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DRAFT FINAL PROGRESS REPORT ON THE IMPLEMENTATION OF THE AU PLAN OF ACTION ON DRUG CONTROL (2013-2017) EXTENDED TO 2019

Contents

EXECUTIVE SUMMARY

This is the third and final report on progress in the implementation of the AU Plan of Action on Drug Control (2013-2017) (AUPA) extended to 2019. The report covers the period 2017-18 and largely draws from analysis of responses to a questionnaire sent to all Member States of the African Union. Thirty-five (35) completed questionnaires, representing a response rate of 63,6% of the 55 AU Member States, were received from the following countries: Algeria, Angola, Benin, Botswana, Burundi, Cameroon, Cape Verde, Central African Republic, Comoros, Chad, Cote d'Ivoire, Democratic Republic of Congo, Eswatini, Eritrea, Gambia, Ghana, Kenya, Liberia, Madagascar, Mali, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe. Additional information for the report was also gathered from the following sources:

- Reports of the Drug Epidemiology Assessments missions conducted in selected Member States;
- Reports of Member States at the African Union Continental Experts Meeting for Drug Demand Reduction, Tunis, Tunisia, 30 October – 3 November 2017;
- Reports of Member States at the AU Member States meeting during the International Conference of the International Society of Substance Use Professionals, Nairobi, Kenya, 10-14 December 2018;
- Bilateral follow-up consultations with Member States' drug control focal persons on the implementation of the AUPA (2013-2019);
- Reports from Regional Economic Communities (RECs), mainly from ECOWAS;
- Reports of and to Partners, in particular the United Nations Office on Drugs and Crime (UNODC), US State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL), the Colombo Plan, Uk Home Office, and the Programme on Enhancing Africa's Response to Transnational Organised Crime (ENACT).

Being in its final year of implementation, the AU Policy Organs requested that the current AUPA (2013-2019) be revised to reflect the relevant components of continental and global developmental frameworks such as the First Ten Year Implementation Plan for AU Agenda 2063 and the 2030 Agenda for Sustainable Development. In particular, the revision will incorporate the Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on the World Drug Problem and the Common African Position (CAP) for the UNGASS, as well as responses to contemporary challenges in crime prevention. The AUPA will furthermore be contextualised, in concurrence with the UNODC, that, "On the basis of common and shared responsibility, countries in Africa should continue to take action against drug trafficking and organized crime through balanced and comprehensive responses. 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. 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."[1]

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 current AUPA as follows:

- Strengthened capacities for coordination at the African Union Commission, Regional Economic Communities and Member States levels, especially in ECOWAS, and the increase in designation of national drug focal points, which is an important first step towards coordination of national efforts.

- The AU project "*Strengthening Research and Data Collection Capacity for Drug Use Prevention and Treatment in Africa*" has resulted in the establishment of 18 national additional epidemiological networks and observatories distributed across the 5 African Union regions and contributed significantly to knowledge and understanding of drug use and trafficking trends on the continent.

- The AUPA promoted a balanced and comprehensive approach to drug control and focused attention on both drug demand and supply reduction, as well as ensuring availability of controlled substances for medical and scientific use, while reducing non-medical use of medicines. However, the growing availability of counterfeit medicines remains a challenge, especially in countries with weak medicines control authorities.

- During the reporting period, many activities aimed at the prevention and delay of the onset of drug were carried out in Member States and the provision of drug-dependence treatment programmes have increased, as well as availing of evidence-based interventions for HIV prevention, treatment and care for people who use drugs.

- Since 2013, legal and policy frameworks to counter drug trafficking and related challenges to human security in many countries have been updated by some Member States. However, existing legal frameworks are mostly outdated and need updating to comprehensively address, among others, control of precursors, New Psychoactive Substances, cybercrime associated with drug trafficking and use, new forms of trans-national organized crime. .

Finally, the progress report concludes with suggested chapters for the revised AUPA (2019-2023).

[1] United Nations Office on Drugs and Crime. UNODC support to the AU Plan of Action during the period 2017-2018. UNODC, January 2019.

FINAL PROGRESS REPORT ON THE IMPLEMENTATION OF THE AU PLAN OF ACTION ON DRUG CONTROL (2013-2017) EXTENDED TO 2019

1. INTRODUCTION

1.1 Background

1. The African Union Plan of Action (AUPA) on Drug Control (2013-2019) was launched in January 2013 as 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 fundamental goal of the Plan of Action on Drug Control (2013-2019) is to improve health, security and socio-economic well-being of people in Africa by reducing illicit drug use, trafficking and associated crimes. It follows a balanced and integrated approach to drug control, providing a solid framework to address both supply and demand reduction in corresponding measures, as well as ensuring availability of controlled substances for medical and scientific use.

3. The Plan of Action is anchored on four (4) key priority areas as follows:

   - ❖ Enhancing continental, regional and national management, oversight, reporting and evaluation of the AUPA.

   - ❖ Scaling up evidence-based services to address the health and social impact of drug use in Member States.

   - ❖ Countering drug trafficking and related challenges to human security through supporting Member States and Regional Economic Communities (RECs) to reduce trends of illicit trafficking and supply reduction in accordance with fundamental human rights principles and the rule of law.

   - ❖ Capacity building in research and data collection enhanced through strengthening of institutions to respond effectively to challenges posed by illicit drugs, and to facilitate licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes.

4. The AU Plan of Action on Drug Control (2013-2019) is the fourth revision developed by the African Union (AU) since 1996 and it was 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.

5. While considering progress on the implementation of the AUPA, the Second Ordinary Session of the AU Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC-2) that convened in Addis Ababa, Ethiopia on 20-24 March 2017, decided to extend the 2013-2017 Plan of Action on Drug Control to 2019. The meeting requested that the AUPA be revised to reflect the relevant components of continental and global developmental frameworks such as the First Ten Year Implementation Plan for AU Agenda 2063 and the 2030 Agenda for Sustainable Development. In particular, the revision should incorporate the Outcome Document of the 2016 UN Special Session (UNGASS) on the World Drug Problem and the Common African Position (CAP) for the UNGASS, as well as responses to contemporary challenges in crime prevention. Covering the last two years of the implementation of the AUPA (2013-2019), this report also signifies, in view of the mentioned frameworks, the gaps to inform the revised AUPA which will be considered by the STC-HPDC-3 in July 2019.

1.2 Operating Context and Related Challenges

6. The 2030 Agenda for Sustainable Development and its goals assert that "there can be no sustainable development without peace and no peace without sustainable development".[2] This denotes the inter-connectedness of peace with the realization of human rights, the rule of law, economic development and equality, among other enablers of sustainable development, such as quality education and health care. AU Member States experience notable challenges pertaining to these premises for sustainable development and peace, which have impacted on the operating context for the implementation of the AUPA (2013-2019). For instance, not enough jobs for young people have been created in this period, and not sufficient services were provided to prevent and address drug use challenges. Furthermore, lucrative conditions for criminal activity in the illicit drug markets existed,[3] linking drug trafficking to organized crime, money laundering, illicit financial flows and terrorism financing, among others.

7. A recent Drug Epidemiology Assessment conducted by the African Union in an AU Member State (February 2019), clearly describes the context and situation viz-a-viz illicit drugs in most countries in Africa:

   "Drivers of illicit drug trafficking and use include weak public criminal justice, education and health systems, inadequate training and infrastructure, unsecured international borders, some cultural and traditional practices, weak surveillance and monitoring due to inadequate logistical support and unstructured, inadequate and insufficient treatment programmes. The distribution of drug use shows drug users (people who use drugs – PWUD) are found among males and females, children/youth and adults, locals and foreigners, in all localities and districts and among all ethnic groups and religious groups. Increase in seizures is associated with increase in consumption and

[2] Transforming our World: The 2030 Agenda for Sustainable Development A/RES/70/1 sustainabledevelopment.un.org

[3] EU Action Plan on Drugs (2017-2020)(2017/C 213/02), European Commission, 2017, Brussels, Belgium

some citizens openly show signs of drug seeking behaviour for illicit substances in all locations. Traffickers become more sophisticated and information and communication technology (IT) is used in trafficking and use. Users (PWUD) develop mental disorders and there is evidence of the use of New Psychoactive Substances (NPS) with documented mortalities and morbidities and a high prevalence rate of HIV (28%) among People Who Inject Drugs (PWIDs)."[4] (In the absence of forensic drug testing facilities, the NPS referred to here, could most probably be or include Amphetamine-type stimulants (ATS), produced in countries such as Nigeria and South Africa.)

