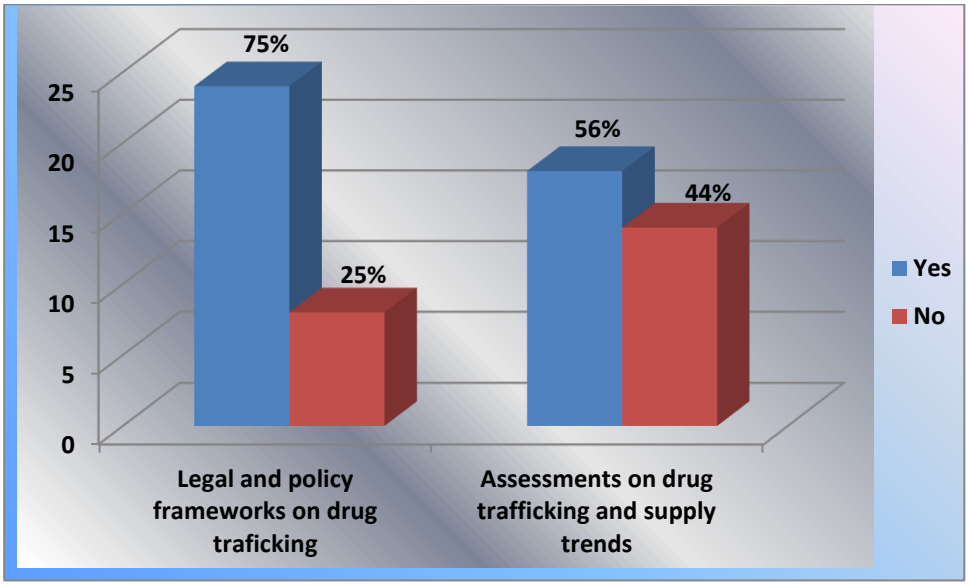

Figure 7: Frameworks and strategic information

Regional and international cooperation frameworks

70. The following regional and international cooperation frameworks in the domains of drugs and organized crime exists from which AU Member States benefit greatly:

i) The West African Network of Central Authorities and Prosecutors (WACAP) which during reporting period held plenary meetings in Côte d'Ivoire, Cabo Verde, Burkina Faso, Ghana, and Nigeria.

ii) Active Global Container Control Programme (CCP) in West Africa; also launched in Tunisia in 2015.

iii) Many activities continue to be implemented in the framework of West Africa Coast Initiative (WACI) in Côte d'Ivoire, Guinea-Bissau, Liberia, Sierra Leone and Guinea.

iv) The Transnational Organized Crime Unit (TOCU) is fully operational in Sierra Leone since 2010, in Liberia since June 2011, and Guinea-Bissau since June 2011.

v) The Airport Communication Project (AIRCOP), an "*establishment in real-time operational communication between international airports in Africa, Latina America and the Caribbean*". AIRCOP's overall objective is to strengthen capacities to fight drug trafficking and other illicit activities in 30 selected international airports by creating inter-service (police, customs and immigration) joint airport interdiction task forces. As of June 2016, twelve joint airport interdiction task forces are operational in Africa: Benin, Cabo Verde, Cameroon (Douala, Yaoundé), Côte d'Ivoire, Gambia, Ghana, Mali, Niger, Nigeria, Senegal and Togo. Three additional JAITFs have been trained and were expected to be operational during the second semester of 2016 in Guinea Bissau, Kenya and Ethiopia.

vi) The Indian Ocean Forum on Maritime Crime (IOFMC) a mechanism in countering transnational organized crime at the high-level event on "Heroin Trafficking on the High Seas in the Indian Ocean"; and ,

vii) The Asset Recovery Inter-Agency Network of Southern Africa (ARINSA), modelled on the Camden Asset Recovery Inter-Agency Network, and supports proceeds of crime/asset forfeiture practitioners' network. The ARINSA network provides a platform for countries to trace and confiscate the proceeds of all major crimes including drug trafficking. The network also facilitates information requests for international and regional mutual legal assistance in all major crimes including drug trafficking.

Advocacy for policy development and Evidence based public awareness and community involvement

71. The Commission conducted a high level advocacy as reported earlier (para *48-54*). Even though sixty-six per cent (66) % of Member States reported having advocacy and awareness programmes, it is not clear whether the type and scope have been adequate. In fact, there were more awareness programmes (targeted at mostly schools and general population) conducted than advocacy programmes engaging policy makers, political and community leaders.

72. Member States reported that increased seizures and court action were initiated due to training and technical assistance provided by member states and UNODC.

