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AU PLAN OF ACTION ON DRUG CONTROL (2013-2017)

Submitted for consideration by the 5th Session of the Africa Union Conference of Ministers of Drug Control (CAMDC5)

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ATS	Amphetamine Type Stimulants
AUC	African Union Commission
AU.COMMIT	African Union Commission Initiative Against Trafficking
AUPA	African Union Plan of Action
CAMDC5	5th Session of the African Union Conference of Ministers of Drug Control
CAMDCCP4 Bureau	Bureau of the 4th Session of the African Union Conference of Ministers of Drug Control and Crime Prevention
CEWS	Continental Early Warning System
CSO's	Civil Society Organisations
CWC	Chemical Weapons Convention
EAC	East African Community
ECOSOCC	The Economic, Social and Cultural Council
ECOWAS	Economic Community of West African States
HIV	Human Immuno-deficiency Virus
IGAD	Inter-governmental Authority on Development
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
MDG	Millennium Development Goal
NGO	Non-Governmental Organisation
REC	Regional Economic Community
SADC	Southern African Development Community
UN	United Nations
UNAFRI	United Nations African Institute for Prevention of Crime and Treatment of Offenders
UNODC	United Nations Office on Drugs and Crime

FOREWORD

The African Union Commission is committed to developing measures aimed at supporting its member states in their efforts to combat the world drug problem.

The AU Plan of Action on Drug Control (2013-2017) (AUPA) is the fourth revised Plan of Action developed by the AU in response to emerging challenges associated with drug control. It is informed inter alia by the three international drug control conventions and earlier declarations and decision of the four sessions of the AU Conference of Ministers in Charge of Drug Control, taking into account the principle of shared and common responsibility.

In this regard, the Plan of Action follows a balanced and integrated approach to drug control, providing a solid framework to address both supply and demand reduction in corresponding measure. While Drug Control practice in Africa has tended to focus more attention on supply reduction, this plan proposes to restore the balance and pay greater attention to health and other social consequences of drug use, while not neglecting law enforcement approaches.

The revised AUPA for the period 2013-2017 is cognisant of the magnitude and complexity of new trends of drug trafficking through the region and resultant health, social, economic, and security impact. It therefore pays particular attention to capacity building for research, information collection and development of monitoring systems with a view to increase monitoring of changing and emerging trends, implementation of evidence-based responses and ability to assess the effectiveness of those responses.

An important feature of this current Plan of Action is the results-based implementation matrix, with broad outcome areas and outputs to be realised at the continental, regional and national levels, which have been carefully developed in a consultative process.

The Plan of Action is envisaged to be the most comprehensive reference and background document for Member States to galvanize national, regional and international cooperation to counter the drug problem on the Continent over the next five years.

H.E Adv. Bience P. Gawanas
Commissioner for Social Affairs

EXECUTIVE SUMMARY

The impact of drug trafficking and use continues to be felt on the Continent in the context of rapid socio-economic changes and its attendant consequences such as high levels of income inequality, a high share of youth in populations, high rates of urbanisation, low levels of criminal justice resources, firearms proliferation, wars and civil conflicts as well as weak controls over criminal activities.

Drug profits are distorting economies of many African countries and in some of the poorest states, the value of trafficked drugs exceeds the country's gross national income. Countries have also borne the brunt of negative health consequences and costs associated with fighting drug-related crime.

On a positive note, threats posed by drug trafficking through Africa have remained high on the agenda of the international community, hence the urgency to galvanise such commitment to strengthen international cooperation to support regional and national efforts to address the challenge.

Against this background, the 5th Session of African Union Conference of Ministers on Drug Control adopted the AU Plan of Action on Drug Control (2013-2017) whose fundamental goal is to improve health, security and socio-economic well-being of people of Africa by reducing illicit drug use, trafficking and associated crimes.

The Plan of Action outlines four (4) key priority areas (Expected Outcomes) as follows:

- a) Continental, regional and national management, oversight, reporting and evaluation of the AUPA enhanced.
- b) Evidence-based services scaled up to address health and social impact of drug use in Member States.
- c) 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.
- d) 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.