1.3 Drugs produced and trafficked in Africa

West and Central Africa

8. West African seizures of cannabis have escalated 5 times annually since 2014, reaching 1340 tons in 2016, which indicates the increase in production and trafficking of the substance in the region, also reflecting the record levels of plant-based drug production across the world. Trafficking in cocaine into West and Central Africa has also increased over the past 6 years, trafficked from Columbia, Bolivia or Venezuela to Ghana and Nigeria, or from Brazil via Angola and Togo, mostly by air. In addition, transfers of larger shipments of cocaine on the high seas off the West African coast, as well as onshore offloading in West African harbours amounted to 324.96 tons of cocaine seized in 2016, according to statistics supplied by ECOWAS. More than 1700 kg of cocaine worth $45 million were smuggled through the DRC in 2016 and 300 kg of heroin in 2017 without the means to seize the drugs, according to the DRC report. [5]In Lagos, Nigeria, and Cotonou, Benin, incoming precursors for methamphetamine production such as ephedrine and phenacetine have been seized, suggesting the manufacturing of ATS drugs or NPS in West Africa. In this regard, more than 30 tons of ATS drugs and precursors were seized in 2016, according to the mentioned ECOWAS statistics. Furthermore, seizures of khat for instance in Senega, may signal the emergence of this drug in West Africa as well.

9. Very disconcerting though, is that West and Central Africa recorded the largest seizure of pharmaceutical opioids world-wide in 2017, mainly for the prescription drug Tramadol, shipped from India. Roughly 100 tons were seized, mostly in Cotonou, Benin *en route* to the Sahel region via Niger in that year. Seizures of heroin are also rising in Nigeria, Ghana and Benin, with 392 kgs seized in 2016 in these countries.

[4] Abstract from a February 2019 Assessment Report on Drug Epidemiology in an AU Member State, conducted by the AU Commission.

[5] Presentation by ECOWAS at the meeting of AU Member States and RECs during the ISSUP Conference, Nairobi, Kenya, 10-14 December 2018

Eastern Africa

10. Eastern Africa is the important regional hub for trafficking of heroin on the Southern Afghan route destined to Africa, Asia and Europe, with, for instance, 112.6 kg seized by Kenyan authorities in 2017. The transshipments are conducted mainly by sea, containers exchanged on the high seas, or by smaller vessels to landing sites along the vast Eastern African coastline. [6] As in other parts of Africa, seizures of cannabis in East Africa have doubled in 2017, compared to 2012 figures, and so has seizures of khat ("miraa") in Eastern African countries where it is listed as illegal. Cocaine seizures in Tanzania and Kenya also persisted through 2017. Liquid ketamine was also seized in Kenya in 2017, totaling 661 liters.

North Africa

11. Many tons of Tramadol have reportedly been seized in North Africa in 2017 and 2018, mostly destined for Libya, originating from India and trafficked via Italy, Greece and Turkey.[7] Cocaine trafficking by air and rising maritime trafficking has furthermore become a growing concern for North Africa, with an increase of 128% in seizures in 2017 compared to 2016 in the Kingdom of Morocco alone, and 2,837kg seized there in 2017 The numbers of small heroine seizures have increased (11,377 kg seized in Morocco in 2017), and the emerging trafficking of amphetamine from West Africa through North Africa, destined to Europe and East Asia is raising concern. However, cannabis seizures have declined in North Africa over the past three years, while trafficking of hashish by sea and air has continued. Smuggling of cannabis by land via the Eastern borders of The Sudan has continued, and so has Tramadol via the country's Western borders. Increased seizures of heroin from East Asia and cocaine from South America have also been recorded in The Sudan. In Tunisia, drug trafficking offences has increased eight-fold since 2000, with 28% of all prisoners serving drug related sentences.

Southern Africa

12. Trafficking in cannabis with the most tonnage seized by far compared to other drugs, have continued in Southern Africa. South Africa, Namibia and Mozambique recorded persistent seizures of methaqualone/ Mandrax in 2017-2018. Furthermore, there is alarming evidence that Southern Africa, especially South Africa (referred to as the "Heroin Republic" by the local 'Times' newspaper) and its neighbours, particularly Mozambique, has become a hub for opiates trafficked by air from West Asia, particularly from Pakistan and by sea on the strengthened Southern Route for heroin trafficking. Fifty percent (50%) of heroin trafficked on

[6] United Nations Office on Drugs and Crime. UNODC support to the AU Plan of Action during the period 2017-2018. UNODC, January 2019.
[7] Ibid.9

this route destined for the West, is estimated to stay behind in East and Southern African countries. Cocaine seizures, trafficked mainly from Brazil, have been on the rise in South Africa and neighbouring countries, including Malawi and also 7.98kg seized in Namibia in 2017. Methamphetamine trafficking to Southern Africa has increased, coming from West Africa. The diversion of precursor chemicals for the manufacture of ATS drugs further compounds the fight against the production of these substances of which rising consumption is a major concern for the SADC region as they are also sold on-line.

1.4. Drugs currently used on the continent, excluding alcohol and tobacco

13. There are multiple causes for the rise in drug use and trafficking on the continent, among others, poverty, social exclusion, conflict, violence and trauma, gender inequality, high levels of income inequality, a high share of youth in populations and youth unemployment, high rates of urbanisation, low levels of criminal justice resources, mental health factors and lack of treatment opportunities, high levels of availability of drugs, lack of recreational space and recreation activities, family factors, homelessness, etc.

14. The 2018 World Drug Report[8] indicates that cannabis is the drug most used in the world, followed by opioids, amphetamines and prescription drugs, ecstasy, opiates and cocaine. Africa mirrors the same drug use patterns, in the same sequence, with growing non-medical use of prescription drugs ballooning, in the case of Africa, tramadol and codeine (also in cough syrups). Amphetamine-type stimulants (ATS) production, trafficking and use have also increased over the past 6 years that the AUPA has been implemented. Cannabis use among African youths seems to be much more widespread than authorities and parents may wish to believe, and it is commonly used in combination with ATS drugs when available, with alcohol and other substances.

West and Central Africa

15. A recent 2018 study on drug use in Nigeria[9], found that one (1) in seven (7) persons aged 15-64 years had used a drug (other than tobacco and alcohol) in the previous year. Among every four (4) PWUDs in Nigeria one (1) is a woman. The highest levels of any past-year drug use were among those aged 25-39 years. Cannabis is the most commonly used drug. An estimated 10.8% of the population had used cannabis in the past year. An estimated 4.7% of the population, i.e. 4.6 million people in Nigeria had used opioids (such as tramadol, codeine, or morphine) for non-medical purposes in the previous year. The non-medical use of cough syrups containing codeine and dextromethorphan is estimated at 2.4% of the adult population (nearly 2.4 million people) with equal numbers of users among males and females. In comparison, the extent of the use of ecstasy (0.3%),

[8] United Nations Office on Drugs and Crime (UNODC). World Drug Report 2018, Part 1. UNODC, Vienna, 2018
[9] United Nations on Drugs and Crime (UNODC). Drug Use in Nigeria. UNIDC, Vienna, 2018

inhalants (0.3%) amphetamines (0.2%) and cocaine (0.1%) and heroin (0.1%) is much lower than the drugs mentioned earlier.

16. Statistics supplied by Benin in the AUC questionnaire indicate that (one) 1 in (five) 5 patients in treatment for substance use disorders have been women over the period 2017-2018 and that the numbers of women in treatment have increased from 13.6% to 22.5%. The treatment demand for cannabis use disorders was seven (7) times higher than that for cocaine, which was double in numbers of that for heroin. Cannabis also accounts for the largest proportion of treatment demand in Senegal and The Gambia. The mentioned patterns of cannabis, cocaine, heroin, tramadol and other opioid abuse were also echoed by Cote D' Ivoire, Ghana, Cape Verde, Liberia and Mali in their returned questionnaires. There is a worrying trend of increasing tramadol abuse in countries such as in Togo and Niger, which are known transit countries for the trafficking of the drug. Widespread use of tramadol by youths, women and adults in rural as well as urban areas has been reported in these countries as well.

17. Angola indicated cannabis as the major drug of choice causing substance use disorders, while the Central African Republic mentioned cannabis, cocaine and heroin, as well as tramadol and benzodiazepines in its completed AUC questionnaire.

Eastern Africa

18. Kenya and Tanzania basically experience similar drug use patterns which is cannabis, khat, heroin and cocaine use over the past 2 years with a sharp increase in treatment demand for opioids (tramadol, pethidine), benzodiazepines and barbiturates misuse, with a general distribution of 85% male and 15% female users. Cannabis and khat are used in all parts of East African countries, including Eritrea and Uganda; cocaine is used by more affluent populations and roughly 300,000 heroin users are found in urban centres with 25,000 injecting drug users among them, of whom 7100 are enrolled for medically assisted therapy (MAT). The Comoros listed the same drugs of concern, mostly smoked, while cannabis and khat are a cause of concern for Rwanda as well.

North Africa

19. With ATS, heroin and cocaine trafficking having increased throughout North Africa, there has been a steady rise in the use of these drugs, including injecting drug use, with associated increases in the rates of HIV infection, also in prisons. [10] The main drug used in North Africa is still cannabis, with a 2.9% dependency rate in Egypt among cannabis users. However, fifty-five percent (55%) of patients in treatment

[10] United Nations Office on Drugs and Crime (UNODC) UNODC support to the AU Plan of Action during the period 2017-2018. UNODC, January 2019.

for substance use disorders in Egypt are dependent on tramadol and among the general population, life time prevalence of drug use has increased from 6% in 1996 to 12% in 2015. Sudan also reported that its main drug of abuse is cannabis (with large areas of local production), followed by tramadol, captagon and psychotropic drugs. The extent of tramadol use continues to be a major cause of concern for North Africa. Worrisome in Tunisia, for instance, is the increasing drug use among female school and college students which could be the case in more North African countries as well. With the well-established human trafficking cartels established in the region around Libya, the trafficking in drugs, and its enabler, firearms, *is* expected to increase in North Africa. This usually results in considerable increase in local drug use.

