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

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EXECUTIVE SUMMARY

This is the first report on progress in implementation of the AU Plan of Action on Drug Control (2013-2017) (AUPA). The report covers the period 2013-2014 and is based on updates to the Commission of the African Union (AUC) by Member States, Regional Economic Communities (RECs), and Partners, in particular the United Nations Office on Drugs and Crime (UNODC). It largely draws from analysis of responses to a questionnaire sent to all Member States of the African Union. A total of thirty four (34) responses were received in time for compilation of this report out of fifty-four 54 questionnaires despatched to all AU Member States. This represents a response rate of sixty three (63) per cent. Responses were received from the following countries: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Comoros, Cote D'Ivoire, Egypt, Eritrea, Gabon, Gambia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Sudan, Swaziland, Tanzania, Togo, Zambia and Zimbabwe. Other sources, such as reports from the United Nations Office on Drugs and Crime (UNODC) and the West African Commission on Drugs (WACD), were also utilized in this report.

The AUPA on Drug Control (2013-2017) was developed against the context of increasing drug trafficking and organised crime, and spiralling drug use on the continent. It is a strategic and comprehensive framework to guide drug policy development in the continent, and intended for Member States to galvanize national, regional and international cooperation to counter the drug problem over a five year period. 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, with an improved knowledge base.
- Continental minimum quality standards for treatment of drug dependence adopted by Member States now striving to improve access to comprehensive, evidence-informed, and ethical and human rights based drug use prevention, dependence treatment and aftercare services.
- 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 organized trans-national 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, especially through the AUC common position on access to pain management medication which has been widely disseminated, and endorsed by the Conference of AU Ministers of Health at its Sixth Session in April 2013.

- 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..

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 on Drug Control (2013-2017) (AUPA) was launched in January 2013 to respond to emerging challenges associated with drug control. It is 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 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.
3. The fundamental goal of the Plan of Action is to improve health, security and socio-economic well-being of people of 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 availability of controlled substances for medical and scientific use
4. The Plan of Action outlines four (4) key priority areas as follows:
 - a) Continental management, oversight, reporting and evaluation: Strengthening of the capacity of the African Union to successfully implement the Plan of Action.
 - b) Countering the negative health and social impact of illicit drugs: Supporting member states to implement comprehensive human rights compliant interventions for drug use and substance abuse prevention and associated health and social consequences including drug dependence treatment and drug use related HIV prevention, treatment and care.
 - c) Countering drug trafficking and related challenges to human security: 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 of Continental, regional and national institutions and mechanisms: To strengthen continental, regional and national institutions to respond effectively to challenges posed by illicit drugs, including strengthening the performance of criminal justice institutions.
5. While considering the mentioned priority areas, the African Union Executive Council in its decision (EX.CL/Dec.743(XXII)) of January 2013 identified five key activities to be undertaken during the first two years of the Plan, which were: Implementation of the African Common Position on Controlled Substances and Access to Pain Management Drugs; Implementation of the Continental Minimum Quality Standards for Treatment of Drug Dependence; Adoption of policies aimed at channelling confiscated proceeds from drug related offenses into supporting demand reduction and treatment programmes; Strengthening research on drug control and monitoring and evaluation of drug abuse and trafficking trends; and Facilitating a continental training for drug dependence treatment.

1.2 Operating Context and Challenges¹

6. Trafficking of drugs, human beings and fire arms, as well as organized crime, continue to affect economic and social development in many parts of Africa. This situation is exacerbated by many factors including wars and intra-state conflicts, revolutions such as were experienced in North Africa, weaknesses in social and national criminal justice systems, corruption, limited opportunities for youth, and disparities 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 organised criminal groups are very flexible and creative in their production and distribution processes.
7. There is also an emerging market of Amphetamine- type-stimulants as evidenced by the increase in diversion of precursors, seizures and meth-amphetamine manufacture in all the regions, though Nigeria is the only country to have officially reported licit meth-amphetamine manufacture. Indeed trafficking in precursors, especially ephedrine has increased in Africa, with seizures being reported by Benin, Botswana, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea, Namibia, Nigeria and Zimbabwe². According to information provided through the Precursors Incident Communication System (PICS), the following countries have

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

² INCB Report 2013

been identified as having been involved in incidents reported since December 2013: Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania and Zimbabwe, with Ethiopia, Malawi and South Africa mentioned as destination countries for ephedrine and pseudoephedrine shipments originating in India.

8. Drug trafficking is primarily motivated by profit and the estimated global USD \$322³ billion turnover requires an effective business and financing model to ensure that the illicit supply chain continues to deliver. ⁴Africa has increasingly joined the so called big five narcotic superhighways, becoming the sixth, shifting illicit drugs from source to destination countries, as central American producers capitalize on weak states and civil wars to drive new trafficking routes through west Africa and the Sahel into Europe. This has resulted in complex and shifting networks of insurgency, local and regional politics and organised crime including corruption and terrorism in which profits from the drug trade form a central pillar; and as a result, cause significant harm to security, health, and rule of law and development efforts at a national, regional and continental level. Indeed, the wider impact of organised criminal activity is manifested in decimated social and economic milieu in which ordinary people carry out their lives – the result being a reduction in their overall life chances⁵.
9. Increased local drug use also appears to have intensified, in particular the use of cannabis at a rate of 7.5 per cent of the population (aged 15-64) in comparison with the global average of 3.8 per cent. Similar or lower levels of consumption than the global average were also estimated for opioids (0.3 per cent), opiates (0.3 per cent), cocaine (0.4 per cent) and amphetamine-type stimulants, excluding “ecstasy” (0.9 per cent), amphetamine-type stimulants, and to some extent, New Psychoactive Substances (NPS), with 11 countries reporting the use of such substances between 2008 and 2013. Egypt reported the largest number (20), which included synthetic cannabinoids, plant-based substances and piperazines. In addition, Khat, which is a new psychoactive substance that is traditionally used in some parts of Africa, remains a concern. Misuse of prescription drugs was also reported, with Algeria reporting use of tranquilizers and sedatives and Nigeria, the misuse of prescription opioids which is even higher than the of heroin, while misuse of synthetic opioid analgesic tramadol was reported by Egypt, Libya, Mauritius and Togo⁶.

³ UNODC, 2011: Estimating Illicit Financial Flows Resulting from Drug Trafficking and other Transnational Organized Crime, Research Report

⁴ <http://www.globalinitiative.net/rights-and-reforms-new-voices-join-the-drug-policy-debate/>

⁵ African Union Commission, 2014: Comprehensive Assessment of the Socio-Economic and Security Challenges of Drug Trafficking and Related Organised Crime in West and Central Africa.

