

AFRICAN UNION

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**SIXTH SESSION OF THE AFRICAN UNION
CONFERENCE OF MINISTERS IN CHARGE OF DRUG CONTROL
ADDIS ABABA, ETHIOPIA
6-10 OCTOBER 2014**

CAMDC/MIN/Rpt.(VI)

***THEME:- DRUGS KILL BUT BAD POLICIES KILL MORE
SCALING UP BALANCED AND INTEGRATED RESPONSES TOWARDS
DRUG CONTROL IN AFRICA***

REPORT OF THE MINISTERS' MEETING

**REPORT OF THE MINISTERS MEETING OF THE
SIXTH SESSION OF THE AU CONFERENCE OF MINISTERS
IN CHARGE OF DRUG CONTROL
ADDIS ABABA, ETHIOPIA, 9-10 OCTOBER 2014**

INTRODUCTION

1. The Ministers' Meeting of the Sixth Session of the African Union Conference of Ministers in Charge of Drug Control (CAMDC6) took place at the African Union Commission Conference Centre, in Addis Ababa, Ethiopia, from 9-10 October 2014. The overall objective of CAMDC6 was to upscale advocacy for an evidence-driven balanced and integrated approach to drug control and to encourage a shift from ineffective policies. Specifically, the Session assessed progress in implementation of the AU Plan of Action on Drug Control (2013-2017).

ATTENDANCE

2. The meeting was attended by delegates from the following AU Member States: Algeria, Angola, Burkina Faso, Burundi, Cameroon, Cape Verde, Comoros, Cote D'Ivoire, Democratic Republic of Congo, Congo, Egypt, Eritrea, Ethiopia, Ghana, Kenya, Madagascar, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Senegal, Seychelles, South Africa, Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia, and Zimbabwe.
3. The following AU Organs, Regional Economic Communities, Inter-Governmental, Non-Governmental Organisations, and cooperating partners were represented: Embassies of Mexico in Addis Ababa, and Vienna; US State Department Bureau of International Narcotics and Law Enforcement Affairs (INL), Interpol, International Drug Policy Consortium (IDPC), Kenyan AIDS NGOs Consortium (KANCO), Open Society Foundations (OSF), United Nations Office on Drugs and Crime (UNODC), the West Africa Commission on Drugs (WACD), the League of Arab States (LAS), and the Economic Community of Central African States (ECCAS).

OPENING CEREMONY AND LAUNCH OF REPORTS ON DRUG CONTROL

Remarks by Hon. Ismat Abdelrahman Zainaladibeen, Vice Chairperson of CAMDC6, and Minister of Interior, Republic of the Sudan

4. In his welcoming remarks, Hon. Zainaladibeen, welcomed fellow Ministers and noted that it is only by constructive engagement on cross-border collaboration that countries can make it difficult for drug traffickers to distribute their products. In welcoming His Excellency Dr Molatu Teshome, President of the Federal Democratic Republic of Ethiopia, as Guest of Honour, Minister Zainaladibeen mentioned that by his presence, the President underlined the importance of the meeting.

Statement by H.E. Dr. Mustapha Sidiki Kaloko, AU Commissioner for Social Affairs

5. H. E. Dr. Mutapha Sidiki Kaloko, represented by H.E. Mrs Fatima Haram Acyl, the AU Commissioner for Trade and Industry, highlighted the African Union Commission's premier study "*Comprehensive Assessment of Drug Trafficking and Organised Crime in West and Central Africa*" which was launched during the session. The study was commissioned in response to the AU Peace and Security Council Decision of January 2013 (PSC/PR/COMM/(CCCLI), to conduct a comprehensive assessment of socio-economic and security challenges of drug trafficking and related organized crime in West and Central Africa. The study inter alia recommends a balanced and integrated approach to drug control. The Commissioner noted that evidence had shown that a combination of bad policies and poor implementation were hampering effective drug control. On its part, the Commission would continue advocating for drug control initiatives in tandem with socio-economic programmes, good governance, rule of law and security efforts.