Southern Africa

20. Like in other regions of the continent, the use of cannabis is growing among school learners, youths and adults in Southern Africa. The recent de-criminalization for personal cannabis use in South Africa, as well as legal authorization for the growing and value addition to cannabis for medical purposes, for instance in Zimbabwe, undoubtedly has not led to the increase in cannabis use, but has rather opened up the debate on, "Let's talk about drugs" in the SADC region. Other societal factors, pressures and enablers have resulted in greater permissiveness towards not only cannabis, but also towards the abuse of alcohol and other drugs in the region.

21. Of great concern is the growing and widespread use of methamphetamine in South Africa, use of mixes of cough syrup containing codeine with alcohol (so called "lean") among girls and boys in schools, nyaupe (heroin/ART drugs) similar mix called "whoonga", continuous cannabis/mandrax mix, cocaine and heroin (smoked and injected). Zimbabwe also registered grave concern about the abuse of cough syrups, growing use of cannabis and illicit toxic alcoholic beverages produced in the country. In South Africa, PWUDs as a key population for HIV infection are assisted with Medically Assisted Therapy (MAT) such as Opiate Substitution Therapy (OST) and Needle and Syringe Programmes, with positive results. The use of volatile solvents/ inhalants is rife among street children in the region as well. Namibia reported that 30% of patients admitted to Mental Health Care Units in the Ministry of Health and Social Services, suffer from substance use disorders, indicating the resulting mental health consequences of untreated substance use disorders. Botswana reported that 12% of people who use drugs access treatment services of an estimated 9500 suffering from substance use disorders, including 8500 for alcohol abuse.

2. PROGRESS ON IMPLEMENTATION OF THE AU PLAN OF ACTION ON DRUG CONTROL (2013-2019) VIZ-A-VIZ ITS FOUR (4) KEY PRIORITY AREAS

22. Information regarding progress with implementation of the AUPA in Member States for the reporting period 2017-2018 was obtained from the following sources:
    - Biennial questionnaire disseminated to all Member States that assesses progress on the implementation of the AUPA;
    - Reports of the Drug Epidemiology Assessments missions conducted in selected Member States;
    - Reports of Member States at the African Union Continental Experts Meeting for Drug Demand Reduction, Tunis, Tunisia, 30 October – 3 November 2017;
    - Reports of Member States at the AU Member States meeting during the International Conference of the International Society of Substance Use Professionals, Nairobi, Kenya, 10-14 December 2018;
    - Bilateral follow-up consultations with Member States' drug control focal persons on the implementation of the AUPA (2013-2019);
    - Reports from RECs, mainly from ECOWAS;
    - Reports of and to Partners, in particular the United Nations Office on Drugs and Crime (UNODC), US State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL) and the Programme on Enhancing Africa's Response to Transnational Organised Crime (ENACT)

23. This report largely draws from analysis of responses to a questionnaire sent to all Member States of the African Union. Thirty-five (35) completed questionnaires, representing a response rate of 63,6% of the fifty-five (55) AU Member States (compared to 58.1 % returned in 2017), were received from the following countries: Algeria, Angola, Benin, Botswana, Burundi, Cameroon, Cape Verde, Central African Republic, Comoros, Chad, Cote d'Ivoire, Democratic Republic of Congo,,Eswatini, Eritrea, Gambia,Ghana, Kenya, Liberia, Madagascar, Mali, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe.

2.1 Key Priority Area 1: Continental, Regional and National Management, Oversight, Reporting and Evaluation of the AUPA enhanced

Support to the AU Commission capacity to coordinate implementation of the Plan of Action

24. In the AU Commission, Drug Control is coordinated in the Department of Social Affairs with the Division: Social Welfare, Vulnerable Groups and Drug Control as focal point. Drug control is envisioned to be a cross-cutting issue among all divisions in the Department, and as such, challenges pertaining to drugs are approached from a social development perspective, as decided by the AU policy organs. Hence, the regular staff position of Senior Policy Officer, Drug Control is provided for in Division's staff structure. In 2010, the Drug Control Unit was established in the Social Welfare Division to manage the implementation of the Plan of Action on Drug Control, with a staff compliment of a Programme Manager, Programme Officer, Administrative Assistant and a consultant epidemiologist funded by partners, and since 2016 by INL. During the reporting period, the AUC continued to work synergistically with Members States, Regional Economic

Communities (RECs) and partners to strengthen coordination mechanisms for the overall implementation of the AUPA.

Limited capacity for drug control in most Regional Economic Community (REC) Secretariats

25. At regional level, capacity for drug control has been strengthened significantly at the Commission of the Economic Community of West African States (ECOWAS) with dedicated staff and programme support to implement the "ECOWAS Regional Action Plan to Combat Illicit Drug Trafficking, Organised Crime and Drug Abuse in West Africa". In RECs where drug control programmes are not implemented or focal officials have not been assigned to drug control, the AUC has maintained working relationships with Regional Offices of UNODC to facilitate implementation of the AUPA at regional levels in tandem with the UNODC Regional Programmes, such as the "Making the Southern African Development Community (SADC) Region Safer from Crime and Drugs (2013-2020)", and the Regional Programme for Eastern Africa, entitled, "Promoting the Rule of Law and Human Security (2016-2021).

Partnerships galvanised for coordination of the implementation of the AUPA (2013-2019)

26. Within its mandate to coordinate the implementation of the AU Plan of Action on Drug Control (2013-2019) the AUC continued to maintain and strengthen its partnerships with international, continental, regional and national stakeholders. In the reporting period, the following partners have been engaged in bilateral consultations in the following respective fora:

UNODC: The AUC participated in the 60th,61st and 62nd Sessions of the United Nations Commission on Narcotic Drugs (CND) annually in March, and in 2018, the joint AU/UNODC Publication, "Compendium of Good Practices on Drug Use Prevention, Drug Use Disorders Treatment and Harm Reduction", was launched. AUC also utilized participation in the annual Heads of Narcotic Law Enforcement Agencies (HONLEA) meetings (for Africa) for consultation with Member States on implementation of the AUPA.

INL: In addition to funding of the drug demand reduction project ***"Strengthening research and data collection capacity for drug use prevention and treatment in Africa",*** the US State Department's Bureau of International Narcotics and Law Enforcement Affairs (INL) supported AUC's participation as ex officio members in global initiatives, namely, the International Centre For Certification And Education Of Addiction Professionals (ICCE) which delivers training and certification; International Society of Substance Use Professionals (ISSUP); and International Consortium of Universities for Drug Demand Reduction (ICUDDR).

Colombo Plan: The Universal Treatment Curriculum (UTC) training on substance use prevention and treatment was conducted by the Colombo Plan Secretariat, Colombo, Sri Lanka, with INL funding to the following numbers of trainers from Member States, respectively: **West Africa:** Benin (20), Burkina Faso (18), Cote D'Ivoire (18), Gambia (26), Ghana (41), Liberia (21), Nigeria (84), Niger (17), Togo (19) **North Africa:** Tunisia (25) **Central Africa:** Cameroon (33) **East Africa:** Ethiopia (1), Kenya (155), Tanzania (16), Uganda (32), **Southern Africa:** Botswana (55), Mozambique (14), Namibia (24), South Africa (27).

Open Society Foundations/ International Drug Policy Consortium: Provided funding for AUC participation in the South Africa Drug Policy Week. Participation in these discussions in 2017 and 2018 not only shed light on harm reduction initiatives on the continent, but also offered excellent opportunities to engage with Member States and other partners, such as the **Global Drug Commission**, especially with regard to the revision of the AUPA (2019-2023). OSF/IDPC also funded the consultancy for the revision.

ENACT: AUC participation in 2017 and 2018 meetings of the Programme on Enhancing Africa's Response to Transnational Organised Crime (ENACT) - that intends to update the evidence basis on transnational organised crime on the continent to support policy-making and build the capacity of governments - has been highly informative with regard to the development of the drug supply reduction and crime prevention pillars of the revised AUPA (2019-2023).

Drug control focal points designated in more Member States

27. As prioritized in the AUPA, more Member States have assigned focal points for overall national drug control coordination in the reporting period. This is an important first step towards coordination of national efforts.