⁶ INCB Report, 2014

West and Central Africa

10. In an increasingly interconnected world, West Africa has become an attractive route for drug trafficking. 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. West Africa has long produced cannabis, mainly for local consumption, but is now also becoming a producer and exporter of synthetic drugs such as amphetamine-type stimulants (ATS).⁷
11. Over the last few years, there has been a clear increase in the amount of heroin transiting through West Africa. The average annual seizure in heroin between 2009 and 2013 reached some 250 kg. During this period, Benin, Ghana, Côte d'Ivoire, Cameroon, and Liberia reported the highest volume of heroin seizures in the region, apart from Nigeria.⁸ Based on the data provided by countries in West and Central Africa, there was a slight decrease in heroin seizures in 2013 compared to 2012. West Africa has also become one of the world's major transit areas for cocaine trafficking from Latin America and the Caribbean to Europe. With increased interdiction activities in Latin America and the Caribbean, traffickers try to find new routes to ship drugs to consumer markets. Cocaine is shipped to Europe and other destinations by sea or by air. In 2013, there were around 1.4 tons of cocaine seized by West and Central African authorities; hence 180% down from 2012; and around 63% of the volume of cocaine seized in 2013 in the region was conducted in Ghana.
12. West Africa has also become a prominent region for Amphetamine-type-stimulants (ATS) production and trafficking essentially to East and South-East Asia, South Africa, or Oceania. In 2013, a total of three methamphetamine laboratories were dismantled in Nigeria, in Lagos and Anambra State. So far, Nigeria is the only West African country to report illicit methamphetamine manufacture, but other West African countries have regularly reported seizures of "psychotropic substances" (PS) for at least a decade. PS seizures were reported by some African countries, which included Benin, Burkina Faso, Cape Verde, Chad, Côte d'Ivoire, Gambia, Ghana, Mali, Niger, Senegal, Togo, but exact quantities remain unknown. Local drug use appears to have intensified, in particular cannabis, but also growing use of crack cocaine, heroin and amphetamine-type stimulants⁹.

⁷ WACD, 2013: Not Just In transit. Drugs, the State and Society in West Africa

⁸ INCB Report 2013

⁹ INCB Report 2013

Eastern Africa

13. Seizures of significant quantities of heroin, both onshore and offshore, in Eastern Africa constitute a major security and public health threat. Several countries in the region are also seeing a high prevalence of heroin use, particularly injecting drug use and the transmission of HIV and hepatitis among people who inject drugs, including women and young people. Moreover, East Africa (notably Ethiopia and Kenya) has been increasingly used as manufacturing and transit countries of ATS¹⁰ as well as discovery of new types of drugs not listed in schedule A and B of the International Convention on Drug of 1998, reported in Tanzania. Moreover, between 2010 and 2012, reported cocaine seizures in East Africa increased significantly, notably in the United Republic of Tanzania, but Authorities reported that, since 2013, drug traffickers have been trafficking cocaine in smaller amounts to avoid detection.¹¹

North Africa

14. The process of consolidating political change across much of the Middle East and North Africa continued throughout 2013 and 2014, and, due to instability, the region has increasingly become a transit hub for the illegal drug trade. Due to its strategic location and comparatively weak national control measures, trafficking of drugs, firearms and human beings, as well as migrant smuggling, is expanding in the region, bringing increasing profits to international and local criminal organizations. Amphetamine-type stimulants (ATS) (mainly methamphetamine and methcathinone) are also manufactured in North Africa. There were reported cases of drug trafficking in Libya and Egypt and large seizure of cannabis in Algeria and Morocco. Political unrest in this region has boosted up arm dealings which are reported to be entangled to terrorism. Human trafficking in the Horn of Africa has escalated significantly over the past years. Paucity of criminal justice data and statistics hampers an accurate estimate of the extent and magnitude of human trafficking and its patterns and trends within and across the Northern African region. In addition, lack of in-depth studies makes it difficult to assess the intersection between smuggling of migrants and human trafficking in North Africa. Human trafficking includes among others female sexual exploitation and forced prostitution, forced labour, removal of organs, deception/employment abroad, sexual enslavement,

¹⁰ <http://idpc.net/policy-advocacy/regional-work/sub-saharan-africa>

¹¹ Country report submitted by the United Republic of Tanzania to the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, held in Addis Ababa from 15 to 19 September 2014: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/V14/081/70/PDF/V1408170.pdf?OpenElement>

exploitation of children including trafficking of children for use as camel jockeys, and forced child marriage.¹²

Southern Africa

15. Southern Africa is a key point 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. Transportation infrastructure in the region is mainly used for drug and human trafficking as well as smuggling of migrants. During 2013, transshipment of cocaine and heroin was reported, as well as trafficking of methamphetamine produced in the region to Asia and the Middle East. Large-scale seizures of methaqualone/Mandrax and its precursors were also reported from Mozambique and South Africa. Development of new harbours such as Port Ngqura, and expansion of existing harbours such as Durban, continue to be tested by traffickers as possible entry points for drugs into Southern Africa.¹³

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

16. The Sixth Session of the African Union Conference of Ministers in Charge of Drug Control (CAMDC6) was held in Addis Ababa, Ethiopia in October 2014, to assess progress of implementation of the AUPA, and to upscale advocacy for an evidence-driven balanced and integrated approach to drug control and to encourage a shift from ineffective policies. The session inter-alia recommended that Member States strengthen and scale up comprehensive, accessible, evidence-informed, and ethical and human rights based drug use prevention, dependence, treatment and aftercare services, and in particular, expand 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; and 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. The recommendations of

¹² <http://www.ungift.org/knowledgehub/about/north-africa.html>

¹³ INCB Report, 2013

the Conference culminated in the Addis Ababa Declaration on Scaling up Balanced and Integrated Responses towards Drug Control in Africa

17. The Commission developed wide ranging partnerships with different roles 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). Thirty four (34) responses were received from the following countries: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Comoros, Cote D'Ivoire, Egypt, Eritrea, Gabon, Gambia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Sudan, Swaziland, Tanzania, Togo, Zambia and Zimbabwe.. This reflects a 63 per cent response rate among Member States.