2.4 Capacity Building in Research and Data Collection enhanced

Improved capacities of criminal justice system to investigate and prosecute as well as take other measures to contain drug related organised crimes

73. While not all activities described here refer to exclusively to drug-related crime and drug users, strengthened capacities of the criminal justice institutions can be readily applied to drug-related issues.

74. Broad-ranging types of training and capacity building initiatives bringing together criminal justice system, health and social development were carried out at the Member State level, often with the support of UNODC to improve their skills to prevent, detect, investigate and prosecute corruption as follows:

- Kenya produced a law enforcement officer's handbook with abridged version of all laws relating to alcohol and drugs offences in 2015 used for training and given to all law enforcement officers.
- In Nigeria, 47 law enforcement courses on criminal intelligence, criminal investigation, money laundering and proceeds of crime and law enforcement management were conducted.
- In Egypt, information analysis was provided to 60 officers from various law enforcement agencies. Some sessions included specialized investigation techniques, as well as with the use of investigative software with regard to data registration and modification. The training was aimed at improving law enforcement capacity to analyse risk factors and profile movements of people and goods in order to identify illicit trafficking and transnational organized crime, and whether there was a relation to terrorism.
- The same type of training provided in Tunisia, in addition to support to the development of a training plan on border information and risk management as well as equipment to improve border information and risk management at Tunisian borders, in line with the Tunisian National Security Strategy.
- UNODC has been mapping the national abilities of all the coastal States in the Gulf of Guinea, through intelligence and in-depth reports with regard to maritime crime. Since 2015, four training workshops for prosecutors, judges and senior legal advisors, five (5) coordination meetings on law reform and four (4) assessments have been issued with law reform proposals. In addition, two mentors have been placed in Ghana and Sao Tomé and Principe.
- ARINSA has built regional capacity of over 2000 judges, magistrates, prosecutors and investigators on asset forfeiture, money-laundering and all

major crimes including drug trafficking using their national legislation from the following countries: Malawi, Namibia, United Republic of Tanzania (Dar es Salaam and Zanzibar), Lesotho, Kenya, Botswana, Uganda and Swaziland. UNODC has produced Asset Management Manuals, as well as legislative reviews for the introduction of non-conviction based forfeiture for Botswana and Namibia. Moreover, UNODC has also produced the ARINSA Operations Manual, a hand book for financial investigators and the ARINSA Annual report. A programme of placing mentors in ARINSA member countries has continued, which has led to an increase in the number of prosecutions of money laundering and asset forfeiture from all major crimes including drug trafficking. This rise has seen over 340 cases being considered, an increase from about 30 in the previous reporting period. A website has been established for use by the ARINSA network. It consists of an open area, as well as a secure platform for exchanging information, and an e-learning platform. The ARINSA online Community has over 450 members from 18 countries and has been visited over 70,000 times. The ARINSA Annual General Meeting was held in June 2016.

75. Regarding money laundering UNODC continued providing technical assistance to various ECOWAS Member States) to strengthen anti-money-laundering and counter-terrorism financing (AML/CFT) national frameworks. A major train-the-trainer programme on financial investigations, aimed at identifying a cluster of law enforcement practitioners has been initiated. The Programme has been completed in Benin, Côte d'Ivoire, Ghana, Mali, and Senegal where, in total, 52 trainers were identified. To date, they replicated the training to over 900 practitioners and organized themselves into networks. Niger, Nigeria and Togo are the next countries to receive the course.

76. A regional training for competent national authorities in East Africa responsible for cooperation in the implementation of the international drug control conventions, namely the 1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was conducted by The International Narcotics Control Board (INCB) was conducted in Nairobi in April 2016.

77. Most countries reported having mechanisms to combat corruption (66%) and money laundering (69%). However, few countries (38%) had mechanisms for witness protection (*Figure 8).* Countries without specific mechanisms indicated that they use relevant provisions under the penal code.