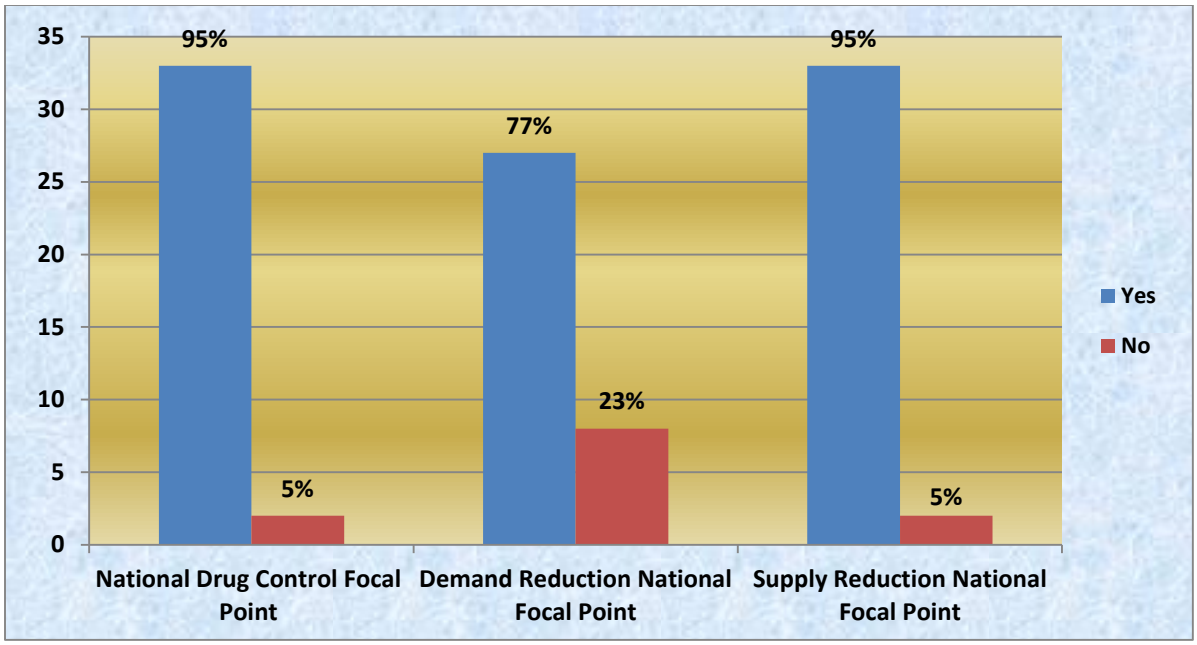

Figure 1: National Drug Focal Points

28. Figure 1 shows that 33 Member States indicated that they have a focal point for drug control. Further analyses of responses received from the 35 Member States indicate that they have designated their general drug control coordinating focal points as follows: 16 (46%)have functional commissions/drug control authorities, 9(26%) indicated their supply reduction, 8 (22%) their pharmaceutical regulatory authority and 2 (6%) their demand reduction focal point as overall coordinator. Seventy-seven (27) or (77%) of the Member States have demand reduction focal points, while 33 (95%) have drug supply reduction focal points.

Re-establishment of National Inter-sectorial Drug Control Committees (NDCCs)

29. Once focal points in drug control coordination had been identified in Member States, resulting from meetings of the AU, RECs or partners such as ECOWAS, UNODC, the inter-sectorial national drug control coordination committees (NDCCs) were re-established in a number of Member States where they ceased to meet. In the case of AUC, the drug demand reduction project ***"Strengthening research and data collection capacity for drug use prevention and treatment in Africa"*** funded by INL, resulted in former NDCC members to meet again for the establishment of national drug epidemiological networks in 15 Member States – in 3 of each of the 5 AU Regions. The ECOWAS Commission's Drug Control Programme also has the mandate to facilitate the operationalisation of NDCCs in their 15 Member States. Figure 2 below indicates the number of Member States that reported functional Inter-sectorial Drug Control Committees.

30. However, ongoing strengthening of NDCCs is still needed in terms of training, coordination and holding of meetings regularly. Countries that have not yet established the committees requested assistance regarding Terms of Reference

for NDCCs, among others. Some countries have multiple coordination mechanisms with overlapping mandates which may create confusion with regard to who takes the lead for overall coordination, demand reduction and supply reduction as was the case between the National Drug Law Enforcement Agency (NDLEA) and the Federal Ministry of Health (FMOH) in Nigeria.

Facilitation of research, development of National Drug Control Strategies/ Master Plans (NDMPs) and review of legislation

31. NDCCs in most Member States have prioritized surveys/ research/ situation assessment on drugs with the view to develop or review their strategies or Drug Master Plans to address and counter the drug challenges in their countries. As a result, more Member States produced an annual drug situation report or similar assessment over the past 2 years, as seen in Figure 2 below. Furthermore, the need to review their drug control legislation to bring it on par with latest developments has been raised in the NDCCs in many Member States..

32. With regard to drafting of drug control strategies or master plans, 12 of the 22 Member States that indicated that they have formulated these plans in the past, are in the process of reviewing theirs to incorporate, for instance, the UNGASS outcome and to be aligned with regional strategies and the revised AUPA (2019-2023).

Strengthened research capacity to collect data and analyse trends related to drugs

33. With regard to research capacity, annual surveys on drug use were conducted in 22(63%) of the 35 reporting Member States over the past 2 years as indicated in the questionnaire. In addition, several studies, rapid situation assessments and academic research were undertaken, as reported in AU drug epidemiology training meetings. For example: Comoros's medical students conducted a general survey on drug use; Cote d'Ivoire did a school survey; Egypt carried out a mapping exercise among different target groups; Kenya conducted surveys in several counties; Nigeria produced a comprehensive report on drug use in the country, following an extensive survey; Tanzania did research on PWIDs; and Zimbabwe completed a survey on drug use supported by UNODC. In Mauritius, Senegal, South Africa, Nigeria and Kenya, their national observatories produced regular updates on drug use and trafficking.

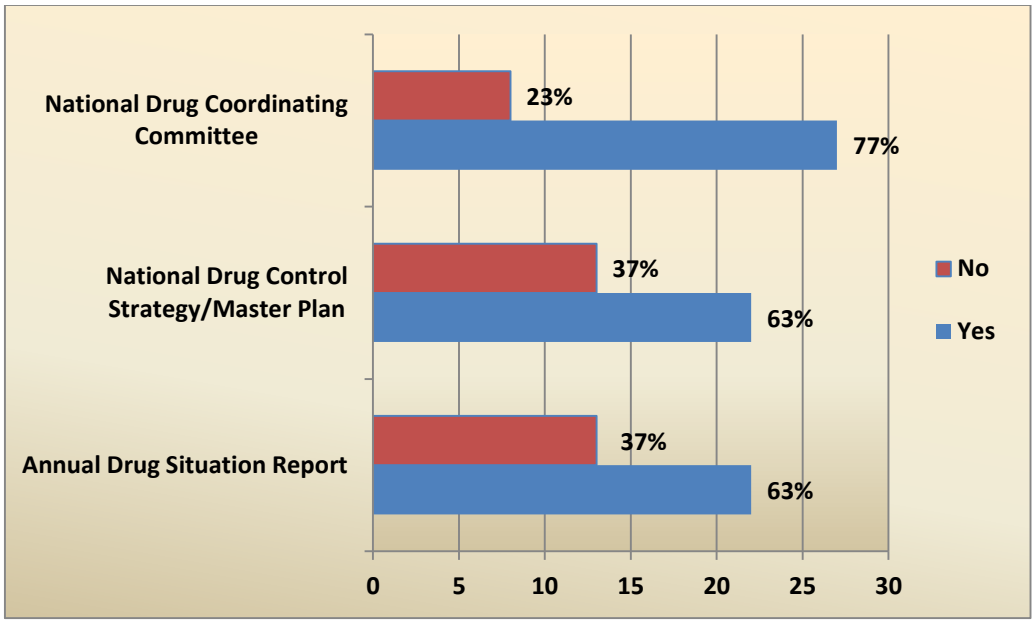

Figure 2: Research and coordinating mechanisms

34. It is shown in Figure 2 that 27 (77%) of the 35 reporting countries indicated that they have a functional inter-sectorial National Drug Control Coordinating Committee. Twenty-two (22) or (63%) have National Drug Control Master Plans or Strategies, and 22 (63%) also produce Annual Drug Situation Reports. Overall, there remains an urgent need to further the evidence-basis on drug use in Member States with reliable information which would translate to the type of services and intervention programmes required to address drug abuse.

2.2 Key Priority Area 2: Evidence-based Services Scaled-up to address the Health and Social Impact of Drug Use in Member States

35. In the AUPA (2013-2019) the above outcome was to be realized through the following key outputs:
    i. Baseline studies conducted in Member States;
    ii. National and regional Drug Use Surveillance Networks established and operational;
    iii. 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;
    iv. Comprehensive, accessible, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare services implemented, and
    v. Diversion programmes instituted for drug users in conflict with the law, especially alternatives to incarceration for minor offenses.

The two previous Progress reports on the implementation of the AUPA made reference to baseline studies carried out in Member States, the finding of which were to be disseminated to policy makers and the public.. Further to information gathered in the baseline studies and information from other sources as indicated above, the consolidated update on drugs used by region was presented in paragraph 1.4 above.

Progress in establishment of national drug epidemiology networks or observatories

36. Since 2015, with the support of INL, the project ***"Strengthening research and data collection capacity for drug use prevention and treatment in Africa"*** facilitated the establishment of national and regional epidemiological networks with a view to improving availability of evidence for policy formulation and service delivery. The project also sought to strengthen technical assistance provided to Member States towards implementing evidence based services for drug use prevention and treatment.