The key priority areas have been elaborated further in a results-based matrix with outputs, activities and key indicators clearly defined.

AU PLAN OF ACTION ON DRUG CONTROL (2013-2017)

1. BACKGROUND AND CONTEXT

1.1 Introduction

1. Drugs, crime and corruption are undermining development efforts in many African countries. High levels of income inequality, a high share of youth in populations, high rates of urbanisation, low levels of criminal justice resources, firearms proliferation, wars and civil conflicts as well as weak controls over criminal activities leave Africa vulnerable to organised crime which, in turn, fuels corruption, infiltrates business and politics and hinders development. It also undermines governance by empowering those who operate outside the law.¹ Sustainable development cannot be achieved without addressing these negative influences caused by criminal activities.

2. A response was needed that takes into consideration social realities faced by Africa, such as poverty and the HIV and AIDS pandemic. It was against this background that the AU Plan of Action on Drug Control and Crime Prevention (AUPA) (2007-2012) was launched in January 2008. It had two fundamental objectives relating to, firstly, reversing emerging trends of drug abuse and trafficking, organised crime, corruption, terrorism and related challenges to socio-economic development and human security, and secondly, achieving improvement in social and personal well-being of people of Africa and their communities.

1.2 Brief accomplishments of the AU Plan of Action on Drug Control and Crime Prevention (2007-2012)

4. A joint AUC/UNODC project "Support to the implementation of the AU Plan of Action on Drug Control and Crime Prevention (2007- 2012)", was designed to increase the AUC institutional capacity to implement the Plan of Action by monitoring, promoting, and coordinating Continental progress towards the Plan's overall goals and objectives.

5. In this regard, the Africa Union Commission (AUC) significantly strengthened its own capacity together with that of its partners resulting in the following:

- Regional Economic Communities (RECs) have developed plans and programmes to combat drugs and related crimes, while the AUC and partner agencies have established working modalities with RECs in areas of trafficking in human beings², and are continuously working towards the same in drug control.
- Member States have established, or are in the process of establishing integrated national programmes to combat drug trafficking, use and associated transnational organised crime. In addition, national drug focal points have been operationalised in 31 AU Member States.

¹See "*Crime and development in Africa*", UNODC study carried out as per the ECOSOC resolution 2004/32, released in June 2005, analyzing the situation and proposing strategies that would target impediments to sustainable developments attributable to widespread criminality, such as, international trafficking in illicit drugs, human beings and fire arms, organized crime, public and private sector corruption, terrorism and other practices that harm good governance and the rule of law.

² For example with ECOWAS, IGAD, EAC and SADC.

- At AUC level, a coordination and implementation mechanism has been established comprising of all AUC Departments affecting the AUPA to ensure coordination, streamlined operations and informed decision-making.
- Understanding of the dynamics of drugs and crime has improved for policy-making and programme implementation by i.) developing and launching a monitoring mechanism for the implementation of the AUPA; ii.) incorporating drugs and crime indicators into the AUC data base; iii.) working to include drugs and crime indicators into the AUC Continental Early Warning System (CEWS); and iv). Circulating “Drug News Africa”, a topical quarterly newsletter aimed at drug awareness raising and stimulating academic debate, and also serving as an early warning tool, which was launched in October 2011.
- Compilation of Continental Minimum Standards for drug use treatment.

6. In addition, the 4th Session of the AU Conference of Ministers for Drug Control and Crime Prevention (CAMDCCP4)³ further defined priority areas for the AUPA implementation during 2011-2012 as follows⁴:

- Strengthening cooperation and coordination in the fight against drugs and crime.
- Harmonising drug control legislation among Member States by 2012.
- Control of precursor chemicals for the manufacturing of synthetic drugs.
- Exploring the need for a continental training facility for drug dependence treatment.
- Strengthening the Continental Early Warning System (CEWS) to include epidemiological networks and threat assessments.

