

## IDPC Advocacy Note

# Recommendations for the African Union Plan of Action on Drug Control (2013-2017)

## Introduction

With the notable exception of cannabis and khat in certain countries, illicit drug use and trafficking is a relatively new phenomenon for most of Africa. In recent years, some African countries have been targeted by drug traffickers looking for a path of least resistance to ensure the safe passage of heroin, cocaine and cannabis to European markets. This has stimulated a rapid development of domestic markets for these drugs, and led to increased levels of drug use and associated harm. The developmental challenges facing many African nations may be further exacerbated by the spread of drug-related crime and corruption, while prohibitionist efforts to address these risks have proven ineffective elsewhere in the world.<sup>1</sup> At the same time, the prospect of new patterns of HIV transmission through injecting drug use is a major concern. However, if effective policy decisions are taken now, Africa can respond quickly and effectively to these issues.

In January 2008 the African Union (AU) launched a Plan of Action on Drug Control and Crime Prevention (2007-2012).<sup>2</sup> The Plan acknowledged the “need for a comprehensive approach”, and aimed to “reverse the current trends of drug abuse and trafficking, organised crime, corruption, terrorism and related challenges to socio-economic development and human security”. Through this Plan, and with support from the United Nations Office on Drugs and Crime (UNODC), the AU Commission was able to build capacity, improve its own internal coordination, support the development of national drug strategies, and improve overall understanding of the issues. However, symptomatic of the nascent nature of drug policy discussions in Africa, implementation of the Plan was hindered by limited consensus on the most cost-effective and strategic approaches to take, inadequate resources and financial support (especially at the sub-regional level), and a lack of explicit targets and indicators by which to measure success.

To date most African governments have focused their drug policies and programmes on the criminalisation of drug possession and use, and on operations to arrest dealers and intercept drug shipments. UNODC has acknowledged the damaging “unintended consequences” of this approach: not least the “huge criminal black market that now thrives”, the vast amount being spent, the displacement of markets and problems to new countries, and unsustainably high numbers of individuals in prison or pre-trial detention.<sup>3</sup>

In October 2012, the AU Conference of Ministers of Drug Control will review the progress made, and is expected to adopt a new AU Plan of Action on Drug Control (2013 - 2017). This is a crucial time for drug policies in the region.

<sup>1</sup> Inkster, N. & Comolli, V (2012), *Drugs, insecurity and failed states: the problems of prohibition* (London: International Institute for Strategic Studies).

<sup>2</sup> African Union (2007), *Revised AU plan of action on drug control and crime prevention* (Addis Ababa: African Union), [www.unodc.org/documents/about-unodc/AU\\_plan\\_of\\_action.pdf](http://www.unodc.org/documents/about-unodc/AU_plan_of_action.pdf) [accessed: 25.09.12]

<sup>3</sup> UNODC (2008), Making drug control ‘fit for purpose’: building on the UNGASS decade (Vienna: United Nations Office on Drugs and Crime), [www.unodc.org/documents/commissions/CND-Session51/CND-UNGASS-CRPs/ECN72008CRP17.pdf](http://www.unodc.org/documents/commissions/CND-Session51/CND-UNGASS-CRPs/ECN72008CRP17.pdf) [accessed: 25.09.12]

## AU Plan of Action on Drug Control (2013-2017)

The draft AU Plan of Action on Drug Control (2013-2017) centres on an overarching goal to “improve the health, security and socio-economic well-being of the people of Africa by reducing drug use, illicit trafficking and other associated crimes”. It focuses on four priority areas:

- Regional, sub-regional and national management, oversight, reporting and evaluation
- Scale-up of evidence-based services to address the health and social impact of drug use
- Countering drug trafficking and related challenges to human security, in accordance with fundamental human rights principles and the rule of law
- Capacity building for improved research and data collection.

Among many activities, the Plan contains provisions for: cross-sector coordination at all levels; baseline studies on the extent of drug use and drug-related harm; institutionalised programmes to divert people who use drugs away from imprisonment and arrest; the strengthening of legal and policy frameworks; advocacy for policy development; and the removal of barriers limiting the availability of controlled medicines.