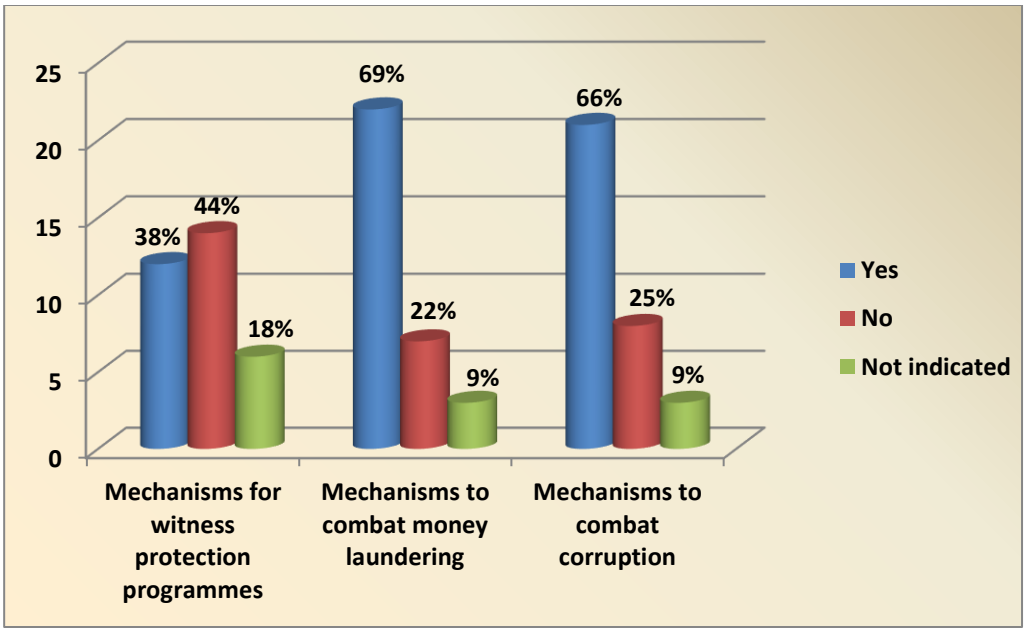

Figure 8: Criminal justice capacity

Barriers limiting availability of internationally controlled drugs for medical and scientific purposes removed

78. Subsequent to the adoption of the AUC Common Position on Access to Pain Management Medication in 2013, the first African Union Specialized Technical Committee Meeting on Health, Population and Drug Control (STC-HPDC 1), April 2015 further urged member states to:

i) Establish, operationalise, galvanise and strengthen national drug coordination mechanisms, including their capacity to control the illicit diversion of psychotropic and psychoactive drugs, as well as diversion of precursor chemicals;

ii) Improve quantification and estimation of opiates and other essential medicines and pain management drug requirements; and

iii) Develop and advocate for balanced national policies that aim at improving access to medicines for pain and palliative care meanwhile preventing their misuse, abuse and trafficking.

78. As such, a pilot training has been initiated in Ghana with the Department of Health to be cascaded to the community health providers in order to identify and correctly diagnose the level of pain patients are experiencing through the Joint Global Programme between UNODC, WHO and the Union for International Cancer Control (UICC). Similar activities have been planned for the Democratic Republic of the Congo in the near future. Algeria has established new structures for treatment and pain management within the framework of the 2015/2019 National Cancer Plan, and the registration and recording in the national nomenclature of new molecular medications for the treatment of pain; while in Kenya, a National awareness raising workshop

for practitioners and policy makers was on the availability of narcotic drugs and psychotropic substances for medical and scientific purposes was held in April 2016.

79. Less than half of respondents (44%) indicated availability of pain management drugs, many reporting general problems related to estimating the quantities of drugs required, often resulting in depletion of stocks. Less than half (44%) also reported using the Pre-Export Notification (PEN) online system (*Figure 9*).