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

AUC strengthened to manage implementation of the Plan of Action

18. The Commission worked synergistically with Member 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 and an assistant; and an inter-departmental coordination mechanism. An expert in epidemiology will be recruited before the end of 2015 to beef up the Drug Control Programme Management Unit. At regional level, the Economic Community of West African States (ECOWAS) Commission has a drug control unit, while at the national level, many Member States have established designated drug control focal points for overall national drug control coordination, as well as a supply reduction and demand reduction focal point. As *figure 1* below shows, more than 88% of the respondents have respective drug control focal points. . In addition, the Commission of the African Union produced the Drug News Africa newsletter published as a quarterly forum for debate and sharing good practices on drug control trends in Africa.

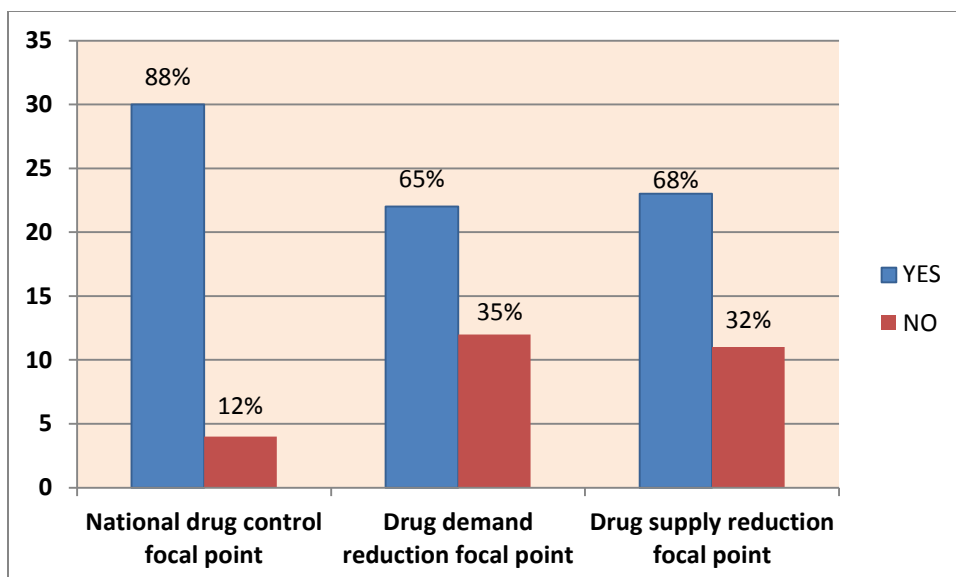


Figure 1: National Drug Focal Points

Programme activities identified and jointly developed by RECs and Member States

19. The Commission of the African Union leveraged wide ranging partnerships to provide technical assistance on drug demand reduction activities. These were implemented at the AUC, RECs and Member States level. Two continental consultative, review and planning meetings in demand reduction and one in drug supply reduction were held in 2013 and 2014 respectively. Member States, RECs, and development partners on the continent all participated in these meetings.

17. In addition, 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, ECOWAS drafted its 2015-2019 Drug Action Plan in line with the revised AU Plan of Action 2013-2017.

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

21. Member States were inducted on monitoring and evaluation, and in particular data collection and reporting and on how to complete Annual Reports Questionnaires (ARQs). However, there is still no sustainable system of collecting and sharing valid and reliable data on drugs, with

countries reporting their main challenges as lack of a centralized database, and difficulties related to gathering information from all services involved in the fight against narcotics. A few countries are able to provide reliable data on drug seizures, drug arrests or prevalence rates of illicit drug consumption. Only half) of the thirty-four (34) countries which responded to the questionnaires had conducted some form of research on drugs in their countries, mostly rapid situation assessments on drug use. On the other hand, there is commendable progress towards drafting of annual drug situation reports, establishment of national drug coordination committees and the development of National Drug Control Strategy/Master Plans, as indicated in *figure 2 below*.

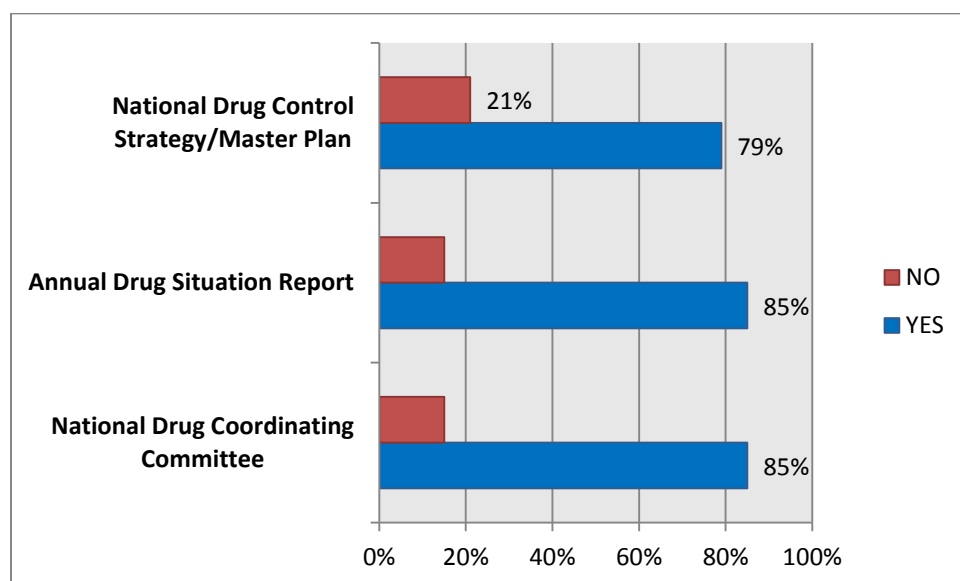


Figure 1: Research and coordinating mechanisms

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

Baseline studies conducted

22. Even though twenty four (24) out of thirty-four (34) 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). INCB and UNODC reports also indicated emerging pattern of new-psychoactive substances (NPS). 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.

23. UNODC supported a number of specific assessments:
- i) Rapid assessments on drug use and prevention in all West African countries; and
 - ii) HIV Situation and Needs Assessments in Prison Settings in eight countries, namely, Ethiopia, Lesotho, Malawi, Namibia, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe. Drug use is one of the many factors that contribute to increased infection risks in prisons. This has become an issue for public health and safety, with an attendant rise in the number of new HIV infections attributed to injecting drug use.