Statement by H.E President Olusegun Obasanjo, Chairperson of the West Africa Commission on Narcotic Drugs

6. H.E President Obasanjo, in a speech read on his behalf by Professor Isidore Obot, presented the West Africa Commission on Drugs Report, *Not Just in Transit: Drugs, the State and Society in West Africa*. The report concludes that West Africa is no longer only a transit zone but a consumer of drugs thereby threatening the region's peace, security, public health and social development. According to the report, West Africa is ill prepared for this assault compounded by fragile justice and governance systems leaving the region vulnerable to penetration by organized crime syndicates. At the same time, health systems in the region are not capacitated to offer prevention and treatment services to drug users. President Obasanjo proposed several policy recommendations for West African States:
 - a. Treating drug use as a public health issue, rather than as a criminal justice matter.
 - b. Confronting political and governance weaknesses, which traffickers exploit.
 - c. Reforming drug laws on the basis of existing and emerging minimum health standards and decriminalization of low-level drug use.
 - d. Strengthening law enforcement for more selective deterrence by focusing on high-level targets.
 - e. Demilitarisation of drug policy and related counter-trafficking measures.
 - f. Strengthening cooperation between producing, transit and consuming countries.
7. President Obasanjo expressed hope that the report will generate not only greater public awareness of the drug problems in West Africa but also the political engagement needed to ensure that the problems are tackled efficiently and effectively.

Statement by H.E Dr. Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia

8. Officially opening the Sixth Session of the African Union Conference of Ministers in Charge of Drug Control, H.E Dr. Mulatu Teshome, President of the Federal Democratic Republic of Ethiopia, challenged delegates to interrogate the meeting's theme "*Drugs Kill But Bad Policies Kill More: Scaling up balanced and integrated responses towards drug control in Africa*" within the context of the AU Plan of Action on Drug Control (2013-2017). The President noted that the problem of drugs in Africa was real as the continent was targeted as a transit route and a consumer – thereby impacting on public health, social development and security of nations. Thus African Governments needed to translate policy rhetoric into action to combat the drugs scourge holistically as inaction is no longer an option. President Mulatu reminded the meeting of Ethiopia's commitment to working with the African Union and other Member States to promote the design and implementation of effective evidence-driven, balanced and integrated policies in line with the AU drug control strategic framework.
9. After his address, H.E. Dr Mulatu Teshome formally launched the two reports and declared the Sixth Session of the AU Conference of Ministers in Charge of Drug Control opened.

AGENDA ITEM 1: PROCEDURAL MATTERS

A.) Election of the Bureau

10. Ministers elected the Bureau for the Sixth Session of the AU Conference of Ministers in charge of Drug Control as follows:

DESIGNATION	COUNTRY	REGION
Chairperson	South Africa	Southern Africa
1st Vice Chairperson	Cameroon	Central Africa
2nd Vice Chairperson	Sudan	East Africa
3rd Vice Chairperson	Cape Verde	West Africa
Rapporteur	Mauritania	North Africa

B.) Adoption of the Agenda and Programme of Work

11. The Ministers' meeting adopted the agenda and programme of work consisting of nine (9) items.

AGENDA ITEM 2: CONSIDERATION OF THE REPORT OF THE AU COMMISSION ON IMPLEMENTATION OF DECISIONS OF THE 5TH SESSION OF THE AU CONFERENCE OF MINISTERS IN CHARGE OF DRUG CONTROL

12. The AU Commission presented a narrative report (CAMDC/MIN/4(VI)) on the implementation of decisions of the Fifth Session of the Conference of Ministers in Charge of Drug Control. The report, which was considered and adopted without amendments by the Ministers, chronicled achievements and challenges which include the following highlights:

a) The African Common Position on Access to Pain Management

The African Common Position of Pain Management Medication, was endorsed by the AU Ministers of Health at its Sixth Session in 2013 and subsequently representatives of twelve (12) West African states were trained to deal with controlled substances for medical purposes.

b) Continental Minimum Quality Standards For Drug Dependency Treatment

Drug dependency treatment reportedly increased in some countries though services were provided mostly by psychiatric and not specialised drug dependency treatment and care institutions.

c) Strengthening Research on Drug Control and Monitoring and Evaluation of Drug Trafficking and Abuse Trends

Eighty six percent (86%) of Member states assessed in a questionnaire indicated adoption of the Continental Minimum Quality standards for treatment of Drug Dependency. In addition, some studies particularly focussing on drug trafficking and organised crime were conducted by the Commission and partners in East and West Africa.

d) Capacity Building/Training of Member States in Drug Dependence Treatment

The AU Commission, with the support of partners, conducted training on Drug Demand reduction, for treatment practitioners, piloting of family skills programmes, and training of policy makers on International Standards on Drug Use Prevention.

e) Proposal to Adopt Drug Control as a Theme for the AU Summit before 2015

Although a submission was made, the AU Executive Assembly decided on an alternative theme for 2015 "Year of Women Empowerment and Development towards Africa's Agenda 2063".

