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**“Observations by International Drug Policy Consortium (IDPC)”**

**Introduction**

Thank you and good afternoon. It is an honour to present here today, and I want to extend my thanks to the AUC for providing this opportunity. I also want to congratulate the AU for developing what I hope you all agree is a progressive and balanced Plan of Action for 2013 to 2017, and one that lays a solid foundation for Member States.

My name is Jamie Bridge, and I work for the International Drug Policy Consortium – or IDPC. We are a global network of 90 drug policy organisations – including several from Africa – who come together to promote open debate and the engagement of civil society. All our members agree to five principles that we believe are key to successful drug policies:

- They should be based on evidence about the nature of the drug problem and the effective ways to deal with it.
- They should be compliant with international human rights law, which includes protections from abuse.
- They should focus on reducing drug-related harms.
- They should promote the social inclusion of vulnerable people, and
- Policy makers should work with civil society to design and deliver their strategies.

In many ways, the AU Plan of Action reflects these criteria, which is a credit to everyone here. While the Plan retains a focus on crime reduction and security – it clearly provides for the delivery of improved health and social services for a group that remains disproportionately vulnerable to infections, exploitation, stigma and death.

I want to make two main observations which I hope will be useful moving forward with this important work. I will first discuss the need to distinguish between minor and major drug

offences. I will then discuss the need to carefully assess impacts of drug control – positive and negative.

## 1. Drug Use versus Drug Supply

All drug offences and drug offenders are not the same. There is a scale that we can identify.

At one end, organised criminal gangs profit from a multi-billion dollar international black market. They have found strength through global prohibition, and use corruption, armed conflict and civil unrest to ensure the safe passage of drugs through paths of least resistance.

At the other end of the scale, we have drug users. These individuals are often caught up in a net of addiction – targeted by police, targeted by gangs, and isolated in society. They are often young people driven to drug use by mental health problems, social problems or poverty. They are not mercenaries or unstoppable criminals. Yet they are treated the same as those higher up the drug market.

At IDPC, we promote an approach that can be summarized in three words: “Support. Don’t Punish”. This means that drug users should be treated as human beings –provided with protection and health services, rather than criminalized or incarcerated. Drug use and drug addiction are public health issues – but law enforcement agencies still have an important role to play. We need to look at how best to work with these people, how to divert them from prisons and into effective treatment and care.

Even when drug users are also low-level drug dealers, their arrest and imprisonment has little impact on the market. Someone else just comes along to fill their place. The only way to truly affect drug availability, price and quality is to target large-scale traffickers.

Yet drug users are disproportionately represented in prisons, detentions and arrests. They are the easiest targets, the easiest way to meet quotas. But this approach has no deterrent effect: drug use continues unabated in countries with severe penalties. It even continues in prisons, where risks are further amplified. Drug users are driven underground, away from health services, and towards riskier behaviours – including injecting. They then find it harder to access employment, education and social services. Overall, they are made more vulnerable.

Rounding up and punishing vast numbers of drug users is an expensive and ineffective use of valuable police resources that should be directed toward serious crimes. Many countries around the world are realising this, and are turning away from this approach. We have seen from experiences in Eastern Europe and Asia that punitive approaches to drug use can create a breeding ground for new waves of HIV infections. Earlier this year, the US drug czar conceded to the UN that – and I quote – “aspects of our approach need to change... we have historically been over-reliant on incarceration and too slow to build a robust treatment and prevention system”.

Through the new Plan of Action, AU Member States can commit to – and begin to operationalize – a humane, balanced and effective approach that protects vulnerable members of society while remaining vigilant toward the drug trade.

## **2. Measuring Impact**

I want to move on now to discuss the Implementation Matrix, which is an excellent resource for which the AUC should be commended. It outlines the indicators to measure progress – something that is overlooked or wilfully forgotten by strategies in other parts of the world. It is important to get the indicators right – to measure the right things.

Perhaps the easiest indicators to measure are seizures and arrests. But these only give us part of the picture and are often misleading. Through the Implementation Matrix, the AU has a unique opportunity to approach this work differently and do it better. There are other metrics that need to be considered: drug availability, drug use, drug prices, drug purity. How many people have accessed treatment? How many have overdosed? How many are living with HIV? We need to know these things before we can start claiming success.

At the same time, the war on drugs has actually made some things worse – and AU Member States are in a strong position to act upon these issues. UNODC itself has acknowledged that “the control system and its application have had several unintended consequences” – including a huge, militarized black market; the misallocation of resources away from public health; the perception of drug users as criminals; and a “balloon effect” where crackdowns in one place just displace the market to other countries or other – potentially more harmful – drugs.

The AU Plan of Action comes at a time when other regions are acknowledging that the “war on drugs” has not succeeded.

In Latin America, many countries have paid a heavy price for the war on drugs. Lives have been lost, gang violence has escalated, prisons are overcrowded, and communities have been damaged. These countries are asking fundamental questions about what can be done better. This month, the governments of Colombia, Guatemala and Mexico have formally lobbied the UN General Assembly for an evidence-based review of international drug control. The Organization of American States is also conducting a study on possible alternative drug control regimes, and the results should be available next year. The AU should exchange and share experiences with Latin America – a region that has been struggling for decades with some of the problems that now face Africa. Invaluable lessons have been learned across the Atlantic, particularly in tackling the corrosive influence of organised criminal groups, while also providing the necessary support and care to drug users, and promoting alternatives for illicit crop farmers.

Through the Implementation Matrix, the AU Plan of Action will support Member States to better measure and understand the true impacts of their drug policies, and to build more effective responses.

## **Conclusion**

To conclude, although drug policy is a multifaceted and complex area of work, this is a real opportunity for Africa to avoid the mistakes that others have made. At a time when governments around the world are accepting that drug markets cannot be totally eradicated, the AU Plan of Action contains an appropriate focus on minimising the social, health and economic harms from drug use, drug markets and drug control. It references the proven approaches that can achieve this – not least the so-called “comprehensive package” of HIV prevention services for drug users.

IDPC and others are here to help in any way that we can. We produce a comprehensive Drug Policy Guide that is available in English, French and Spanish, and this outlines the arguments and evidence for effective drug policies. We have also produced a briefing in English and French specifically for the AU Plan of Action, which contains several key recommendations.

Essentially, the approach that we believe works best is “Support, Don’t Punish”. By treating drug use as a health problem, acknowledging the impacts of drug policies on HIV, and carefully monitoring for negative consequences – Member States can operationalize a humane response, effectively and decisively tackling the problem of drugs in Africa. Thank you.