At the national level, new or existing drug control and crime prevention bodies have responsibility for following up on the Plan of Action. Among other things, these groups are requested to develop and implement detailed national frameworks based on the AU Plan of Action, to launch drug policy advocacy campaigns, and to submit biannual progress reports to the AU Commission. At the sub-regional level, each Regional Economic Community (REC) should establish and fund a focal point for drug issues to coordinate and promote the implementation of the AU Plan of Action, submit annual regional progress reports to the AU Commission, and strengthen partnerships within each sub-region. Finally, on the continental level, the AU Commission’s Department of Social Affairs is responsible for coordinating the follow-up and evaluation of the Plan of Action.

## A problem-solving approach to drug policy

There is a clear and growing danger in Africa from the expanding power and reach of organised crime groups who control the import and distribution of controlled drugs. This poses particular threats to community cohesion, as drug trafficking and drug dependence (and, in many cases, drug control interventions) have the greatest negative impacts on the poorest communities and populations in any given society. In other parts of the world that have faced these problems for many years, countries have found it very difficult to stifle the supply of drugs or to dismantle high-level trafficking networks. Strategies that aim to reduce the supply of drugs, and the associated violence and corruption, therefore need to be carefully designed and implemented with the negative impacts of drug use, drug dependence, drug trafficking and drug control measures in mind.

Twinned with these problems, illicit drug use is playing an increasingly significant role in HIV transmission in Africa – especially among young people. There are estimated to be between 500,000 and 3 million people who inject drugs in sub-Saharan Africa (a large range due to insufficient data in many African countries).<sup>4</sup> It has also been estimated that less than 1 percent of people who inject drugs in sub-Saharan Africa have access to needle and syringe programmes (NSPs), opioid substitution therapy (OST) and/or antiretroviral therapy – arguably the three key HIV interventions to prevent HIV transmission among this population.<sup>5</sup>

---

<sup>4</sup> Mathers, B.M., Degenhardt, L., Phillips, B., et al (2008) ‘Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review’, *The Lancet*, **372**(9651): 1733-1745, <http://www.ncbi.nlm.nih.gov/pubmed/18817968> [accessed: 25.09.12]

<sup>5</sup> Mathers, B.M., Degenhardt, L., Ali, H., et al (2010) ‘HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage’, *The Lancet*, **375**(9719): 1014-1028, [www.ncbi.nlm.nih.gov/pubmed/20189638](http://www.ncbi.nlm.nih.gov/pubmed/20189638) [accessed: 25.09.12]

Although the spread of HIV in Africa has traditionally been driven by sexual transmission, there is a real risk that recent progress could be undermined by new epidemics driven by drug injection.

The AU needs a drug policy response that accounts for the social realities faced by its Member States, and which can be successfully and practically implemented to respond to emerging drug use patterns and harms. Crucially, it has an opportunity to break the mould of a global war on drugs which has failed to reduce the scale of drug markets, drug supply and drug demand in every other continent. By adopting a drug policy underpinned by public health and citizen security rather than criminalisation, providing unequivocal support for evidence-based harm reduction approaches (see Box 1), and adopting laws or practices that keep people who use drugs out of prisons and courts, Africa can have the best possible chance to minimise the negative impacts of drug markets. The big challenge facing the AU is operationalizing a balanced Plan of Action in a way that can be feasibly monitored and evaluated, takes into account the available evidence, and is in line with international human rights standards.

#### **Box 1. What is harm reduction?**

Harm reduction aims primarily to reduce the health, social and economic harms associated with drug use – without necessarily reducing drug consumption itself.<sup>6</sup> Harm reduction benefits people who use drugs, their families and their communities. It provides care, support and protection for those people who are unable or unwilling to stop using drugs.

The approach is most commonly symbolised by needle and syringe programmes (NSPs) and opioid substitution therapy (OST). By providing sterile needles and syringes to people who inject drugs, for example, it is possible to protect them from HIV and other harms, while also giving them the support and advice that can help keep them alive. Similarly, by providing people who use heroin with a safer, controlled medicine that can substitute their drugs, it is possible to protect them from the day-to-day problems and chaos of street drug use. The evidence clearly shows that neither of these interventions promotes nor increases drug use.