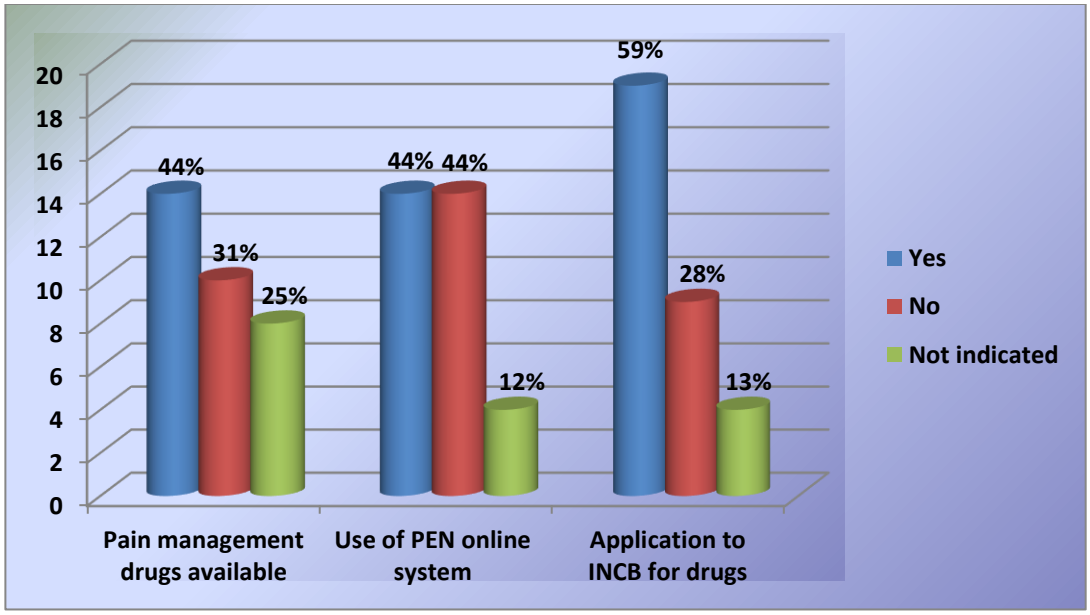

Figure 9: Pain management

Capacity for control of precursor chemicals by Member States improved;

80. Most countries (68%) have precursor control programmes (*Figure 10*). As reported previously, South Africa operates a very good precursor control programme and has succeeded in dismantling laboratories manufacturing methcathinone and methamphetamine, though it remains a producer and exporter of amphetamine-type stimulants. Nigeria, Kenya and Egypt have also dismantled clandestine laboratories. During the reporting period, the Nigerian authorities dismantled two illegal factories used for the production of methamphetamine in May 2015, in Anambra State, bringing to 14 clandestine laboratories dismantled between 209 and 2015 in Nigeria. In March 2016, the first super-sized methamphetamine laboratory with a capacity of producing up to 4,000kg of methamphetamine per production cycle was found in Asaba, Delta State. It is worth mentioning that four (4) Mexican nationals who were operating the super-sized laboratory have been apprehended. Investigations related to the seizure of all the laboratories revealed that Mexican and South American drug trafficking

organizations were playing a role in the Nigerian methamphetamine trade. They were also linked to criminal groups operating in and through Nigerian airports, through which methamphetamine was smuggled to Asian countries and South Africa. Since 2012, Egypt has dismantled eight (8) clandestine laboratories.

81. To strengthen its capacity, Nigeria developed and piloted guidelines for the national quantification of narcotics and the estimation of psychotropic substances and in 2016, with the first national quantification and estimation exercise to take place in early 2017.

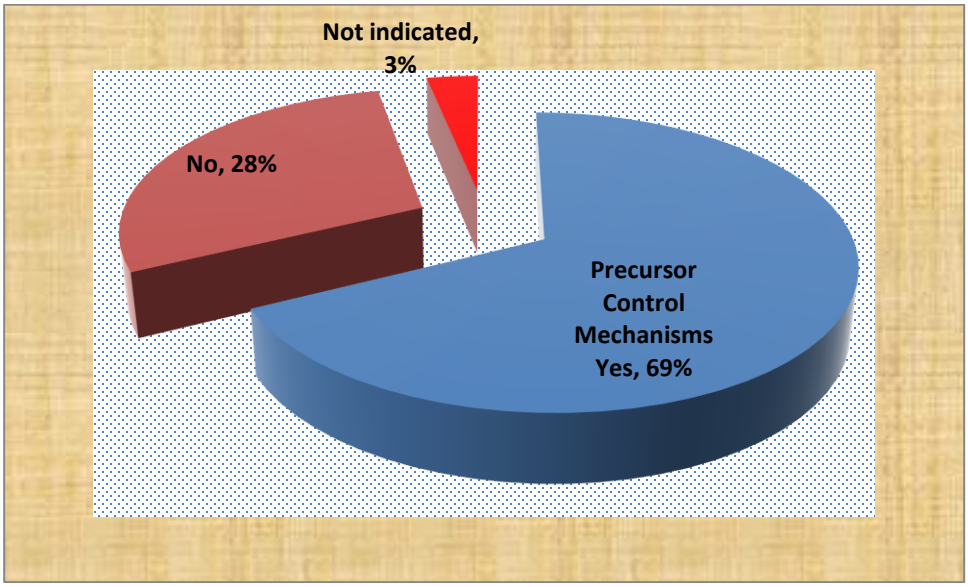

Figure 10: Precursor control

3. IMPLEMENTATION GAPS AND CHALLENGES

82. Putting into practice a balanced and integrated response to drug control is problematic. More needs to be done in providing comprehensive, accessible, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare service, and expand health and social services for those with problematic.

83. The persistent lack of reliable data continues to be a big challenge in Africa. Very few countries are able to provide reliable data on drug seizures, drug arrests and drug use prevalence rates. Moreover, there is a lack of factual, objective and comparable data on drug use and services available, treatment and care, in line with the UNODC guidelines and Standards in the domain.