13. The meeting took note of the report with appreciation.

<p>AGENDA ITEM 3: CONSIDERATION OF THE REPORT OF THE EXPERTS' MEETING</p>
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14. The Ministers considered the report of the CAMDC6 Experts' meeting (CAMDC/EXP/Rpt.Rev.1(VI)) and made the following decisions:
15. After considering the report of the Experts' Meeting, the Ministers made the following **decisions**:
 - a) That Member States:
 - i. Submit their questionnaires on the AU Plan of Action on Drug Control (2013-2017) to the AUC by 15 December 2014, for those twenty-nine (29) Member States that have not yet done so, and for the other twenty-five (25) Member States that wish to submit updated information, for the AU Commission to submit a more representative Mid Term Review Report to the STC on Health, Population and Drug Control in April 2015;
 - ii. Focus on a balanced and coordinated, holistic and multi-sectoral approach to drug control. Member States are encouraged to rebalance their approach by appropriating more resources in public health and social development programmes. This reflects flexibility that exists within the framework of the International Drug Control Conventions to implement a health-focused approach to drug control.
 - iii. Recognize narcotic drugs and psychoactive substances as constituting a threat to peace and security, public health and social development and to emphasise the need to elevate drug issues to Heads of State Level, and in particular consider making drug control a theme for the AU Summit in 2016 in line with recommendations of CAMDC4 and CAMDC5; Africa needs to develop a Common Position for the UN General Assembly Special Session in 2016; and the AUC should facilitate consultations and engagements towards a Common Position for the 2016 United Nations General Assembly Special Session (UNGASS) on drug control and also engage with the Group of Latin American Countries;
 - iv. Raise drug control to the same level of and learn from coordinated efforts of the HIV response;
 - v. Consider dedicating a percentage of national budgets towards drug control;
 - vi. Strengthen and scale up comprehensive, accessible, evidence-informed, and ethical and human rights based drug use prevention, dependence, treatment and aftercare services, in particular, expanding health and social services for those with problematic use by establishing and strengthening existing treatment facilities, and ensuring that substitution therapy and other components of the comprehensive package are available for problematic drug use.

- vii. Establish public drug dependency treatment and rehabilitation facilities and where they exist, to expand;
- viii. Extend drug dependence treatment programmes provided by partners such as Treatnet to other regions of Africa while also building capacities of institutions and human resources for drug control;
- ix. Extend training of addiction professionals by mainstreaming it into curricula at diploma and undergraduate levels at universities; Member States are encouraged to offer training to fellow Member States that do not have it at their educational institutions, such as Ghana and Kenya that can offer training in addiction studies to Anglophone countries at diploma and undergraduate level.
- x. Mainstream drug control into national policies and development plans to leverage national financial resource allocation;
- xi. Establish and strengthen implementation and coordination mechanisms and structures for drug control, by:
 - a. Formal designation of regional and national drug control focal points;
 - b. Establishing and strengthening inter-sectoral drug control committees with enough resources to function optimally;
 - c. Addressing low report and non-response rates to AUC and UNODC ARQs;
 - d. Establishing inventory of services to guide programming and mobilisation of technical assistance;
 - e. Improving participation in drug control meetings - very low levels of participation is a serious concern.
- xii. Improve research and data collection capacities at AUC, Member States, and Regional Economic Community levels. Regional and national surveillance networks in particular do not require a lot of resources but equally provide helpful data to be used for the development and revision of national drug control strategies. Member States should consider supporting the countries involved in the West African Epidemiological Network on Drug Use (WENDU) and other national initiatives in the rest of the Continent. The lack of baseline data and information on drug use hinders reporting and programme development.
- xiii. Increase and intensify advocacy for drug control interventions and internal coordination mechanisms at national level;
- xiv. Build capacity in border control and strengthen border controls, including investment in port and marine assets, as well as the use of INTERPOL databases, enhance inter-agency cooperation and coordination between and among Member States;