## **Recommendations from the International Drug Policy Consortium**

Overall, the draft AU Plan of Action represents a welcome, progressive and balanced menu of activities designed to reduce drug harm, supply and demand in the region. It contains refreshing commitments to the protection of public health, the upholding of international human rights law, and the diversion of people who use drugs away from the criminal justice system. Crucially, it also allows for the setting of clear objectives and targets by which progress and success can be measured – an element that is often overlooked (or purposefully avoided) by drug strategies in other parts of the world. On the basis of our assessment of the draft Plan of Action, and our engagement with AU colleagues, the International Drug Policy Consortium recommends the following:

### **1. Expand advocacy for the “evidence-based services” to be scaled-up**

The draft AU Plan of Action is to be commended for its inclusion of “Comprehensive, accessible, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare services”. The draft “Implementation Matrix” (which outlines the Plan’s outcomes, outputs and indicators)

#### **Box 2. Principles for effective drug policies**

The IDPC Drug Policy Guide outlines five key policy principles that underpin an effective response to illicit drug markets:

- Drug policies should be developed through a structured and objective assessment of priorities and evidence.
- All activities should be undertaken in full compliance with international human rights law.
- Drug policies should focus on reducing the harmful consequences, rather than the scale, of drug use and markets.
- Policy and activities should seek to promote the social inclusion of marginalised groups, and not focus on punitive measures towards them.
- Governments should build open and constructive relationships with civil society in the discussion and delivery of their strategies.

<sup>6</sup> Harm Reduction International (2010), *What is harm reduction?* (London: International Harm Reduction Association), [www.ihra.net/files/2010/08/10/Briefing\\_What\\_is\\_HR\\_English.pdf](http://www.ihra.net/files/2010/08/10/Briefing_What_is_HR_English.pdf) [accessed: 25.09.12]

also refers to a “comprehensive package on HIV prevention, treatment and care among injecting and non-injecting drug users”. Although these statements are well understood to refer to the existing normative guidance from WHO, UNODC and UNAIDS,<sup>7</sup> the plan could benefit from explicitly outlining this definition.

There is a wealth of evidence regarding what works best in terms of drug policy,<sup>8</sup> and many lessons can be drawn from successes and failures elsewhere and adapted to the African context. Given the financial constraints of many Member States, the AU should also use the Plan of Action to strengthen advocacy efforts for the interventions which have the strongest evidence base and offer the most cost-effective responses – such as NSPs and OST.<sup>9</sup>

## **2. Promote the engagement of people who use drugs**

One area which is relatively overlooked in the draft AU Plan of Action is the active, meaningful engagement of people who use drugs in the development of policies and programmes. Although the Plan does make several references to the need to support civil society in the region, this should be elaborated further in the Plan itself and in Output 2 of the Implementation Matrix. Governments should build open and constructive relationships with civil society networks and create formal mechanisms for their engagement in policy making. By involving people who use drugs as equal partners and learning from their unique perspectives, policy responses can be strengthened and important barriers can be removed. Such respectful engagement is also an important step toward reducing the stigmatisation of people who use drugs, and should be accompanied by capacity building and resources where required.

## **3. Learn from data collection best practices**

The levels and patterns of drug use are unclear across most of Africa. In seeking to develop and maintain a continent-wide network of data collection and research to support policy decisions, the draft AU Plan of Action has been designed to begin filling these important data gaps. In order to benefit from existing best practices and experience, the AU Commission should liaise closely with other regional data collection bodies in this field – such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which has been successfully generating invaluable data and information for European policy makers since 1993.

## **4. Strengthen language around resource mobilisation**

The draft AU Plan of Action is ambitious, far-reaching and timely, and a lot depends on its success in the region. However, more could be done to address the resourcing issues experienced with the previous Plan of Action (2007-2012). The resource mobilisation section of the Plan is weak, stating only that “Due regard will be given to modalities for the funding of the activities of the follow-up process at the national, regional and Continental level”. A Plan of this scale requires reliable, predictable funding at all levels in order to succeed, and we urge the 5th AU Conference of Ministers of Drug Control (at which the Plan of Action is expected to be adopted) to make the necessary political and financial commitments, both domestically and in support of regional and sub-regional structures. The Conference should also develop clear strategies to advocate for the Plan of Action (particularly the resource needs for improved data collection and health services), and should call for increased leadership and commitment for people who use drugs from international donor organisations (particularly HIV donors such as the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Gates Foundation, the World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria).