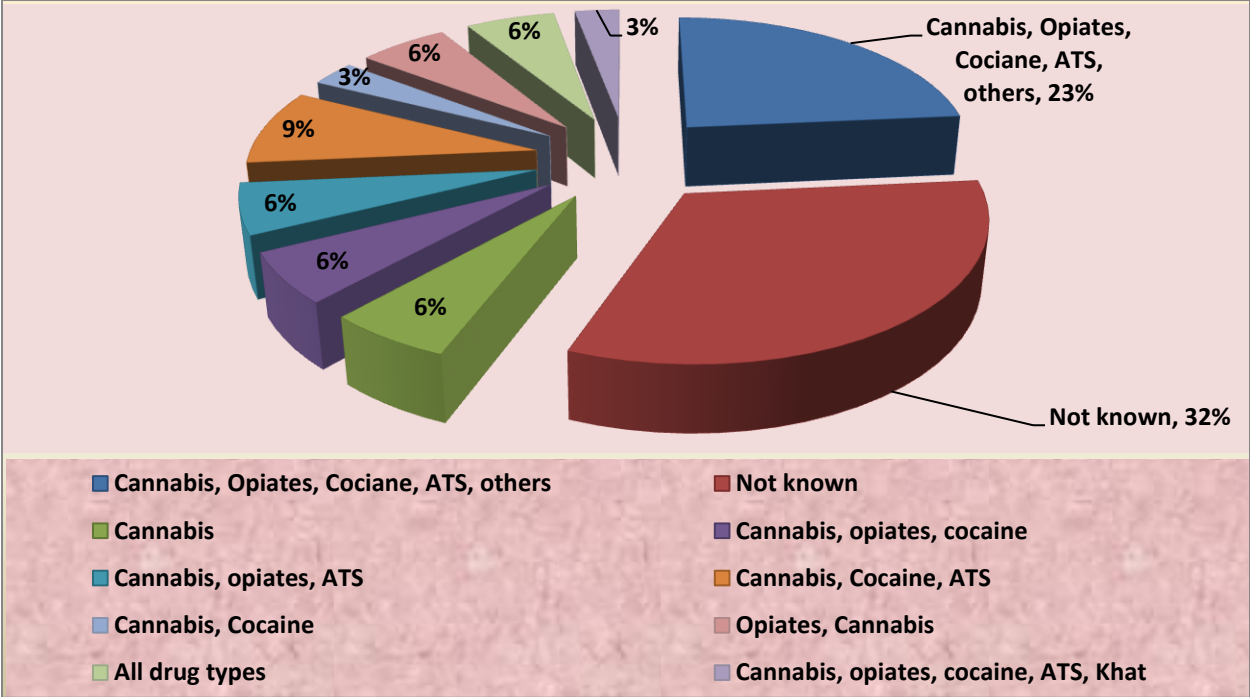


Figure 2: Reported drug types

24. There is 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

25. As seen in figure 4, more than half of the Member States that completed the AU questionnaire indicated that they have an inventory of services available to those seeking treatment or who want to participate in prevention activities. Many countries have also adopted the Continental Minimum Quality Standards for Treatment of Drug Dependence to inform the treatment architecture in Member States. Member States reported that available treatment programmes are mostly urban based. The Continental Minimum Quality Standards for Treatment of Drug Dependence was disseminated and adopted by most countries as a benchmark for their treatment programmes due to the absence of treatment policies, standards and monitoring systems that regulate the delivery of services in these facilities.
26. While there is limited progress towards the establishment of drug use surveillance networks in most AU Regions, ECOWAS has established the West African Epidemiological Network on Drug Use which collates information on drug trends from trained surveillance focal points in West African countries. UNODC, in particular, is supporting the establishment of national drugs observatories (NDOs) in Senegal, Nigeria and Kenya to capture and analyse both health data and law enforcement data, with two reports published thus far.
27. The Commission in partnership with the International Narcotics and Law Enforcement Agency (INL) US State is in the process of establishing national and regional epidemiological networks on drug use over the next two years with an initial focus on five (5) countries across the five (5) AU regions.

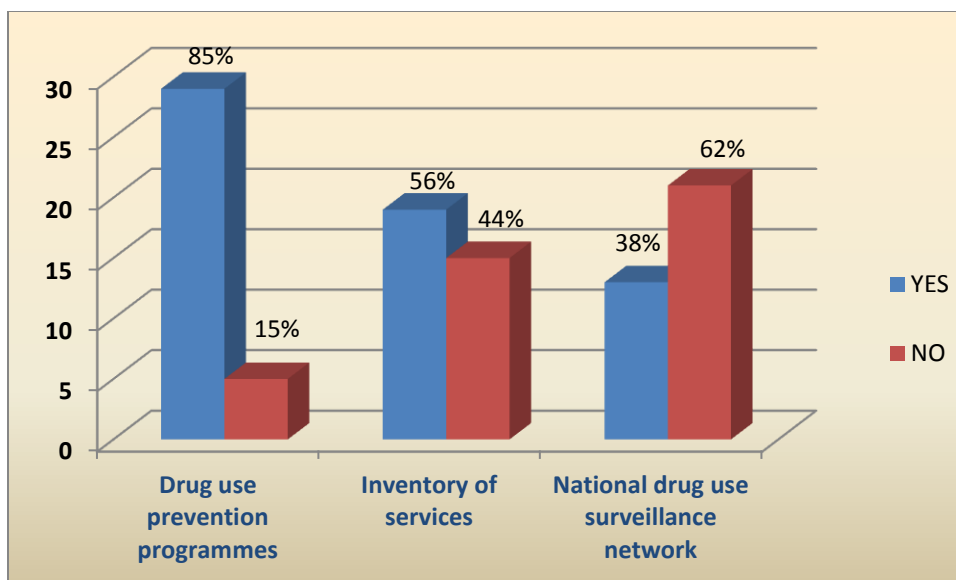


Figure 3: framework for treatment services

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

28. The Commission has carried out advocacy and promotion of the AUPA with member States, RECs, AU and UN statutory meetings and relevant fora addressing drug control and related changes 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:
- The Sixth session of the African Union Conference of Ministers for Drug Control was held from 06 to 10 October 2014 under the theme “Drugs kill but bad government policies kill more: scaling up balanced and integrated responses towards drug control in Africa”. During the session, the Commission up scaled advocacy for an evidence-driven balanced and integrated approach to drug control while encouraging a shift from ineffective polices. The Commission is subsequently facilitating the adoption of a Common African Position for the UN General Assembly Special Session on the World Drug Problem, 19-21 April 2016, and encapsulating balanced approach as documented in the Addis Ababa declaration, October 2014.
 - The Commission conducted a high level Advocacy for national drug policy development at the 56th and 57th Sessions of the United Nations Commission on Narcotic Drugs (CND). The AUPA was advocated for and launched during high level side event at the 56th

Commission on Narcotic Drugs (CND, March 2013). The AUPA was mainstreamed into CND debates with specific references to the AUPA and requests to the AUC Commission in the CND resolution on “Enhancing international co-operation to strengthen efforts in West Africa to counter illicit drug trafficking”. The resolution requested the AUC to collaborate and provide support to the implementation of the ECOWAS Regional Action Plan to “Address the Growing Problem of Illicit Drug Trafficking, Organized Crime and Drug Abuse in West Africa.”