84. Related to the above, is the limited funding that countries devote to drug treatment, as well as what the international donor community is ready to pledge to drug treatment initiatives.

85. Border controls and cooperation and coordination between and among Member States need improvement. At national level, closer cooperation amongst the relevant law enforcement institutions, such as police, immigration and customs, is required. Interventions to prevent and combat illicit trafficking and organized crime would require strong and effective controls along national borders.

86. Many of the existing legal frameworks are outdated and need to be updated to comprehensively address drug trafficking and incorporate new forms of trans-national organised crimes. Moreover, many countries do not have drug control strategies but even those that have, face obstacles in translating such strategic documents into evidence-based and (cost-) effective national action plans on drug prevention and comprehensive drug treatment.

87. There is limited forensic capacity in Member States to conduct various analyses on confiscated drugs. Regional collaboration and cooperation between Member States to assist others in analysing drugs seized have not been optimized thus far. This is compounded by the lack of detection equipment.

88. There continues to be weak control systems to access, regulate and administer the use of narcotic drugs and psychotropic substances for medical and scientific purposes.

4. CONCLUSIONS AND RECOMMENDATIONS

89. The successful implementation of the AU Plan of Action on Drug Control (2013-2017) is predicated on strong partnerships and technical cooperation. There is urgent need to pursue mutually beneficial cooperation, in particular, enhanced cooperation between governments, specialised services and civil society in producing, transit and consumer countries. It also depends on commitment by AUC member states to take practical measures to allocate appropriate funding to implement all the four priority areas of the Plan of Action as well as aspirations encapsulated in the UNGASS outcome document.

90. On the basis of common and shared responsibility, Member States need to strengthen efforts towards a balanced and comprehensive approach to drug control focussed on both drug demand and drug supply reduction as well as ensuring availability of controlled substances for medical and scientific use, including in emergency and conflict situations, while reducing illicit use of narcotic drugs and psychotropic substances. The goal is further espoused in the Common African Position for UNGASS, and the UNGASS outcome document.

91. Drug control initiatives need to go in tandem with socioeconomic programmes, as well as good governance, rule of law and security efforts, calling for synergy in the Commission, but also at the REC and Member State levels. It is increasingly being recognized that challenges related to the lack of rule of law and the nexus of drugs/crime/peace ought to be prominent in the developmental process and that these considerations should influence development assistance. At the same time, should consider combining drug control strategies with crime and violence prevention programmes, focusing on the local level and on the most vulnerable groups, including women, young people and migrants.

92. The transnational dimension of drug trafficking and organized crime underlines the need to strengthen regional cooperation in this regard. The main areas for enhanced cooperation should include increasing information exchange within the continent, tackling financial flows linked to drug trafficking, as well as preventing the diversion of precursor chemicals that are used to manufacture drugs.

93. It is essential to support more scientific research and develop strategic information that help monitor drug situation and allow data-driven planning by developing a sustainable system of collecting and sharing valid and reliable data on drug trafficking, organized crime and drug abuse; including establishing and strengthening drug observatories and epidemiological networks in order to devise appropriate strategies and interventions. Therefore, Member States are encouraged to consider allocating resources to establish and strengthen drug epidemiology networks and observatories. In addition, the Commission of the African Union also needs to leverage resources to conduct updated Comprehensive Assessment of Drug Trafficking and Organised Crime in all geographic regions of the continent. There is need for more support to scientific research and developing strategic information that helps monitor drug situation and allow data-driven planning.

94. At the same time, efforts need to be enhanced to prevent drug abuse and address its social and health consequences through comprehensive, evidence-informed and human rights-based programmes including drug use prevention, dependence treatment and aftercare services, as well as HIV prevention, treatment and care among people who inject drugs in line with the Plan of Action; and also strengthen evidence-based drug prevention and early interventions targeting hard to reach populations and the most vulnerable groups. Care should be taken to promote gender sensitive services to women who use drugs and women prisoners.

95. South-South cooperation programmes should be increased, especially with a view to strengthening national law enforcement, especially in fragile and post-conflict countries, more vulnerable to drug trafficking and organised crime; and also continue to strengthen regional cooperation among law-enforcement and

intelligence agencies; reinforce cooperation with regional economic communities and other bilateral and multilateral partners involved in counter-drugs efforts.

96. There is a necessity to have an appropriate legal frameworks in which comprehensive drug dependence treatment and care services (including methadone which is new to the region) can be included.

97. Member states are encouraged to develop and review alternative development initiatives and alternative crops to narcotic plants, with the support from UNODC.