---

<sup>7</sup> WHO, UNODC, UNAIDS (2009), *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (Geneva: World Health Organization), [http://www.unodc.org/documents/hiv-aids/idu\\_target\\_setting\\_guide.pdf](http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf) [accessed: 25.09.12]

<sup>8</sup> International Drug Policy Consortium (2012), *Drug policy guide: 2nd edition* (London: International Drug Policy Consortium), [http://dl.dropbox.com/u/64663568/library/IDPC-Drug-Policy-Guide\\_2nd-Edition.pdf](http://dl.dropbox.com/u/64663568/library/IDPC-Drug-Policy-Guide_2nd-Edition.pdf) [accessed: 25.09.12]

<sup>9</sup> International Federation of the Red Cross (2003), *Spreading the light of science: guidelines on harm reduction related to injecting drug use* (Geneva: International Federation of Red Cross and Red Crescent Societies), [http://www.ifrc.org/PageFiles/96733/Red\\_Cross\\_spreading\\_the\\_light\\_of\\_science.pdf](http://www.ifrc.org/PageFiles/96733/Red_Cross_spreading_the_light_of_science.pdf) [accessed: 25.09.12]

## 5. Carefully monitor impact and possible negative consequences

For all of the proposed activities, the 'Implementation Matrix' of outcomes, outputs and indicators should seek to operationalise the monitoring of the possible negative consequences of policies. For example, common indicators that focus on drug trafficking (such as amounts of drugs seized, or numbers of arrests) can often mask significant harms that are caused. To mitigate these risks, the Matrix should also monitor other indicators such as HIV prevalence or incidence, the number of people dependent on drugs who access appropriate drug treatment, or the number of reported cases of police abuse.

Care should also be taken to objectively differentiate between people who use drugs, and those involved higher up the drug supply or drug trafficking hierarchy. In implementing the Plan of Action, the AU Commission should advocate against disproportionate sentencing and inappropriate incarceration of people who use drugs. The 'Implementation Matrix' should also assess impact, and not just output, from these activities – i.e. to monitor longer-term effects on drug availability, price and/or quality, and not just the immediate effects on arrest rates and confiscations. Once operationalised, the Plan of Action could also push for the delivery of an impact assessment before 2017.

## 6. Improve social inclusion and reintegration of marginalised groups

Drug use and dependence are usually concentrated among marginalised communities (such as people living in extreme poverty, sex workers, men who have sex with men, migrants, women and young people). Punitive drug policies merely serve to further stigmatise and alienate these vulnerable groups – making it even harder for them to access employment, housing, education and healthcare. Through the Plan of Action, the AU should implement measures to overcome the social harms of illicit drug use. For example, the 'Implementation Matrix' includes an indicator for the “No. of countries with social protection measures for women and young people who have completed drug treatment (and rehabilitation)” – but this is not broad enough to address the problems, which will often be more severe for those unwilling or unable to complete drug treatment. African drug policies should aim to re-integrate all people who use drugs into their communities. Accordingly, monitoring efforts should focus on measuring factors such as employment, homelessness, social protection coverage, and health service uptake for all people who use drugs.

## Conclusion

The proposed Plan of Action is a welcome statement of the region's determination to tackle the growing problem of illicit drug use and drug markets, and the associated criminal, social and health problems. If African governments are going to be successful in reducing the threat of organised crime, averting a drug-related explosion in new HIV infections, and ensuring the social integration of drug users, they will need to ensure strong political and financial commitment to this policy area. Priority should be given to strategies that focus on proven health and social interventions, and that avoid the mistaken reliance on harsh punitive approaches that are now being rejected in other regions of the world.

**The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces briefing papers, disseminates the reports of its member organisations, and offers expert consultancy services to policy makers and officials around the world.**

International Drug Policy Consortium  
Fifth Floor, 124-128 City Road, London  
EC1V 2NJ, United Kingdom

Tel: +44 (0) 20 7324 2975  
Email: [contact@idpc.net](mailto:contact@idpc.net)  
Web: [www.idpc.net](http://www.idpc.net)