- xv. Undertake policy and legal reforms to adequately address drug use and drug trafficking in all its forms, including reducing harm associated with drug use and moving from a predominantly sanction-oriented approach to an approach that also considers public health in drug control activities. Interventions should consider social development and human rights approaches, and relate to the epidemiology of the drug problem nationally, the socio-economic and socio-cultural contexts of Member States and include primary, secondary and tertiary level drug abuse prevention interventions.
- b) That the African Union Commission:
 - i. Conducts independent studies of the nexus of drug trafficking and other forms of organised crime and its impact on peace and security, public health and social development in all African regions.
 - ii. Takes appropriate measures to include into its drug control policy, guidance to stem production of drugs and cultivation of plant-derived psychoactive substances in Africa; and as a widely successful measure to identify the traffickers, the technique of controlled deliveries be considered to track the substances from points of production to distribution.

AGENDA ITEM 4: IMPLEMENTATION OF THE POLITICAL DECLARATION AND PLAN OF ACTION ON INTERNATIONAL COOPERATIONS TOWARDS AN INTEGRATED AND BALANCED STRATEGY TO COUNTER THE WORLD DRUG PROBLEM AND PREPARATIONS FOR THE UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION (UNGASS) ON DRUGS IN 2016

Statement by the United Nations Office on Drugs and Crime (UNODC)

- 16. Dr. Gilberto Gerra of the United Nations Office on Drugs and Crime (UNODC) underscored the need for a health oriented approach to drug use disorders through the application of evidence-based approaches in prevention, treatment and care from a policy as well as a medical and scientific point of view. He explained the main goal of International Drug Control Conventions as being to guarantee availability of controlled substances for medical and scientific purposes while preventing their abuse due to associated risks, and UNODC is supporting Member States in achieving both. He highlighted how - in the spirit of moving “from coercion to cohesion” and in the framework of the International Drug Control Treaties – drug dependence treatment can be applied as a complete alternative to criminal justice sanctions in cases of personal use of controlled substances.

Statement by the Ambassador of Mexico on preparations for the UNGASS 2016

17. The Ambassador of Mexico in Austria and Permanent Representative to International Organisations in Vienna, H.E Luis Alfonso de Alba, noted that, after decades of implementing strategies and policies focusing in law enforcement and prosecution, based on a punitive approach, Latin America and the Caribbean have realized that it is necessary to design and implement new drug policies and therefore, they have committed Member States to share their experiences and new approaches to address the world drug problem, to work on the structural causes and promote alternatives to imprisonment, among other innovative measures. In this context the importance of a good preparation for UNGASS 2016 was highlighted, underlining coincidences among the African and the Latin American and Caribbean positions, aware of the need to reduce and prevent violence, reinforce the health approach to this issue and fully understand its close link to human rights and development. Inputs must be made to African delegations to work with the Group of Latin American Countries (GRULAC) both in Vienna and New York, recalling the important role of the Presidents of the Commission on Narcotic Drugs (CND) and of the General Assembly, who are both from African countries, in guiding the preparation of UNGASS 2016.

Statement by the NGO Forum on the United Nations General Assembly Special Session (UNGASS) on Drugs

18. Mr Scott Bernstein of the Open Society Foundations presented on civil society preparations for UNGASS 2016. He informed delegates that civil society represented an important voice in drug policy debates, and added value to governments through service delivery, assistance in data collection about key populations, providing context and depth to debates, undertaking advocacy, and creating legitimacy for government policies within communities. However, African governments rarely engaged with civil society organizations around drug policy, and there is room for improvement on this front. The UNGASS offers a critical, timely opportunity to evaluate current approaches to drug policy and hear from voices that have not been present in past debates. The New York NGO Committee (NYNGOC) is a diverse collaboration of global NGOs, that submitted a proposal to the UN Deputy Secretary General for the formation of a Civil Society Task Force to be supported by the UN system and other funding. This task force will help to coordinate and facilitate participation in the UNGASS through research, events, experts, and regional meetings.

Plenary Discussion

19. The following issues were raised by the meeting in discussion:

Zambia: The rule of law must be tightened in relation to drug traffickers, and primary prevention of drug use, such as early education, parenting skills and family life skills, as well as treatment services must be promoted. Assistance of the international community is required to establish national drug observatories.