7. In October 2011, the Commission partnered with UNAFRI and hosted a Continental think-tank in Kampala, Uganda involving RECs, the CAMDCCP4 Bureau, AU Member States, and selected experts and development partners. The experts deliberated the key priority areas of the AUPA (2013-2017).

1.3 Challenges to implementation of the AU Plan of Action on Drug Control and Crime Prevention (2007-2012)

8. The AU Plan of Action on Drug Control and Crime Prevention (2007-2012) contained a wide spectrum of interventions, dependent on a variety of stakeholders which resulted in limited consensus on the most cost effective and strategic approach towards implementing activities as stated in the work plan, especially those cross-cutting such as Continental Early Warning Systems (CEWS). Moreover, there continues to be un-coordinated activities both inside AUC and by partners.

9. There were also challenges with financial support for translating policies, resolutions and frameworks into concrete action. Apart from initial funding as part of a joint AUC/UNODC preparatory assistance project, the AUPA was under-funded,

³ endorsed by Executive Council Decision EX.CL/615(XVIII) of January 2011

⁴The Conference also expressed support to calls that the theme of an upcoming ordinary session of the Assembly (to be held before 2015) should be devoted to Continental drug control and crime prevention; urged Member States to decisively address violence against women through national legislation and to submit annual reports thereon and furthermore, called on Member States to contribute financially to the United Nations African Institute for the Prevention of Crime and the Treatment of Offenders (UNAFRI) to enable it execute its mandate.

limiting ability to adequately coordinate and monitor overall implementation continentally, regionally and nationally.

10. In addition, continentally, there remains inadequate human and financial capacity, and sometimes no clearly designated drug control and crime prevention focal points at national and regional levels leading to poor feedback by Member States and RECs.

11. The formulation of the Plan of Action was not sufficiently results-based; hence it contained no clear indicators and milestones for monitoring and evaluation.

1.4 Current Continental Drug Challenges

12. In spite of the above efforts, production, trafficking and use of illicit drugs continues to be a growing challenge in Africa⁵. There has been an increase in the use of almost all types of drugs over the past few years. Whereas illicit drug production in Africa is mainly focused on cannabis, there is an emerging threat of locally manufactured Amphetamine Type Stimulants (ATS), trafficking in and consumption of diverted or counterfeited prescription drugs, and precursor chemicals containing controlled substances. Moreover, cannabis is widely trafficked across African countries, significant amounts of cocaine trafficked from South America to Europe via West Africa and indications that some West African Countries are being used to stock-pile cocaine which is later trans-shipped in small quantities to Europe. In addition, African Countries are increasingly being used to ship Afghan heroin to final destinations in Europe and other regions, with the East African region being the main target.

13. This situation is compounded by insufficient and even unreliable information, and limited treatment options. In many African countries, national health-care systems lack financial resources to meet treatment demand adequately, particularly as regards facilities for treatment and rehabilitation of drug-dependent persons.

14. Weak and under-resourced criminal justice systems and relentless attempts of criminal groups to intimidate and corrupt officials often hamper efforts to curtail the illicit drug trade. Moreover, drug offenders or people accused of drug offenses, including minor infractions, represent a disproportionately high percentage of persons in pre-trial detention or prison in many countries.

1.5 Health and social consequences of drug use on the Continent

17. Rapid socio-economic changes that characterised the increase of drug use in other regions such as a growing youth urban population, poverty, instability, exposure to violence, difficult job conditions, work overload, post-traumatic stress disorders, and neglect and abuse, are also the case in Africa.

18. The impact of illicit drug use on society includes negative health consequences, impact on productivity in monetary terms and costs associated with drug related crime, and whereas there is no doubt that illicit drug use, alcohol and

⁵UNODC 2010. The Globalisation of Crime: A transnational Organised Crime Threat Assessment
UNODC. World Drug Report 2011, INCB Annual Report 2010

tobacco constitutes a significant health risk, there is an enormous unmet need for drug use prevention and for the treatment, care and support of drug users.