- The Commission presented the AUPA during the 21st and 22nd meetings of Heads of National Drug Law Enforcement Agencies (HONLEA), AFRICA held in Addis Ababa, while at the same time provided AUC progress in implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.
- The Commission promoted the AUC drug policy during the 17th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2013); and in particular, on the theme “SUPPORT. DON’T PUNISH”: THE NEED FOR BETTER RESPONSES TO DRUG USE IN AFRICA.
- The Commission further advocated for a balanced approach to drug control during the three continental consultation meetings carried out during 2013 and 2014.

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

29. The Commission conducted two Continental experts’ consultations, in 2013 and 2014 respectively to review existing drug use treatment and prevention architecture in Member States. An implementation matrix with priority interventions per Member State was developed and progress reviewed towards improving drug demand reduction efforts, emphasising on monitoring and evaluation, and data collection and reporting. A Global Mapping of Treatment Capacity tool was also provided.
30. In a bid to expand the treatment workforce in Member States, Regional Masters Training on Drug Demand Reduction was rolled out using the universal treatment curriculum for substance use disorders is currently being provided to treatment practitioners through the Colombo Plan; Different types of training for drug prevention were also undertaken in the following countries: Algeria, Sudan, Egypt, Ethiopia, Kenya, Seychelles, the United Republic of Tanzania, Uganda and Nigeria (training of policy makers on the International Standards on Drug Use Prevention); Mauritius, Seychelles, the United Republic of Tanzania, Namibia,

Swaziland, South Africa, Zambia (2 NGOs), Côte d'Ivoire, Ghana, Nigeria (2 NGOs), Senegal, Sierra Leone and Uganda (Youth Initiative); and Kenya and Ethiopia (piloting of Family Skills programmes).

31. UNODC is also implementing the global Treatment project and the UNODC-WHO Programme on Drug Dependence Treatment and Care in the following countries: Benin, Cape Verde, Côte d'Ivoire, Kenya, Liberia, Mozambique, Senegal, Sierra Leone, Tanzania, Togo and Zambia.
32. With regard to drug dependence treatment, activities were mainly focussed on capacity building and training of treatment workers in Eastern Africa - Ethiopia, Kenya, Mauritius, the United Republic of Tanzania and Seychelles, and capacity improved in Burundi, Madagascar and Eritrea. However, drug-related health and treatment services are scarce in Western Africa. Most services in the region are provided by psychiatric hospitals, which may be overcrowded and lack 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 unorthodox methods that are cruel or inhumane. Available facilities are generally poorly funded, and few have adequate personnel with skills and experience in managing substance use disorders¹⁴. In all Member States there is still huge unmet treatment demand, and even where treatment programmes are available, they are mostly urban based. *Figure 5, below* shows that bulk of treatment provided is psycho-social and detoxification only.

¹⁴ WACD, 2013: Not Just In transit. Drugs, the State and Society in West Africa

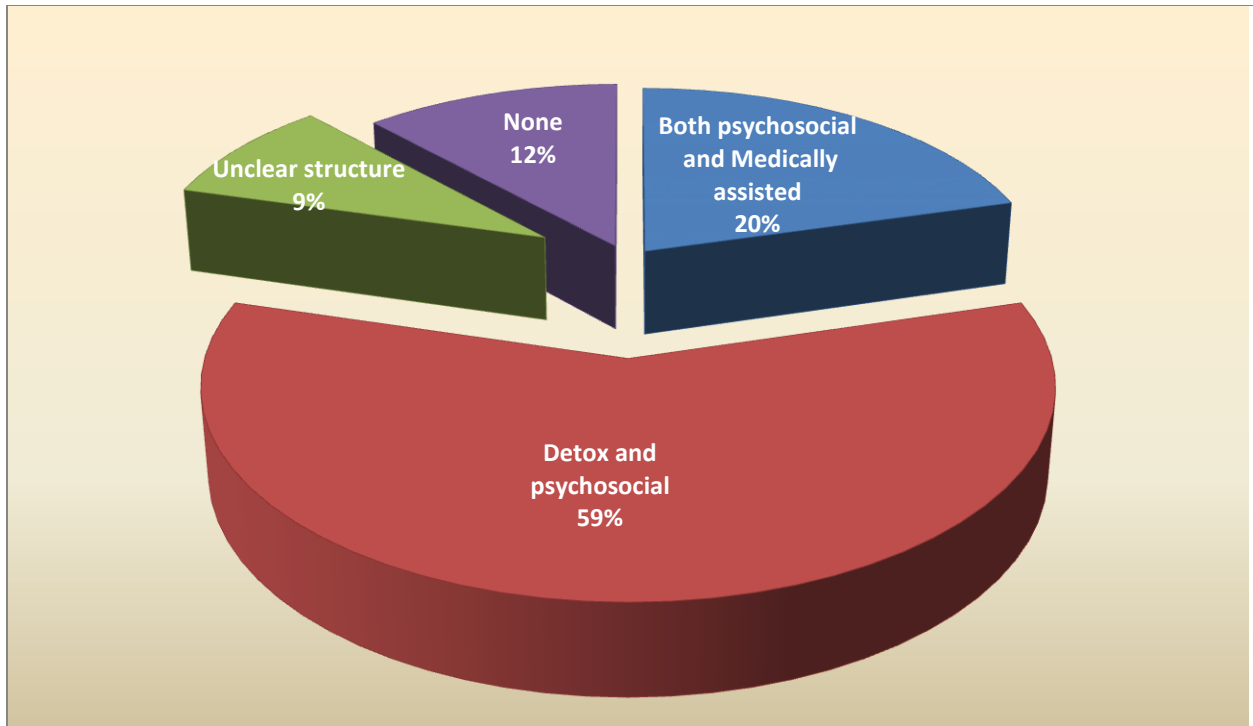


Figure 4: types of treatment services available

33. Only twenty per cent (20%) of the countries provide some form of medically assisted treatment, which includes substitution Therapy. Government needle and syringe exchange programmes are available in Mauritius and the United Republic of Tanzania, which, along with Kenya, explicitly mentioned harm reduction in their national drug policies. Kenya was planning to start a methadone treatment programme for opiate users by end of 2014.