37. In addition to strengthening existing networks in 5 AU Member States (Kenya, Mauritius, Nigeria, Senegal and South Africa) the AU Commission has established drug use surveillance networks /observatories in 15 more Member States since inception of the project. Drug surveillance networks will be established in another 10 AU Member States in 2019.

Countries where new drug use surveillance networks were established

COUNTRY LOT	PERIOD	COUNTRY	AFRICAN UNION REGION	PROJECT LAUNCHED
LOT 1	2016-17	Angola	Southern Africa	✓
		Cameroon	Central Africa	✓
		Tanzania	East Africa	✓
		Uganda	East Africa	✓
		Zambia	Southern Africa	✓
LOT 2	2017-18	Botswana	Southern Africa	✓
		Ghana	West Africa	✓
		Namibia	Southern Africa	✓
		Togo	West Africa	✓
		Tunisia	North Africa	✓

LOT 3	2018-19	Cabo Verde	West Africa	✓
		Gambia	West Africa	✓
		Guinea	West Africa	✓
		Malawi	Southern Africa	✓
		Swaziland	Southern Africa	✓
LOT 4	2019-20	Liberia	West Africa	✓
		Ethiopia	East Africa	✓
		Egypt	North Africa	✓

38. The West African Epidemiology Network on Drug Use (WENDU) is another success story where ECOWAS established and trained drug epidemiology focal points in each of its 15 Member States despite the challenges of weak capacities regarding the acquisition and analysis of information; lack of databases at the national and regional level; limited use of digitalized databases; difficulties in collecting information in some remote areas; lack of data centralization; language barriers which hampers regional cooperation; the counterproductive expansion of specialized agencies and units charged with the same type of trafficking; clarification of the role of each agency and unit working on transnational trafficking (country/regional level); and high level of corruption resulting in a lack of trust between actors entrusted with the acquisition and analysis of information.

Drug awareness campaigns and prevention programmes continued in Member States

39. The majority of Member States reported that drug awareness campaigns and strong prevention messages were communicated nationally through traditional media on 26 June, the **International Day Against Drug Abuse and Illicit Trafficking** over the past 2 years. Examples of awareness and prevention programmes from some of the Member States that completed the AUC questionnaire are the following:
    - Angola: *Annual Writing and Drawing Contest with primary school children*, in May, in reference to May 31st, the International No Tobacco Day. Throughout the year, *plays* with high school students on drugs, *Debates* on radio, TV and in newspapers, *lectures* in schools, public and private institutions, workshops, conferences, round tables; *training of activists and distribution of IEC materials*, *celebration of* important dates, such as the “Projeto Abril Jovem” ("*The Young April Project*"). *Campaign launched every year* in December called "Christmas

without Alcohol" to reduce alcohol consumption for avoiding road fatalities, domestic violence and other harms to human health.

- Benin: In collaboration with Plan International, the International CSO in Benin, advocacy and awareness programme were conducted for *key populations*, namely sex workers, men who have sex with men (MSM), injecting drug users (IDUs), and People living with HIV/AIDS (PLWHA).
- Botswana: *Drug education in formal school curricula; educational boot camps; house to house campaigns, including by law enforcement, to prevent use of illicit drugs.*
- Burundi: *Sensitization on drugs through radio broadcasts, and by providing psychosocial assistance at health clubs and at the* Burundian Association for a Peaceful and Drugs-Free World.
- Cape Verde: *"Me and the Others Programme"* for development of personal and social skills among secondary school students and *training of peer educators; Weekly radio drug education programmes*; *Open dialogue* with children from institutions such as the *Institute for the Child and Adolescent; SOS Children Villages*; *Happy Childhood Foundation*.
- Comoros: *Prevention and awareness programmes for schools* conducted by the *Comoros Association for Drug Prevention and Control* (CSO) and the *School of Medicine and Public Health (EMSP).*
- Cote d'Ivoire: *Sensitization outreach and treatment* by the Civil Society ("Médecins du Monde" and "Inda Santé").
- DRC*:* The National Programme to Combat Drug Addiction (Programme national de lutte contre la toxicomanie - PNLCT) *coordinates prevention services, with four operational provincial coordination bodies*: Haut-Katanga, Kasaï Oriental, Kasaï Central, Tshiopo, and has yet to be extended to the other 21 provinces.
- Eritrea: Prevention programmes are implemented in the form of *awareness-raising campaigns and training programmes which are part of the strategic strategic plan of the police and are conducted for selected target groups;*
- Eswatini: *Education* through radio and TV talk shows, *drug education meetings* at schools.
- Gambia: *Schools outreach programmes in the form of debates, drama, quiz, seminars etc on drugs. Setting up drug free clubs in schools. Infusion of drug education in school curricula (Physical and Health Education, Social and Environmental Studies and Health Science subjects).*
- Ghana: *Structured prevention, drug education and healthy lifestyle programmes* organized for schools, youths, churches, mosques and other organized groups through traditional media, exhibitions, etc.
- Namibia: *Coalition on Reduction of Harmful Drinking Programme; Alcohol Traders Training Programme* with Shebeen Owners*; Teenagers Against Drug Abuse* in schools, *Youth Against Drug Abuse* for out-of-school youths, *My Future my Choice, Window of Hope.*
- Nigeria: The Government Education Ministry has *integrated drug education and life skills education in school curricula*, as well as in the General Studies course at institutions for higher learning. Other prevention programmes launched

include *Unplugged,* the *Strengthening Family Programme, Drug Free Clubs* in schools and *school quiz, drama and essay competitions.*

- South Africa: Awareness and prevention programmes included the *Sinovuyo Teen Parenting Programme*, *Alcohol Free* campaign targeting institutions of higher learning, the *"Ke Moja" ("I'm fine")* campaign on drugs, the *Festive Season Anti-Substance Abuse Campaigns* through electronic, print and public transport media; as well as the drug awareness programmes by the *South African Police Services* in 1212 schools.
- Sudan: *Prevention talks and drug education messages* were presented on national printed and electronic media.
- Tanzania: *Prevention and awareness campaigns* on drugs basically targeted urban areas in schools and for the youth through programmes such as *Uhuru Torch*, radio and TV programmes, drug education meetings, workshops and seminars.
- Zambia: Awareness raising *lectures, presentations, music, anti-drug video shows, radio/TV talks, dramas, role plays, sport activities, media advocacy around alternative development programmes. Structured prevention programmes* at schools, institutions of higher learning, workplaces and in the community, with accompanying IEC materials.
- In addition to drug awareness, education and prevention programmes cited above, good practices in drug use prevention are mentioned from Algeria, Cote d'Ivoire, Egypt, Kenya, Mauritius, Zanzibar and Zimbabwe in the 2018 AUC/UNODC publication, *Compendium of Good Practices on Drug Use Prevention, Drug Use Disorders Treatment and Harm Reduction.*[11]

Substance use treatment programmes expanded to reach more target groups

40. In the majority of Member States, treatment for substance use disorders are offered in state psychiatric facilities, and in addition, roughly one-third of Member States have treatment programmes provided by CSOs, religious organistions and private professional services. In some Member States, such as South Africa, substance use treatment programmes are available in selected correctional services settings (prisons) as well. As the need arose for treatment programmes aimed at children, from ages as young as 9 years in many Member States, South Africa has pioneered some of these programmes. Same for pensioners at Elim Clinic in Kempton Park, Johannesburg. The country also offered MAT programmes in urban areas to PWUDs over the past 2 years. Many Member States have produced their own training manuals for the treatment of substance use disorders, incorporating local values and cultures.

41. Substance use disorder treatment programmes reported in Member States, are, among others:

[11] United Nations Office on Drugs and Crime (UNODC). Compendium of Good Practices on Drug Use Prevention, Drug Use Disorders Treatment and Harm Reduction. UNODC, Vienna, 2018