19. Africa is experiencing an emerging and alarming trend of increased use of heroin and injecting drugs. Risky injecting and sexual behaviour among drug users have become major public health concerns owing to the high risk of infection with HIV and hepatitis B and C viruses, particularly among marginalised and most at risk populations. While HIV infection among injecting drug users is contributing to “concentrated HIV epidemics”, HIV infection in Africa is largely heterosexual driven, with the use of cannabis, cocaine, and “crack” cocaine and amphetamine type stimulants by non-injection routes of administration also contributing to increased risks of HIV infection, in particular through unprotected sex.

20. Moreover, deaths related to or associated with illicit drug use may include fatal overdoses, suicides, accidents while under the influence of drugs, deaths among injecting drug users from infections such as HIV or AIDS and deaths resulting from medical conditions associated with long-term drug use. Data compiled by UNODC indicates that opioids are ranked as the main drug type associated with drug-related deaths in Africa, Asia, Europe and Oceania,. On the other hand, cannabis is the most commonly used controlled substance in Africa. For 2010, most of the Member States in Africa reported an increasing trend in the use of cannabis and opioids and stable trends for cocaine and amphetamine-type stimulants (ATS), except in West Africa, where it is speculated that the increasing trafficking of cocaine through the coastal countries is leading to an increase in cocaine. Other drugs used in varying degrees include diazepam, chlorpromazine and amphetamine type stimulants.

1.6 The Political-Criminal Nexus of Organised Crime in Africa

22. The collaboration between some government employees and the criminal underworld – the political-criminal-nexus is one of the greatest impediments to upholding the rule of law, socio-economic development and human rights in many parts of the world. The problem is acute, violent, and kaleidoscopic, and often dominates political, economic and social life. Criminal organisations need legitimate state structures to facilitate their activities and the most common way of getting services of state structures is through bribing of public officials responsible for law enforcement and judiciary.

23. The growth of drug trafficking through Africa poses new challenges to the crises prone continent especially in West Africa, international counter narcotics efforts, as well as facilitating the emergence of new types of threats to international security. The nexus between drug trafficking cartels, corrupt government officials, and suspected terrorist elements in the Sahel region and the Horn of Africa will impact on international security. It will also detract from on-going efforts to improve governance, political stability, rule of law, human rights, and capacity building programmes to attain MDG goals embarked on by many countries in Africa.

24. From a position of non involvement in global trade in illicit drugs, Africa has in the last 15 years, emerged as a major transit route in the global trade in narcotics. UN anti-drugs officials believe cocaine trafficking through West Africa to Europe is mounting and increasingly sophisticated. It is estimated that the drug trade through West Africa alone is now worth some about \$800m a year.

25. Drug profits are distorting the economies of many African countries. In some of the poorest countries, the value of drugs being trafficked is greater than the country's gross national income. Drugs are also destroying lives of young people who are mostly under-educated and unemployed, thus making them vulnerable to those who wish to use them to provoke violence or serve as 'mules' in the drug trafficking chain.

26. Africa's vast, porous borders and coastline including poorly regulated airfields, weak governance infrastructure and limited law enforcement capacity have made sub-Saharan Africa a perfect hub for traffickers trying to reach Europe's cocaine markets. Other major points of entry of drugs into the Continent are the eastern coast of Africa as well as the southern part of the Continent, mainly through South Africa.

27. These vulnerabilities have aggregated, exposing the Continent to the emergence of relatively new threats to peace and security and undermining capacity of the region to respond adequately to the impact of drugs, terrorism and piracy. These "emerging threats" are not new issues but they have gained prominence in West Africa and the Horn of Africa in recent years.

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

29. Building upon the previous Plan of Action and the need to address challenges holistically, the proposed Plan of Action (2013-2017) on Drug Control will seek to strengthen Continental and international cooperation and further integrate drug control issues into national legal and institutional frameworks.

30. The Plan of Action includes a political process that foresees the application of principles mentioned by African Governments and by institutions at regional and Continental level, in particular the RECs and the African Union Commission and its programmes. It is expected that the Plan of Action, once adopted, will be endorsed at the African Union Head of States and Government Assembly in January 2013.