Prevention programmes

34. During a continental consultation organised by the Commission in February 2013, in Kampala, Uganda, the UNODC International standards on prevention of drug use was launched and disseminated to Member States and it is expected that member states are using it to shape prevention programmes.

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

35. 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.

However, UNODC provided 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.

2.3 Countering Drug Trafficking and Related Challenges to Human Security

36. A consultation with Experts in supply reduction from Member States, to identify priority areas for intervention, was held in Harare, Zimbabwe, from 15-17 October 2013. The continental consultation was organised to develop and improve responses to counter drug trafficking and related challenges to human security. The experts identified priority programs per member state, and developed a monitoring framework and standard continental annual reporting form on drug control for member states. Progress noted under the outcome included:

Legal and policy frameworks and Strategic information

37. Ninety one per cent (91%) of the countries reported having legal and policy frameworks; and sixty two per cent (62%) having carried out one form of assessment or another on trafficking and supply trends (*Figure 6*). It was however noted many of the legal frameworks were out-dated and needed to be updated to comprehensively address drug trafficking and incorporate new forms of trans-national organized crimes.

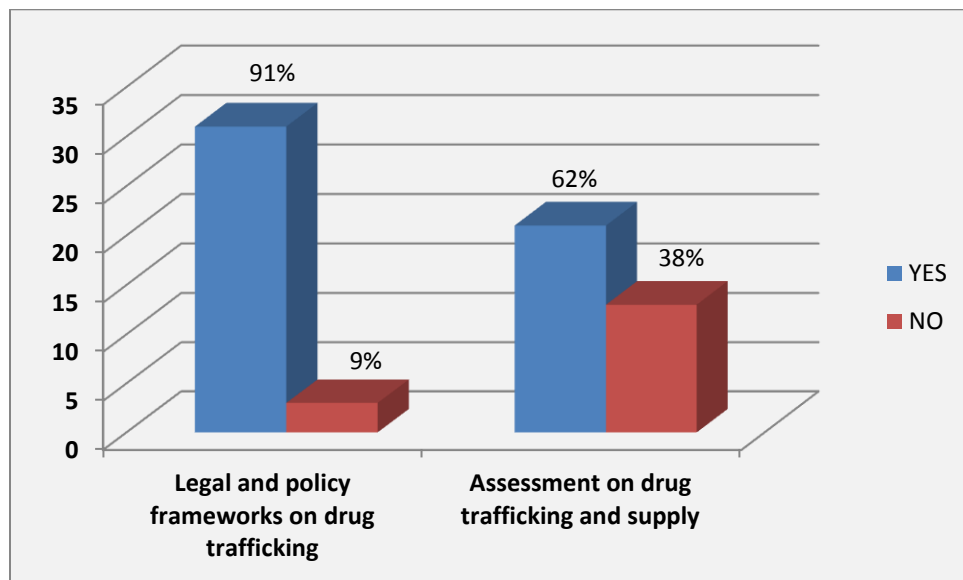


Figure 5: Frameworks and strategic information

38. A number of studies were carried out during the reporting period:
- “A Comprehensive Assessment of the Socio-Economic and Security Challenges of Drug Trafficking and Related Organised Crime in West and Central Africa”, 2014 by the African Union Commission. The report which was launched during the 6th Session of the AUC Conference of Ministers of Drug Control was also presented to the African Union Peace and Security Council (PSC) on the 24 July 2014. The PSC found the study to be pertinent, comprehensive, rich and pin pointing scope of the problem and recommended that the Commission mobilizes efforts to tackle the menace, from policy to action and implements all the recommendations, in particular to:
 - Carry out threat assessments in the remaining regions;
 - Encourage enhanced collaboration between African States and non-state actors;
 - Pursue strong, coordinated multi- sectorial approach;
 - Address socio economic problems that pre-dispose people to crime, including poverty and overall social development;
 - Adopt preventive initiatives to protect countries not yet affected;
 - Focus on cross border crime; and respect and implement all instruments on the same adopted by Member States;
 - Develop a structure and create synergies between different initiatives;
 - Organize workshops and dialogue forums nationally and regionally;
 - Need collaborative efforts of the entire Commission, including the Peace and Security Early Warning System providing information on drugs and organized crime.
 - “Not Just In transit. Drugs, the State and Society in West Africa”, a report by the West Africa Commission on Drugs (WACD) in 2014.
 - “Transnational Organized Crime in Eastern Africa: A Threat Assessment” in 2013 by UNODC.
 - In 2013, UNODC analysed trafficking trends in Africa in the framework of its Global Synthetic Monitoring: Analysis, Reporting and Trends (SMART) programme, showing a growing importance of methamphetamine trafficking from West Africa to Asia. Methamphetamine manufacture in West Africa for export to other regions was found to be an additional, new threat.

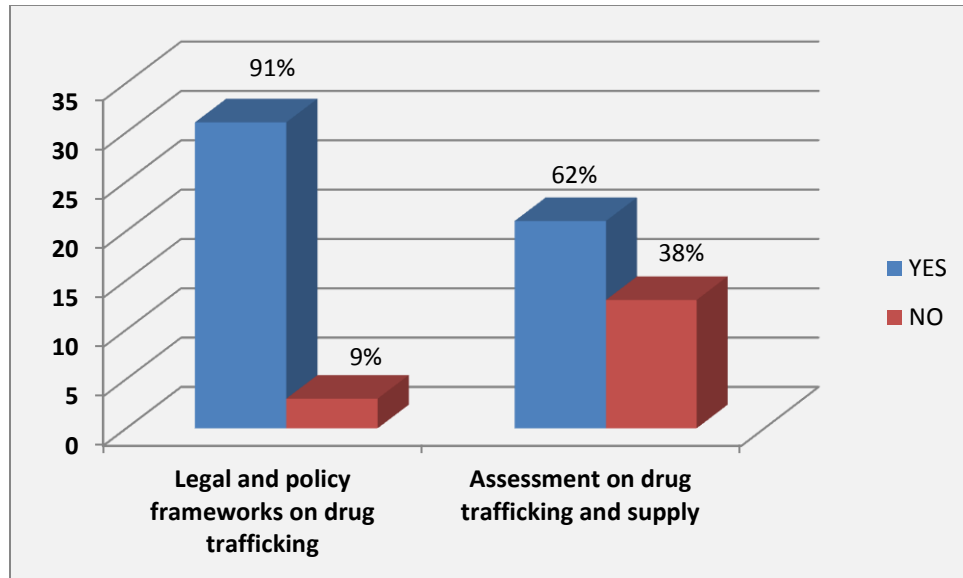


Figure 6: Frameworks and strategic information

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

39. The Commission conducted a high level advocacy as reported in paragraph 28 and also with the AU Peace and Security Council, whose outcome is reported in paragraph 38. Even though ninety-one per cent (91 %) of Member States reported having advocacy and awareness programmes, it is not clear if the type and scope is adequate. In fact there were more awareness programmes (targeted at mostly schools and general population) than advocacy programmes engaging political leaders and policy makers..