- Angola: Government offers specialized treatment programmes at the main psychiatric hospital and at the prison hospital. The first specialized center for drug dependent treatment has been inaugurated in 2018 and will start treatment programmes for children, youth and adults of both sexes. CSOs offer treatment as well and outreach is done by NGOs such as *"It's us in the Ghetto"* and the "*National Association for the Fight Against Drugs".*
- Benin: Government provides specialized treatment services in three hospitals: National Psychiatric University Hospital in Cotonou; The Psychiatry Service of the Hubert Koutoukou Maga National Hospital Centre in Cotonou; The Psychiatry Service of the central hospital in the city of Parakou, located 420 km from Cotonou; Private treatment facilities of the *International Mount Horeb Foundation, Association Saint Camille de Lellis* centres in the cities of Avrankou, Bohicon, Djougou, Abomey-Calavi; the *Centre "Maison Blanche" in* Cotonou.
- Cameroon: *Piloting of advocacy programmes for the establishment of addiction care and prevention units in health facilities covering the ten (10) regions of the country.*
- Central African Republic: One (1) *government* treatment programme in the capital, Bangui, at the hospitals' psychiatric facility, for an estimated 18,000 people with substance use disorders.
- Cape Verde: Government: Out-patient clinics*: Integrated Response Space for Dependencies (One Stop Shop Project); Police stations and Health Centers; Psychiatry Services of Praia and Mindelo Central Hospitals and Regional hospitals; Center for Psychosocial Support at the Central Prison of Praia.* In-patient programmes: *Therapeutic Community (residential care); Psychiatric Services of the Central Hospitals of Praia and Mindelo; Drug Free Unit in the Central Prison of Praia*. In-and out-patient programmes at 4 CSOs.
- Chad: *Piloting of prevention and drug awareness programmes in five regions: Ndjamena, Sarh (South), Moundou (South), Abéché (East) and Mao (West).*
- Comoros: Government: *Psychiatric Unit at El Marouf Hospital.*
- Eswatini: In-patient treatment programme at the *National Referral Hospital*, and detoxification services at health facilities.
- Ghana: Four (4) state psychiatric hospitals offering treatment programmes, as well as in-patient treatment facilities at 4 established CSOs;
- Madagascar: *Treatment of PWID who mainly use subutex in specialized medical settings* for detoxification and with psychosocial counseling.
- Morocco: Sixteen (*16) treatment and care centres for people with substance use disorders, including 3 residential centres in universities (located in 3 major cities) and 13 specialized public health centres, operating on an outpatient basis, with a concentration of low-threshold centres for treatment of PWIDs and opiate substitution treatment in the northern cities and in the Eastern Region of the Kingdom;*
- Mozambique: *State and CSO services for detoxification and psycho-social counseling; needle and syringe exchange programmes for PWIDs*;
- Namibia: *Brief Motivational Intervention* – Out-patient interventions offered at referral hospitals, and mental health facilities. *In-patient treatment* at Etegameno Rehabilitation and Resource Centre (Government); private psychiatric facilities,

CSOs; *Out-patient and withdrawal detoxification* at Government clinics; *Psycho-social counseling* offered by 135 social workers at 40 offices throughout the country.

- Nigeria: In Nigeria the following types of drug treatment are available: *in-patient, out-patient, detoxification combined with psycho-social counselling therapeutic community, residential counselling, non-residential counselling.* Drug treatment is delivered by government owned neuropsychiatric hospitals, teaching hospital; privately owned hospitals, counselling centres owned by the National Drug Law Enforcement Agency and rehabilitation centres owned by CSOs.
- Senegal: *Two (2) methadone and risk reduction centres for PWIDs, one in Dakar (CEPIAD) and another in Mbour (UPAM). Treatment in hospitals for alcohol and drugs in Dakar (Psychiatric Service, CEPIAD, Hôpital Principal), Thiès (Dalal Xel), Fatick (Dalal Xel), Ziguinchor (Kénia), Tambacounda (Djinkoré), in Saint-Louis (Regional Hospital*.
- Togo: *In the absence of drug use treatment programmes, psychiatric hospitals provide care for co-morbidity related to drug use.*
- Tunisia: *Outpatient detoxification services are offered, as well as emergency treatment for drug use (overdose) through the Emergency Medical Assistance Centre (CAMU). A newly built treatment centre is currently recruiting staff.*
- Sudan: Government: Treatment is offered at the *National Psychiatric Hospital* and by private practitioners.
- Tanzania: Tanzania has different units offering treatment services to people with drug use disorders ranging from specific *Drug Addiction Clinics, Medically Assisted Therapy using Methadone, Integrated Drug addiction component within Mental Health Units, 30 low-threshold Sober houses and in-patient Rehabilitation Centres of CSOs.*
- Uganda: *Batubika National Referral Mental Hospital offers in- and out-patient treatment programmes for PWUDs.*
- Zambia: Government offers *out-patient services, including detoxification and psycho-social counselling*. Two (2) CSOs provide the same.
- In addition to drug use disorder treatment programmes cited above, good practices in drug use treatment are mentioned from Algeria, Cote d'Ivoire, Egypt, Kenya, Mauritius, Zanzibar and Zimbabwe in the 2018 AUC/UNODC publication, *Compendium of Good Practices on Drug Use Prevention, Drug Use Disorders Treatment and Harm Reduction.*[12]

42. Services for PWIDs are improving. Government sponsored Needle and Syringe Programmes (NSPs) are available in Kenya, Mauritius, South Africa and Tanzania, which are countries also explicitly mentioning harm reduction in their national drug policies and strategies. Egypt has expanded coverage of comprehensive harm reduction services through two civil society organizations in Alexandria and Luxor, focusing on people who inject drugs (PWIDs) and Men Who have Sex with Men (MSM). Moreover, regional harm reduction networks have been established to

[12] United Nations Office on Drugs and Crime (UNODC). Compendium of Good Practices on Drug Use Prevention, Drug Use Disorders Treatment and Harm Reduction. UNODC, Vienna, 2018

address, among others, needs of PWIDs, namely; the Eastern African Harm Reduction Network (EAHRN); Middle East and North Africa Harm Reduction Association (MENAHRA), and national networks exist in Uganda, Kenya, Tanzania, Mauritius, Senegal and South Africa. Most of these networks offer one or two components of harm reduction services.

43. Only a few countries have adopted prevention and treatment services for PWUDs in prisons, such as Angola, Mauritius, Kenya, South Africa and Tanzania. Tanzania also developed and adopted Guidelines and Standard Operating Procedures for HIV and AIDS service provision in prison settings.

44. Training and capacity building played a major role in professionalizing treatment efforts over the past years. In this regard, the AU Commission strengthened collaboration on drug demand reduction internationally to professionalize the treatment workforce as it participated as ex officio board member in the International Society of Substance Use Professionals (ISSUP). As indicated earlier, twenty (20) AU Member States benefitted from the ISSUP/ Universal Treatment Curriculum (UTC) training in which professionals participated in 2017, and lately, more than 2000 prevention and treatment workers, and professionals participated in the ISSUP training in Nairobi, Kenya, 10-14 December 2018. Through the UNODC "Treatnet" training package on effective approaches to treat drug dependence, more than 12,000 professionals from AU Member States have also been successfully trained. UNODC furthermore supported the establishment of university curricula to train addictology specialists, in promoting a public health and human rights-sensitive approach to substance use disorder treatment, e.g. at the Faculty of Medicine of the Cheikh Anta Diop University in Dakar Senegal in 2018.

45. However, many Member States still lack dedicated treatment and rehabilitation facilities. Available facilities are generally poorly funded, and have inadequate numbers of personnel with skills and experience to treat and manage substance use disorders. It was reported by INCB and UNODC that high treatment demand exists with low service access in Africa, with only one (1) in eighteen (18) PWUDs receiving treatment compared to one (1) in six (6) in developed countries. With the growing numbers of the treatment workforce trained, criminalization of PWUDs may be the largest barrier to treatment access on the continent.

Diversion programmes instituted for PWUDs in conflict with the law, especially alternatives to incarceration for minor offenses

46. Member States will remove a huge weight from already overburdened criminal justice systems if they would consider decriminalizing drug use and possession and expand health and social services to PWUDs with problematic use. Compared to previous progress reports, there has been some progress towards the output of diversion programmes. Apart from Algeria mentioned in the earlier progress report, 4 more Member States, namely Cape Verde, Ghana, Tanzania and Zambia

indicated that they had criminal justice officials trained and court procedures instituted towards diversion from incarceration of convicts with problematic drug use. However, the judicial training by for instance, UNODC, focused more on combating of transnational organized crime, cybercrime, etc.

2.3 Key Priority Area 3: Countering drug trafficking and related challenges to human security through 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

47. This outcome is realised through the following key outputs:

(i) Legal and policy frameworks in the area of drug trafficking and related crime prevention strengthened;

(ii) Strategic information (including research, surveys and data collection on illicit production, trafficking and supply trends) generated and updated for improved understanding and enhanced ability to respond to challenges of drug production, trafficking, demand and supply;

(iii) Epidemiological information on drug trafficking available from surveillance networks;

(iv) Advocacy for policy development at continental, regional and national levels conducted covering prevention of drug trafficking and related offences and international cooperation; and

(v) Evidence based public awareness and community involvement carried out covering the prevention of drug use, trafficking and related offences.

Legal and policy frameworks on drug trafficking and related crimes updated

48. Legislation on illicit drugs and drug trafficking in the majority of Member States have been updated since 2000, with one-third having updates dating from 2013. Over the past 2 years, countries such as Angola, Botswana, Cape Verde, Comoros, Namibia, Nigeria, and Tanzania were having their drug control legislation updated, extending it to include control of drug precursors, among others. Hence, this output has received satisfactory attention in Member States, also with inputs from partners such as UNODC and INCB. A landmark contribution was the launching of the Model Drug Law for West Africa by the West African Drug Commission (WADC) in 2018, as a progressive instrument to address drug challenges in the West Africa Region.

49. However, in spite of the existence of these policies and legal frameworks, enforcement remains a key challenge. There is also limited forensic capacity in Member States to analyze confiscated drugs to strengthen prosecution.