31. In addition to emphasising political commitment, the Plan of Action is intended to be an operationally-oriented strategic framework for implementation, coordination and harmonisation of related policies and programmes on the Continent.

32. It is cognisant of the need to strengthen regional and international responses in view of the cross border and transnational nature of organised crime and drug trafficking.

33. The Plan of Action creates synergies with existing African Union Commission initiatives to address organised crime such as the 2011 – 2015 Strategic Plan of the Africa Union Advisory Board on Corruption; the Ouagadougou Action Plan to Combat Trafficking in Human Beings, Especially Women and Children, 2006 and its operative plan AU.COMMIT; Africa's Integrated Maritime Strategy (2050 AIM-Strategy); The African Union Strategy on the Control of Illicit Proliferation, circulation and Trafficking of Small Arms and Light Weapons, 2011; Plan of Action of the African Union for the Prevention and Combating of Terrorism in Africa, 2002; and the AUC Task Force for the universal and effective implementation of the Convention on the

Prohibition of the Development, Production, Stockpiling and use of Chemical Weapons and on their Destruction -the Chemical Weapons Convention--(CWC).

34. The Plan of Action also takes into cognisance the three international Drug Control Treaties that form the basis of the international drug control system, and which primarily focus on: (a) illicit manufacture and trafficking, (b) prevention of drug abuse, treatment and rehabilitation, and (c) control of licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.

2.1 Goal

35. The fundamental goal of this Plan of Action is to improve the health, security and socio-economic well-being of people in Africa by reducing drug use, illicit trafficking and associated crimes.

2.2 Key priority⁶areas (Expected Outcomes)

36. The key priority areas (Expected Outcomes) of this AU Plan of Action on Drug Control (AUPA) are as follows :

- a) Continental, regional and national management, oversight, reporting and evaluation of the AUPA enhanced. In particular the following outputs need to be achieved :
 - i. AUC strengthened to manage implementation of Plan of Action;
 - ii. Programme activities identified and jointly developed by RECs and Member States;
 - iii. Research capacity strengthened to collect data and analyse trends related to drugs according to international standards, and
 - iv. National Inter-sectorial Drug Control Coordinating Committees that include members from the criminal justice, health, social, development and law enforcement sectors and NGOs established and meets regularly.

- b) Evidence-based services scaled up to address the health and social impact of drug use in Member States.

The outcome will be realised through the following key outputs:

- i. Baseline studies conducted;
- ii. National and regional Drug Use Surveillance Networks established and operational;
- iii. 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;
- iv. Comprehensive, accessible, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare services implemented, and

⁶Each priority area is outlined in the Annex with an objective, expected outcomes and outputs.

- v. Institutionalise diversion programmes for drug users in conflict with the law, especially alternatives to incarceration for minor offenses.
- c) 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.

The outcome is realised through the following key outputs:

- (i) Legal and policy frameworks in the area of drug trafficking and related crime prevention strengthened;
 - (ii) Strategic information (including research, surveys and data collection on illicit production, trafficking and supply trends) generated and updated for improved understanding and enhanced ability to respond to challenges of drug production, trafficking, demand and supply;
 - (iii) Information on drug trafficking available from surveillance networks mentioned under output;
 - (iv) Advocacy for policy development at continental, regional and national levels conducted covering prevention of drug trafficking and related offences and international cooperation; and
 - (v) Evidence based public awareness and community involvement carried out covering the prevention of drug use, trafficking and related offences.
- d) Capacity building in research and data collection enhanced through strengthening of institutions to respond effectively to challenges posed by illicit drugs, and to facilitate the licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.

The mentioned capacity building will be implemented through the following key outputs:

- (i) Improved capacities of criminal justice system to investigate and prosecute as well as take other measures to contain drug related organised crimes;
- (ii) Barriers limiting availability of internationally controlled drugs for medical and scientific purposes removed;
- (iii) Capacity for control of precursor chemicals by Member States improved;
- (iv) Continental Common Position related to capacity building in prevention, treatment, research and surveillance developed; and
- (v) Continental Common Position relating to the availability of adequate pain medication agreed.

