

**AFRICAN UNION**

**الاتحاد الأفريقي**



**UNION AFRICAINE**

**UNIÃO AFRICANA**

---

Addis Ababa, ETHIOPIA

P. O. Box 3243

Telephone : 011-551 7700

Fax : 011-551 7844

website : [www.africa-union.org](http://www.africa-union.org)

---

**FIRST MEETING OF THE SPECIALISED TECHNICAL  
COMMITTEE ON HEALTH,  
POPULATION AND DRUG CONTROL  
(STC-HPDC-1)  
ADDIS ABABA, ETHIOPIA  
13-17 APRIL 2015**

**STC/EXP/DC/3(I)**

***THEME:- “CHALLENGES FOR INCLUSIVE AND UNIVERSAL ACCESS “***

**COMMON AFRICAN POSITION (CAP) FOR THE UN GENERAL ASSEMBLY  
SPECIAL SESSION ON THE WORLD DRUG PROBLEM, APRIL 19-21 2016**

## **COMMON AFRICAN POSITION (CAP) FOR THE UN GENERAL ASSEMBLY SPECIAL SESSION ON THE WORLD DRUG PROBLEM, APRIL 19-21 2016**

**We**, Heads of State and Governments of the African Union,

**Recognising** the efforts of the UN General Assembly, the Commission on Narcotic Drugs, the United Nations Office on Drugs and Crime and others to promote a high-level and wide-ranging discussion that addresses substantive issues of the world drug problem, in line with the principles of common and shared responsibility and in full conformity with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights;

**Welcome** the progress made in Africa to combat illicit drug trafficking and abuse, among others, the adoption and implementation of the AU Plan of Action on Drug Control (2013-2017) which is based on the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem;

**Mindful** of the trends in illicit drug production, trafficking and consumption in many African countries, and that drugs continue to be directly associated with drug related harms, such as domestic violence, crime, poverty, road accidents, school dropouts, and exact a significant toll on public health, economies, societies and human security on the Continent;

**Acknowledge** that policies focused on people who use drugs exacerbate these harms, while also failing to reduce drug markets and that a more balanced approach is needed to focus on the health and human rights of people who use drugs, while targeting law enforcement resources to those who continue to profit at the higher levels of the criminal drug trade;

**Recall** that investment in alternative development interventions in various forms decrease and eliminate the production, trafficking, abuse and harm caused by illicit drugs, including cannabis;

**Reiterate** our goal to achieve the targets of the 2011 Political Declaration on HIV and AIDS, in particular the target to reduce HIV transmission among people who inject drugs by 50 per cent by 2015, considering that and that risky injecting and sexual behaviour among drug users are major public health concerns owing to the high risk of infection with HIV, Hepatitis B and C, and Tuberculosis;

**Concerned** that approximately 80 percent of the world's population has either no, or insufficient, access to controlled drugs for the treatment of moderate to severe pain, as outlined in the African Common Position on Controlled Substances and Access to Pain Management Drugs;

**Acknowledge** that many women and other vulnerable groups from Africa are incarcerated in prisons at home and abroad and whose children and families in their absence can be extremely vulnerable;

**Convinced** that the UN General Assembly special session in April 2016 provides a unique opportunity for Africa to reach consensus on common challenges, priorities and aspirations, and to actively participate in the global debate on how to tackle the world drug problem in the most effective and humane way, and to help shape the outcome;

**Recall** that the Addis Ababa Declaration on Scaling Up Balanced and Integrated Responses Towards Drug Control in Africa (2014) requested the AU Commission to facilitate consultations and engagements towards a Common Position for the UN General Assembly special session;

**Therefore urge** that Africa's voice is heard and is fully integrated into the global debate on the world drug problem, to speak with one voice and to act in unity in keeping with the Addis Ababa Declaration and Plan of Action on Drug Control (2013-2017) and the 2009 Political Declaration and Plan of Action:

We, hereby, commit to the following:

1. The fundamental goal of drug policies should be to improve the health, safety, security and socio-economic well-being of people by reducing drug use, drug-related harms, illicit trafficking and associated crimes, as outlined in the AU Plan of Action on Drug Control (2013-2017).
2. Effective drug policies are those that achieve a balanced and integrated approach, with appropriate and proportional focus on the four priority areas of the AU Plan of Action on Drug Control:
  - a. Continental, regional and national management, oversight, reporting and evaluation.
  - b. Evidence-based services to address the health and social impacts of drug use in Member States.
  - c. Countering drug trafficking and related challenges to human security in accordance with fundamental human rights principles and the rule of law.
  - d. Research and data collection to respond effectively to the challenges posed by illicit drugs, and to facilitate the licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.
3. Drug policies which focus entirely or disproportionately in law enforcement, incarceration, punishment and repression have not succeeded in eradicating supply, demand and harm caused by illicit drugs on the Continent. These policies have led to serious unintended consequences and often disproportionately impact upon the poor and marginalised, while creating a rich and powerful criminal market that undermines security of states. Therefore, we commit to strive for balance and proportionality at the local, national, regional and international levels.

4. Drug use and drug dependence must be treated as a public health issue with socio-economic causes and consequences and justifies a separate fourth pillar in the international drug control architecture. People who use drugs must be offered support, treatment and protection, rather than be faced with punishment and a criminal record. This includes the provision of alternatives to arrest, sentencing and incarceration.
5. External and domestic resources for drug control should target the provision of drug prevention services in schools, capacity building for families and local communities as well as health care workers and law enforcement officials; evidence-based, community led service provision to those in need, in order to address the huge unmet treatment demand on the Continent.
6. Drug policies should be harmonised and law enforcement resources should be directed towards more selective deterrence. This will allow for a more effective response which focuses on high level targets, confronts the political and governance challenges that incite corruption and criminality, and builds capacity for more effective border control and inter-agency cooperation and coordination.
7. Our commitment in the Addis Ababa Declaration must be reasserted to undertake policy and legal reforms to focus on a balanced and coordinated, holistic and multi-sectorial approach to drug control and adequately address drug use and drug trafficking in all its forms, including reducing harm associated with drug use, including increased vulnerability to HIV, and expanding health and social services for those with problematic use and their families.
8. We call for greater support to ensure the provision of opiates and other essential and controlled medicines for palliative care and pain relief, as enshrined in the international drug conventions, to remove barriers that prevent the import, distribution and use of these essential medicines. This includes ensuring functioning and effective supply systems through regulation, data management, access and reporting, and capacity building, in line with the African Common Position on Controlled Substances and Access to Pain Management Drugs.
9. We call for a truly open, transparent and inclusive debate on the matters as indicated above at the UN General Assembly special session, inclusive of governments around the world, all relevant UN agencies, academia, civil society and affected populations.
10. Finally, we support the restructuring of the next Political Declaration and Plan of Action, to reflect our collective health goals as well as the reduction of demand and supply and improved cooperation.