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

40. Broad-ranging support was provided to Member States by UNODC to improve their capacity to prevent, detect, investigate and prosecute corruption as follows:

- i) Broad actions with anti-corruption authorities in Mozambique and Niger;

- ii) Assessment of Anti-Corruption Commissions of Ethiopia and South Sudan, Botswana, Mozambique, United Republic of Tanzania, Egypt and Libya;
- iii) Development of National Anti-Corruption Strategies- Nigeria and South Sudan;
- iv) Upgrading its income and asset declaration system- South Sudan;
- v) Improving framework in relation to conflicts of interest- Egypt and Tunisia;
- vi) Trainings on specific aspects of the prevention of and fight against corruption, including asset declaration and financial investigation of relevant national authorities in Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Gabon, Liberia, Libya, Morocco, Mozambique, Nigeria, Rwanda, South Sudan, Uganda and Zambia;
- vii) Strengthening accountability, integrity, transparency and oversight of criminal justice institutions (including police, prosecution and judiciary)- in particular through mock trials delivered in Botswana, Tanzania and Uganda, the development of the Plan of Integrity of the Ministry of Interior of Cape Verde and training workshops in Somalia (Puntland/ Somaliland). Work on improved case managements systems started in Zimbabwe and Sao Tome as well as on a Judicial Code of Conduct in Egypt;
- viii) Specific assistance in strengthening capacity to successfully conduct asset recovery efforts was provided to Egypt, Kenya, Libya, Senegal, South Sudan, United Republic of Tanzania, Tunisia, Uganda, through the World Bank-UNODC Stolen Asset Recovery Initiative (StAR).
- ix) Establishment of the Asset Recovery inter-agency network for Eastern Africa (ARIN-EA) and continued to support the Asset Recovery Inter-agency Network of Southern Africa (ARINSA). A similar initiative is to be developed in West Africa.
- x) UNODC Global Programme against Money Laundering supports the development of continental, regional and national frameworks to reflect the Financial Action Task Force (FATF) Recommendations and Methodology. Currently, on-going assistance include two Anti Money Laundering Mentors embedded full time in South and West Africa, the provision of training courses on financial investigation to participants from Law Enforcement, Financial Intelligence Units, Prosecuting Authorities, Judiciary and the provision of expert advice and support to the development of legislative and regulatory frameworks.
- xi) The International Narcotics Control Board (INCB) trained representatives of 12 West African countries (17-21 June 2013, Addis Ababa) to strengthen capacity in dealing with controlled

substances for medical purposes and also to comply with reporting obligations under the INCB.

41. In addition, the Commission and UNODC are in the process of developing a joint Future Justice Leaders Programme in Eastern Africa, Horn of Africa and Indian Ocean (2015-2018) addressing drug trafficking and other organized crimes.

42. Most countries indeed reported having mechanisms to combat corruption and money laundering (both at 91%). However, few countries (44%) had mechanisms for witness protection (*Figure 7*). Countries without specific mechanisms use relevant provisions under the penal code.

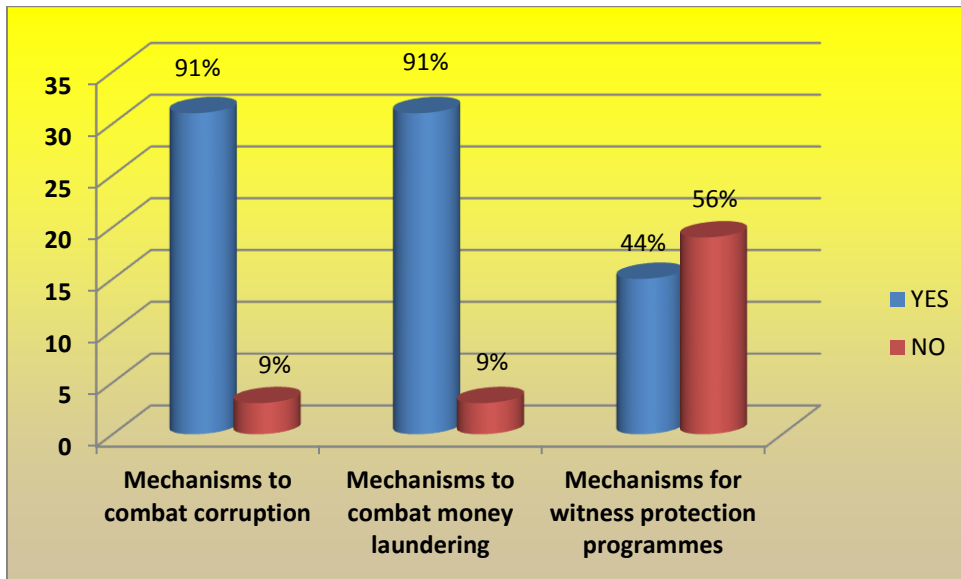


Figure 7: Criminal justice capacity

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

43The AUC Common Position on Access to Pain Management Medication was widely disseminated, and endorsed by the Conference of AU Ministers of Health at its Sixth Session in April 2013. While many countries (70%) indicated availability of pain management drugs, there was a general problem related to estimating the quantities of drugs required, sometimes resulting in depletion of stocks. Many countries reported using Pre-Export Notification (PEN) online system (*Figure 8*). However, the availability of pain management drugs throughout the Continent remains a challenge due to various impediments such as (a) concerns about addiction; (b)

insufficient training of health-care professionals; (c) laws or regulations that disproportionately restrict opiate manufacture, distribution, prescription or dispensing; (d) reluctance to prescribe or stock opiates because of concerns about legal sanctions; (e) reluctance to stock opiates because of concerns about theft or robbery; (f) administrative burden of regulatory requirements for opiates; (g) insufficient import or manufacture of needed opiates; (h) potential for opiate diversion; (i) cost of opiate medications; (j) insufficient health-care resources, personnel and facilities; (k) administrative burden of import-export requirements; (l) problems in the opiate distribution system; and (m) absence of national policy or guidelines.¹⁵