Strategic information gathered and shared, platforms and networks strengthened

50. The link between drug trafficking and other forms of organized crime, with drug trafficking usually being the first link in the chain, has been surfacing again and again when strategic information on drug trafficking was analyzed. During 2017-2018, UNODC and partners have strengthened information gathering and sharing platforms, among others;
    - In West Africa, meetings under the CRIMJUST Cocaine Route Project and the ORCTRIS MoU on Tramadol trafficking, respectively in May-June 2018 and August 2018.
    - In Southern and Eastern Africa, training under the Asset Recovery Inter-Agency Network for Southern Africa (ARINSA) and meetings of the Southern Route Partnership in 2017-2018 for asset recovery from organized crime, and heroin trafficking, respectively; and
    - In North Africa, the Inter-regional Forum on security and border control in January 2018 to enhance cooperation between the Maghreb and Sahel countries in their fight against illicit trafficking and transnational organized crime, particularly to strengthen border control to promote intelligence-led investigations aimed at dismantling criminal networks, rather than just carrying out individual seizures.

51. Member States reported that increased seizures and court action were initiated due to training, technical assistance, intelligence sharing and networking among themselves and with strategic partners.

52. On the crime prevention axis, particularly cybercrime, a new project was launched by the African Union in 2018 to strengthen regional and national capacity and action against Online Child Sexual Exploitation (OCSE) in Africa. The two year project (April 2018 – March 2020) is being implemented with financial support from the UK Home Office through the Commonwealth fund. The Global Summit on Ending OCSE is scheduled to be held at the African Union Conference Centre before the end of 2019.

Epidemiological information on drug trafficking available from surveillance networks

53. Further to information gathered from training and meetings of the regional and forums as alluded to above, law enforcement agencies compiled reports to their national authorities, which not only justified their participation in the forums, but also added value to the national debate on drugs. A good example is the

"Diagnostic Report on the Drug Threat" by the South African Police Services in 2017, among others.

Regional and international cooperation frameworks

54. As mentioned in earlier progress reports, the following regional and international cooperation frameworks in the domains of drugs and organized crime continue to exist during 2017-2018 from which AU Member States benefit greatly:

Continent-wide programmes

i) UNODC-WCO Active Global Container Control Programme (CCP) which supported the establishment of Joint Port Control Units (JPCUs); and

ii) UNODC-INTERPOL-WCO Airport Communication Programme (AIRCOP) an "*establishment in real-time operational communication between international airports in Africa, Latina America and the Caribbean*"[13]. AIRCOP's overall objective is to strengthen capacities to fight drug trafficking and other illicit activities in 30 selected international airports by creating inter-service (police, customs and immigration) joint airport interdiction task forces (JAITFs).

Regional Frameworks

iii) West Africa Coast Initiative (WACI) in Côte d'Ivoire, Guinea-Bissau, Liberia, Sierra Leone and Guinea;

iv) The Indian Ocean Forum on Maritime Crime (IOFMC) a mechanism in countering transnational organized crime at the high-level event on "Heroin Trafficking on the High Seas in the Indian Ocean";

v) The Air Cargo Control Units ACCUs) in African Airports;

vi)The Asset Recovery Inter-Agency Network of Southern Africa (ARINSA), modelled on the Camden Asset Recovery Inter-Agency Network, and supports proceeds of crime/asset forfeiture practitioners' network. The ARINSA network provides a platform for countries to trace and confiscate the proceeds of all major crimes including drug trafficking. The network also facilitates information requests for international and regional mutual legal assistance in all major crimes including drug trafficking.

vii) In North Africa with AFRIPOL as focal point, in collaboration with the AU Anti-Terrorism Agency in Algiers – regional customs cooperation, regional justice cooperation, and coordination of the G5 Sahel Platform.

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

55. As reported earlier, prevention activities in Member States were focused on preventing and delaying of drug use among school children, young people and the general population. Advocacy programmes engaging policy makers, political and

[13] United Nations Office on Drugs and Crime (UNODC) UNODC support to the AU Plan of Action during the period 2017-2018. UNODC, January 2019.

community leaders to effect drug laws were mainly conducted in South Africa, specifically regarding the decriminalization of cannabis for personal use.

2.4 Key Priority Area 4: Capacity building in research and data collection enhanced through strengthening of institutions to respond effectively to challenges posed by illicit drugs, and to facilitate the licit movement of narcotic drugs and psychotropic substances for medical and scientific purposes

56. The above mentioned capacity building was implemented through the following key outputs:

    (i) Improved capacities of criminal justice system to investigate and prosecute as well as take other measures to contain drug related organised crimes;
    (ii) Barriers limiting availability of internationally controlled drugs for medical and scientific purposes removed;
    (iii) Capacity for control of precursor chemicals by Member States improved;
    (iv) Continental Common Position related to capacity building in prevention, treatment, research and surveillance developed; and
    (v) Continental Common Position relating to the availability of adequate pain medication agreed.

Improved capacities of criminal justice system to investigate and prosecute as well as take other measures to contain drug related organised crimes

57. A recent 2017/8 breakthrough in collaboration to fight organized crime on the continent, was the launching of the Programme on Enhancing Africa's Response to Transnational Organised Crime (ENACT) - that intends to update the evidence basis on transnational organised crime to support policy-making and build the capacity of governments, civil society and local communities to better respond to organised crime and mitigate its impact in Africa. A primary component of ENACT are five regional organised crime observatories (ROCOs), based in Pretoria, Abidjan, Dakar, Addis Ababa and soon, in Tunis with the objective of collecting, collating and analysing data on organised crime and its impacts. The ROCOs serve as a platform for awareness raising, enhanced coordination and engagement with the regional economic communities of Africa. The ENACT ROCOs will form part of a global network on the study of transnational organised crime. To help policy makers monitor, analyse, prioritise and address the organised crime threat in a systematic and sustainable way, a flagship part of the ENACT Project will be the development of an index measuring the vulnerability of African states to organised crime. This will include a multi-dimensional measure of the scale and scope of OC in Africa, assistance to Member State to assess its risk to organised crime; and an assessment of its capacity to respond. The ROCOs will study the presence of 12 types of organised crime, including illicit flows - i.e. migrant smuggling; human trafficking; flora; fauna; non-renewables such as from

mining; maritime crime; Illegal, Unreported and Unregulated (IUU) fishing; counterfeit products; arms; cybercrime; mafia style crimes – rise in gangs, extortion, violence and criminal governance; and drug trafficking. The enablers of crime, namely arms trafficking, corruption and money laundering will require special attention.

58. Broad-ranging types of training and capacity building initiatives for the criminal justice systems were carried out over the past 2 years at Member State level, often with the support of UNODC, the GIABA programme and other partners, to improve Member States' skills to prevent, detect, investigate and prosecute corruption, money laundering and the proceeds of organized crime. As a result, Financial Intelligence Centres were strengthened, among other countries, in Botswana, Benin, Cape Verde, Eswatini, Ghana, Mali, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe. .

59. Over the past 2 years, legislation on money laundering was also in review in countries such as Angola, Cape Verde, Eswatini, Mali, Namibia and Senegal, among others. These reviews included or incorporated, in some countries, asset forfeiture and establishment of financial intelligence centres. In addition, UNODC continued providing technical assistance to a number of ECOWAS Member States to strengthen anti-money-laundering and counter-terrorism financing (AML/CFT) national frameworks.

60. One area in which AU Member States have been lacking in strengthening their response to organized crime is witness protection. These programmes have borne much fruit in countries like Cape Verde, South Africa and Zambia, while Angola, Ghana and Namibia have promulgated legislation on witness protection over the past 2 years. The majority of Member States still require witness protection legislation and programmes.

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

61. Subsequent to the adoption of the AUC Common Position on Controlled Substance and Access to Pain Management Drugs in 2012, the first African Union Specialized Technical Committee Meeting on Health, Population and Drug Control (STC-HPDC 1), April 2015 urged Member States to:
    i) Establish, operationalise, galvanise and strengthen national drug coordination mechanisms, including their capacity to control the illicit diversion of psychotropic and psychoactive drugs, as well as diversion of precursor chemicals;
    ii) Improve quantification and estimation of opiates and other essential medicines and pain management drug requirements; and
    iii) Develop and advocate for balanced national policies that aim at improving access to medicines for pain and palliative care meanwhile preventing their misuse, abuse and trafficking.

62. Eighty seven point five per cent (87.5%) Member States indicated to the INCB that there were sufficient pain management drugs available in their public health systems. This contradicts the African Common Position on Controlled Substances and Access to Pain Management Drugs, adopted by the AU in 2012. Member States further mentioned that they apply to the INCB for the supply of internationally controlled drugs, but only 25% noted that they use the PEN online system! The question arises whether there is less need to utilize the international legal channel? Access to probably counterfeit or adulterated products may have become easier. It has been argued that the INCB system is more concerned about misuse of medicines, rather than its availability for treatment or pain relief. More investigation is clearly needed also in view of a recent July/August 2018 investigation into Tramadol in Africa[14], exposing the peddling of analgesics and analgesic opioids in open and informal markets in large parts of the continent.