2.3 Implementation at Member State level

37. Existing national drug control and crime prevention coordinating bodies continue to be responsible for following up and implementing this AU Plan of Action. Where these institutions do not exist, Member States are called upon to establish them.

38. The functions of national coordinating bodies include:

- Establishment of operational inter-sectorial drug coordinating committees;
- Development and implementation of detailed national Plans of Action with clear objectives, milestones, roles and responsibilities of all stakeholders and development partners and indicators using the AU Plan of Action on Drug Control (2013-2017) as a guideline;
- Compilation and submission of drug related questionnaires, baseline studies, drug use epidemiology reports, and treatment data;
- Launching drug policy advocacy campaigns;
- Adopting and implementing minimum quality standards for drug use prevention and treatment;
- Strengthening legal and policy frameworks;
- Provision of necessary national services, and support to civil society organisations in favour of victims of drugs and crime; and
- Biannual preparation and submission of national progress reports (to the AUC).

2.4 Implementation at Regional level

39. Each Regional Economic Community (REC) shall establish and fund, within its own structure, a focal point office for drugs and crime issues.

40. The functions of the RECs shall include:

- Coordination, dissemination and popularisation of the AU Plan of Action on Drug Control (2013-2017) and its implementation;
- On-going and regular regional consultations with national coordinating bodies on drug related issues within the region;
- Preparation of regional progress reports in consultation with stakeholders and submission to AUC on an annual basis;
- Strengthening of partnerships within the region, in order to ensure technical support for effective implementation of the AU Plan of Action on Drug Control (2013-2017);
- Promoting support for activities and programmes of regional institutions and CSO's.

2.5 Implementation at Continental level

41. The AUC Department of Social Affairs will continue to coordinate the follow-up and evaluation of implementation of the AU Plan of Action across the Continent. The Bureau of the AU Conference of Ministers for Drug Control shall meet regularly and, in collaboration with the African Group in Vienna, provide oversight for follow-up and evaluation.

42. The Commission of the African Union will perform the following functions:

- Review progress on implementation of decisions of the AU Conference of Ministers of Drug Control, including sensitising on the need to initiate and coordinate cohesive actions and programmes to implement the Plan of

Action and providing assistance and technical advice and networks to Member States for the implementation of the Plan of Action;

- Establish and regularly consult with a continental team of experts on the various drug related issues;
- Maintain continental database of drug related matters; and
- Prepare relevant reports.

2.6 Support to the implementation of the AUPA by cooperating partners

43. International agencies, such as the United Nations Office on Drugs and Crime, INTERPOL and the United Nations African Institute for Prevention of Crime and Treatment of Offenders (UNAFRI), and other international organisations concerned with drug control and related crime prevention challenges, to continue to collaborate and mobilise resources and support for the implementation of the AUPa (2013-2017).

2.7 Reporting

44. Biennial reports on the status of implementation will be submitted to the AU Conference of Ministers of Drug Control for consideration and action and making of recommendations to relevant AU Organs.

2.8 Resource mobilisation

45. Due regard will be given to modalities for funding of activities of the follow-up process at national, regional and continental levels.

46. Appropriate measures would be taken at all levels to implement the AU Plan of Action on Drug Control (2013-2017).

3. CONCLUSION

47. Successful and sustained implementation and monitoring of this Plan of Action requires broad partnerships at all levels. In particular, Member States are encouraged to forge and sustain partnerships with the media, civil society organisations and the private sector.

48. Actual implementation largely relies on the RECs and Member States, while the role of the AU Commission will be that of facilitation, coordination and monitoring.

49. Member States, in collaboration with RECs and other stakeholders, are called upon to balance drug supply and demand activities according to the afore-mentioned key priority areas for the Continent, with their national conditions and specificities, their developmental status, as well as their human, financial and national resources and institutional capacities.

50. Member States and RECs are encouraged to furnish the African Union Commission with periodic reports and reliable statistics on the implementation of the priority areas in order to compile consolidated reports on the status of drug control on the continent.