Tunisia: Since 2011, after the revolution, Tunisia moved from a legal framework based on repression to a new strategy based on four pillars, the identification of epidemiological data using a National Monitoring Centre for Drugs and Drug Addiction, medical and social prevention involving all ministries partners working with the ministry of health, legal prevention leading to the ongoing reform of the legislation which considers addiction as a clinical disease, and finally the implementation of all the chain care structures by integrating risk reduction strategies.

Tanzania: National response to the growing drug problem needs to be sharpened and targeted, and institutions strengthened to follow a balanced approach to the drug problem, which bore much fruit in Tanzania. A comprehensive package should be offered to persons who inject drugs, and methadone treatment to be expanded to reach more drug dependents. Law enforcement training should incorporate harm reduction.

Sudan: A national high-level commission to include all relevant ministries is important to stop the proliferation of drugs and its use, by force. Treatment centres are necessary for the treatment of drug users and the assistance of international agencies is required in this regard.

Ghana: Need to empower national drug control bodies more, like in Ghana where the National Narcotics Control Board (NACOB) will be converted into a Commission. Drug addiction and mental health training need to be streamlined into education curricula. Ghana offers these programmes at institutions of higher education.

South Africa: A Financial and Assets Forfeiture Unit in the Police provides opportunity to mobilize resources for treatment and rehabilitation services to benefit children and young people with drug problems, in the South African experience. Research showed that violent crimes in the country were mostly linked to drugs. New concoctions of hard drugs mixed with household substances makes it difficult for courts to prosecute drug dealers.

20. Contributions in support of the balanced approach were also made by Algeria, Comoros and Kenya.

<p>AGENDA ITEM 5: IMPLEMENTATION OF THE ASSEMBLY DECISION ON SPECIALISED TECHNICAL COMMITTEES (STCs): DIRECTIONS FOR FUTURE DRUG CONTROL MEETINGS</p>
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21. The representative of Legal Counsel, AU Commission briefed the meeting on operationalization of Specialized Technical Committees (STCs) in line with the Assembly/AU/Dec.227 (XII) of 2009. In accordance with the Assembly Decision, the Conference of Ministers of Drug Control will be part of the STC on Health, Population and Drug Control. Thus CAMDC6 is the last sectorial meeting of Ministers of Drug Control. The Ministers of Drug Control will meet jointly with Ministers of Health and Population. The inaugural session of the STC on Health, Population and Drug Control will be held in April 2015.

AGENDA ITEM 6: AFRICAN UNION AGENDA 2063

22. The representative of the Directorate Strategic Programme Planning, Monitoring, Evaluation and Resource Mobilisation (SPPMERM) presented on the African Union Agenda 2063. Agenda 2063 arose from the 21st Ordinary Session of the Assembly of Heads of States in May 2013, which adopted a solemn Declaration, in which AU Member States pledged their commitment to make progress in eight key areas in Africa in the next 50 years. Thus Agenda 2063 is defined by the AU Vision, the transformation framework, with clear goals, targets and milestones. A ten-year implementation plan has been proposed, identifying all stakeholders and their respective roles. Considering resource constraints faced by the AUC in implementation of its programmes, a resource mobilization strategy is being developed to identify alternative sources of funding to roll-out Agenda 2063. The meeting pointed out that the greatest hurdle of Agenda 2063 was financing, and supported the development of a robust and innovative resource mobilisation strategy to facilitate its implementation.

AGENDA ITEM 7: ANY OTHER BUSINESS
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23. The Ministers' Meeting considered the Draft Addis Ababa Declaration on Scaling Up Balanced and Integrated responses towards Drug Control in Africa.

AGENDA ITEM 8: ADOPTION OF THE REPORT AND DECLARATION OF THE SIXTH SESSION OF THE AU CONFERENCE OF MINISTERS IN CHARGE OF DRUG CONTROL

24. The meeting adopted the report and Declaration of CAMDC6 with amendments.

AGENDA ITEM 9: CLOSING

25. Hon. Ms Hendrietta Bogopane-Zulu, Chairperson of the CAMSD6, and Deputy Minister of Social Development, Republic of South Africa, stressed that drugs have become a serious problem on the continent and if urgent attention is not paid to it, young people will be affected most and Africa will not benefit from the demographic dividend and developmental gains will be reversed. Treatment services to drug dependent persons must be extended. In particular, the African Child needs protection from drugs, and women need to be empowered to play their role in combating this scourge and more must be done to defend the family. The Chairperson thanked the Ministers for their excellent contributions towards making the meeting a success. The meeting then adjourned.