Capacity for control of precursor chemicals by Member States improved;

63. Most countries allege to have precursor control legislation and programmes in place. Southern Africa is, however, affected by the diversion of chemical precursors, including ephedrine and pseudoephedrine, which are used in the illicit manufacture of amphetamine-type stimulants. These precursor chemicals have also been seized in Liberia, Benin and Lagos, en route to Southern Africa. South Africa, indeed, operates a very good precursor control programme and has succeeded in dismantling 64 clandestine laboratories over the past two years, but the country continues to produce and export amphetamine-type stimulants. Nigeria dismantled 11 laboratories in the reporting period.

64. To strengthen its capacity, Nigeria developed and piloted guidelines for the national quantification of narcotics and the estimation of psychotropic substances in 2016 and the first national quantification and estimation exercise took place early in 2017.

3. *FINAL APPRAISAL OF THE IMPLEMENTATION OF THE AU PLAN OF ACTION ON DRUG CONTROL (2013-2019)*

65. With limited human and financial resources the AU Commission has coordinated the implementation of the AUPA (2013-2019) commendably. Partnerships were strengthened with traditional partners, e.g. UNODC over the implementation period and new partnerships were galvanized, such as with INL, Colombo Plan, Open Society Foundations, the International Drug Policy Consortium, ENACT and the Global Drug Commission. AUC and partners advanced drug demand reduction significantly through a number of continental activities over the AUPA

[14] Klein A et al. Tramadol in Africa – scarcity and excess of pain medication in a poorly regulated market. ACK Consultants, 2018

implementation period. AUC has enrolled more Member States in its database of contact points, particularly regarding those working in demand reduction. Supply reduction was pursued mainly through national and regional activities, coordinated by INTERPOL, UNODC, RECs and other regional security and intelligence structures.

66. Major strides were taken towards understanding and appreciating the extent of problematic drug use and its consequences in Member States through the assessment missions of the AUC and subsequent training by the consultant epidemiologist to establish drug epidemiology networks in 15 Member States, funded by INL. It led to, among others, more Member States producing annual drug situation reports. It is not clear whether Member States realized and utilized the power of drug data as cornerstone for soliciting funding for drug control programmes, both from national and international sources. Drug data can furthermore facilitate the establishment of call centres in Member States which will be instrumental in reaching more PWUDs for assistance and treatment. At AUC level, epidemiological information on drugs from Member States can feed into the Early Warning System of the Department of Peace and Security, which can leverage inter-departmental collaboration and more resources to stem the tide of drug trafficking and use on the continent.

67. With the exception of ECOWAS, drug control coordination in Regional Economic Communities is weak. Regional programmes of UNODC have filled this gap to an extent over the past years, but to garner political support for drug control and the prevention of associated crime, RECs play a critical role. The AUPA (2013-2019) implementation should have given consultation and collaboration with RECs higher priority to foster regional cooperation in drug control. Preventing and combating illicit trafficking and organized crime requires intelligence sharing and joint operations for effective controls along borders. Closer cooperation among law enforcement institutions, such as police, immigration and customs at regional and national levels should also have been pursued more determinedly.

68. The implementation of the AUPA (2013-2019) has resulted in one-third of reporting Member States having updated their legislation on illicit drugs as from 2013. However, existing legal frameworks in Member States are mostly outdated and need updating to comprehensively address control of precursors, NPS, cybercrime associated with drug trafficking and use, etc. The majority of reporting Member States have re-established their National Inter-sectorial Drug Control Committees, mainly resulting from the need to gather drug related data, emanating from the epidemiological assessments and need for reporting to the AUC. Sixty-three percent (63%) of the 35 reporting Member States had developed national drug control strategies, but the majority of these strategies have passed their implementation period and need to be revised to include, among others, evidence-based and cost-effective drug use prevention and treatment interventions.

69. With regard to drug use awareness and prevention initiatives, most Member States focus their campaigns on 26 June, the International Day Against Drug Abuse and Illicit Trafficking. Prevention messages are also communicated through traditional media in the form of debates, information sessions and music. The AUPA (2013-2019) has contributed to these campaigns by statements of the AUC on the International Day, and through follow-up questions on prevention activities in the biennial questionnaire to Member States.

70. Concerning drug use treatment as provided for in the AUPA (2013-2019), the Commission played a pivotal role in extending training opportunities to hundreds of workers in Member States' treatment workforces, with the support of partners such as UNODC, INL, Colombo Plan and ISSUP. Services for PWIDs users have improved as well, with roughly 20% of Member States offering them to key drug using populations. Good practices in drug use prevention and treatment over the implementation period of the AUPA (2013-2019) in Member States are documented in the 2018 AUC/UNODC publication, *Compendium of Good Practices on Drug Use Prevention, Drug Use Disorders Treatment and Harm Reduction.*

71. Regional and international cooperation frameworks for drug supply reduction have been strengthened over the implementation period of the AUPA (2013-2019) mainly through the inputs from partners. As there is limited forensic capacity in most Member States for analyzing drugs seized, regional collaboration and cooperation in in sharing drug testing laboratories between and among Member States have not been optimized thus far.

72. 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 in many Member States. It appears that counterfeit drugs are easily accessed in these Member States.

4. RECOMMENDATIONS FOR THE REVISED AU PLAN OF ACTION ON DRUG CONTROL AND CRIME PREVENTION (2019-2023)

73. The revised AUPA (2019-2023) should prioritise transnational organised crime, including drug trafficking, as a key threat to sustainable development, peace and security across Africa, and it should therefore devote a separate pillar or chapter to crime prevention. This would imply that efforts should be aligned across all departments within the AU Commission to promote the identification and countering of transnational organised crime in all of its forms and manifestations in a coordinated manner.

74. The revised AUPA should furthermore give precedence to regional strategies to counter drug trafficking that include linkages with other forms of organized crime,

inter alia, trafficking in firearms and persons, corruption and money laundering for a better integrated response to the problem.

75. Generally, the revised AUPA should promote a balanced and integrated approach to drug control that also includes effective and sustainable drug demand reduction through the prevention and delay of the onset of drug use, the provision of drug-dependence treatment and availing of evidence-based interventions for HIV prevention, treatment and care for people who use drugs and people in prisons.

76. The revised AUPA (2019-2023) should be aligned with the UNGASS Outcome Document, include priorities for the continent and its outputs should address the following:

I. Measures to tackle drug demand reduction and health issues associated with drug use, focusing on prevention and treatment of drug use with provisions for training of workers and professionals in these fields, parental skills training, life skills training for children and young people, reducing harm associated with drug use and implementing alternatives to punishment for drug use.

II. Availability and access to controlled substances for medical and scientific purposes while preventing their diversion, with emphasis on erasing barriers that suppress accessibility to medicines, including for the relief of pain and suffering, as well as reducing non-medical use of medicines and availability of counterfeit medicines.

III. Measures to address drug supply reduction along with countering enablers of drug trafficking: firearms, corruption and money laundering which addresses illicit trafficking in drugs, drug law enforcement and intelligence sharing and ratification of AU instruments on combating corruption, money laundering, terrorism and trafficking in small arms.

IV. Measures to address crime prevention and criminal justice reform, with emphasis on international cooperation on combating transnational organized crime, fighting emerging organized crime such as cybercrime, rise in gangs, extortion, violence and criminal governance. It involves continuous assessment of fragility and vulnerability, and analysis of risk, pressures and stress factors in societies. Criminal justice reform, particularly addressing prison decongestion and non-custodial sentencing, is of critical importance to prevent reoffending, among others.

V. Cross cutting issues on drugs and human rights pertaining to all vulnerable groups, especially youth, women, children and communities, and this pillar provides for policy makers and law enforcement authorities to be oriented on human rights to health and safety as it relates to the field of drugs, emphasizing respect for and dignity of those in treatment, as well as protective and risk factors for vulnerable girls, women, children and youths. In this regard, national

epidemiological surveillance on drug use, production and trafficking, research and data collection and national drug control coordination mechanisms are critical.

VI. Evolving reality: trends and circumstances, emerging and persistent challenges and threats mainly focusses on countering the availability and use of NPS and ATS, sales of these drugs through the internet, and the importance of inter-regional forensic drug testing cooperation.

VII. Alternative development and alternative means of livelihood, also targeting grower communities in the agricultural sector with a specific focus on Technical, Vocational Education and Training (TVET) for youth and women employment, including economic and social infrastructure development.

VIII. International and regional cooperation based on the principle of common and shared responsibility which makes provision for engagement with international partners for technical and financial support, for participation in regional, continental and international fora and for fast-tracking of extradition and mutual legal assistance arrangements.

77. Once the revised AU Plan of Action on Drug Control and Crime Prevention (2019-2023 is adopted, Member States may utilize it as a template for the revision of their national drug control strategies towards a balanced and integrated approach to drug control. In this regard, AUC may consider organization of “writeshops” for the revision of National Drug Master Plans for Member States, starting with those that have gathered sufficient epidemiological information to understand the dynamics of the drug situation in their countries.

78. Finally, the AUC may consider circulating Terms of Reference for National Inter-sectorial Drug Control Committees or Councils to facilitate the re-establishment and operationalization of these critically important structures at national level.