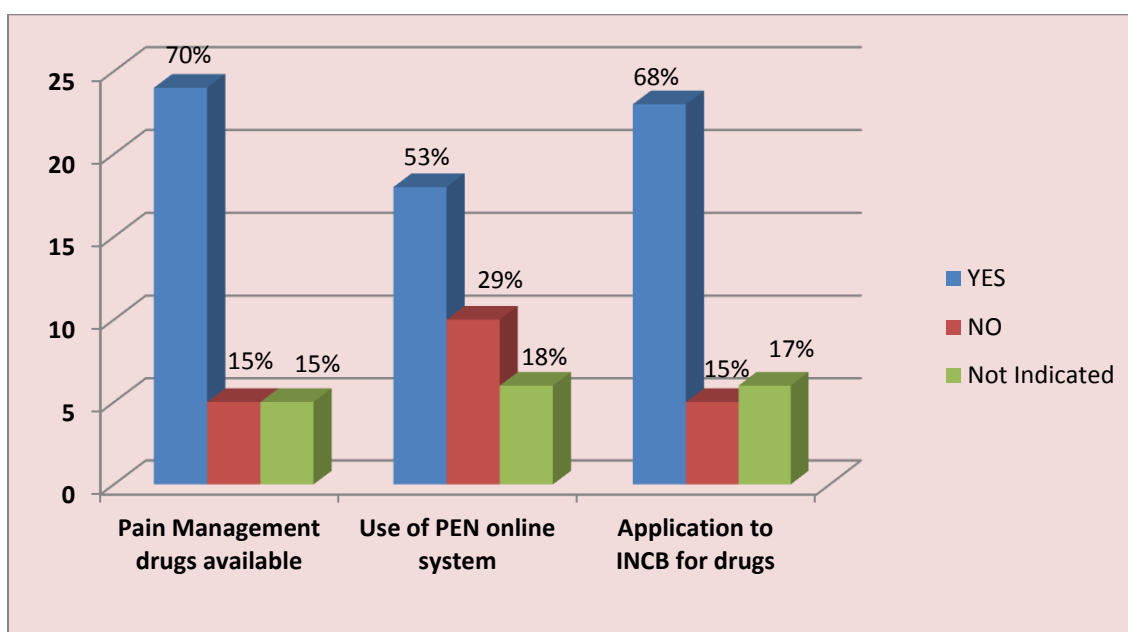


Figure 8: Pain management

Capacity for control of precursor chemicals by Member States improved;

44. Many countries (68%) have precursor control programmes (*Figure 9*). South Africa, in particular, 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. In 2012 alone, twelve (12) such laboratories were dismantled. In 2013 the number increased to thirty-three (33) such laboratories being dismantled. No other Member States

¹⁵ INCB Report, 2013

reported dismantling any clandestine laboratory. Nigeria also indicated having dismantled seven (7) clandestine laboratories.

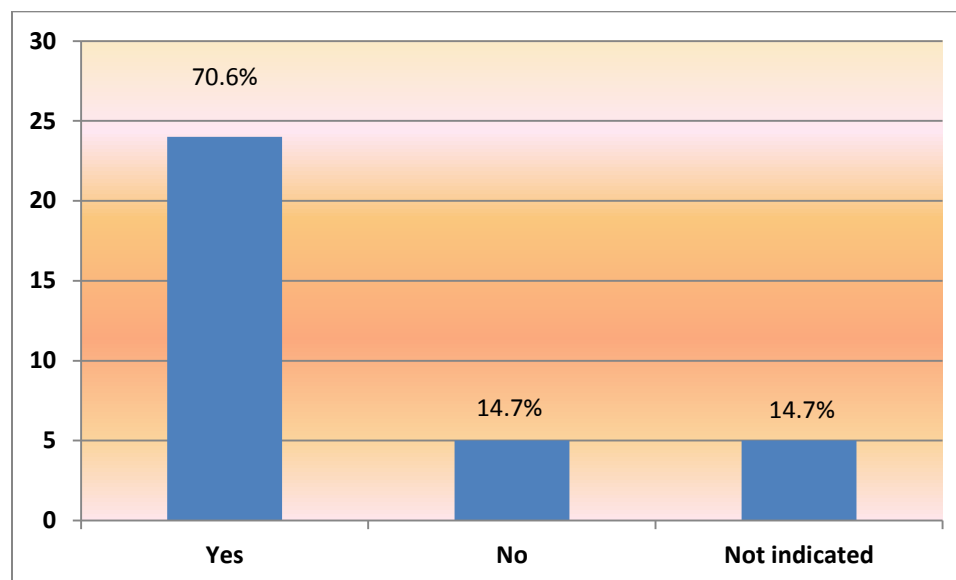


Figure 9: Precursor control

3. IMPLEMENTATION GAPS AND CHALLENGES

45. In the absence of effective and sustainable systems for research and data collection in most Member States and AU regions, there is a lack of reliable data to assess the scale of the illicit drug economy in Africa, including drug seizures, drug arrests, assets forfeited or prevalence rates of illicit drug consumption.
46. More needs to be done in providing comprehensive, accessible, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare services. Moreover, many Member States still need to decriminalise drug use and possession, expand health and social services for those with problematic use and expend greater effort in pursuing those traffickers. This would remove a huge weight from already overburdened criminal justice systems.
47. Border controls and cooperation and coordination between and among Member States need to improve. At national level, closer cooperation among 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.

48. Many of the existing legal frameworks are out-dated and need to be updated to comprehensively address drug trafficking and incorporate new forms of trans-national organised crimes.
49. 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 lack of detection equipment.
50. 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

51. The successful implementation of this Plan of Action 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 the producing, transit and consumer countries. It also depends on commitment by AUC members states to take practical measures to allocate appropriate funding to implement all the four priority areas of the Plan of Action.
52. 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.
53. 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 pursued in the proposed Common African Position for the UN General Assembly Special Session on the World Drug Problem, 19-21 April 2016.

- 54 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 region, tackling financial flows linked to drug trafficking, as well as preventing the diversion of precursor chemicals that are used to manufacture drugs.
55. It is essential to develop 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. The Commission of the African Union also needs to leverage resources to conduct Comprehensive Assessment of Drug Trafficking and Organised Crime in North, Southern or East Africa.
56. 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. Availability of the most basic drug-related health and treatment services remains limited in many countries.
- 57 South-South cooperation programmes should be increased, especially with a view to strengthening national law enforcement in fragile and post-conflict countries, more vulnerable to drug trafficking and organised crime.