

## **‘2020 Vision’: Advocating for Drug Policy Reform in Africa**

By Charity Monareng, Maria-Goretti Loglo

### **Background**

2019 was a big year for drug policy globally, and especially in Africa. It marked the expiration of the targets set out in the 2009 United Nations (UN) Political Declaration and Plan of Action to ‘eliminate or reduce significantly and measurably’ illicit drug cultivation, trafficking, consumption and money laundering.<sup>1</sup> Yet, as the world’s governments gathered for a High-Level Ministerial Segment of the UN Commission on Narcotic Drugs (CND) in March 2019, it was abundantly clear that these targets had been missed by a staggering margin.<sup>2</sup> This briefing paper aims to outline the ways in which African non-governmental organisations (NGOs) can build on recent developments to enhance their drug policy advocacy work at the international, regional and national levels.

Held only three years after the 2016 UN General Assembly Special Session (UNGASS) on drugs, the UN High Level Ministerial Segment was a critical moment for member states to define the next decade of UN drug policy.<sup>3</sup> Consensus was eventually reached in the form of the 2019 Ministerial Declaration on *Strengthening our actions and the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem*.<sup>4</sup> A new 10-year timeline running until 2029 was also agreed, with a midterm review scheduled for 2024. At the same time, the Chief Executives of all 31 UN agencies have signed on to a progressive *Common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*<sup>5</sup> – which provides strong commitment to balanced drug policies based on health, human rights and sustainable development.

The last few years have been significant for African drug policies as well. In 2019, a new African Union (AU) Plan of Action and Implementation Matrix on

drugs was adopted at the AU Third Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC-3) in Cairo, Egypt.<sup>6</sup> This meeting was well attended by African civil society.<sup>7</sup> For the first time, the words ‘harm reduction’ were explicitly included alongside ‘alternatives to punishment’, civil society engagement, the review of national drug laws, and many other welcome elements (the Plan even includes support for ‘local production of controlled substances and plants for scientific and medical use, in line with the international drug conventions’). The AU continues to demonstrate strong commitment to addressing the drug situation in the region by facilitating the availability of a wide range of evidence-based harm reduction and treatment options.

Elsewhere in Africa, numerous developments have been documented: moves towards the decriminalisation of cannabis for private use in countries such as South Africa; the start of harm reduction programmes in countries such as Nigeria and Mozambique; the tabling of new progressive drug laws and bills in countries such as Ghana; the introduction of programmes in Cote D’Ivoire and Sierra Leone; and the scale-up of existing harm reduction programmes in Senegal – to name just a few.

Building on developments at the international and regional level, 2019 also resulted in the development of the African Civil Society Common Position on Drugs.<sup>8</sup> The Common Position seeks to incorporate the perspectives and guide the work of a wide range of NGOs from across the African continent, and to support, shape and guide civil society and governmental responses over the coming years.

This briefing paper is aimed at civil society organisations and allies across Africa, and serves as a guide on international advocacy, regional advocacy and how to utilise these to advance national advocacy. The paper

also proposes advocacy priorities and approaches for 2020 and beyond – divided into three sections for international, regional and national-level work. It is designed to complement the more detailed global advocacy note published by IDPC after the UN High Level Ministerial Segment itself.<sup>9</sup>

## Assessing key ‘wins’ and remaining challenges in Africa

Ahead of the UN High Level Ministerial Segment in March 2019, the IDPC network came together to strategise and delineate a series of four ‘policy asks’ aimed at governments and the UN system (see below).<sup>10</sup> These provide a useful frame for assessing the progress and remaining problems to be addressed in Africa in the coming years:

### Ask 1: Move away from ‘drug-free world’ targets

Despite the unquestionable failure to achieve the ‘drug-free world’ target, African governments at the CND still reverted to ‘drug-free’ rhetoric. This is evident in the statement made on behalf of the ‘Africa Group’ of nations:

*‘We believe that complementary efforts by the international community will further enhance the... achievement of a drugs-free continent within the framework of the Aspiration number 4 of the Agenda 2063 [A peaceful and secure Africa].’<sup>11</sup>*

This narrative is also widely translated at the national level across Africa. The South African authorities, for example, have clearly reiterated their support for

achieving a ‘drug-free society’ with their ‘Ke Moja, I’m fine without drugs’ campaign whose vision is ‘A drug free environment in which youth enjoy their freedom, develop intellectually, socially, economically; emotionally, spiritually and physically and live a responsible way of life’.<sup>12</sup> In Nigeria, there have been constant efforts by state governors and federal ministers to continue the rhetoric of a ‘drug-free society’ – and its National Drug Law Enforcement Agency’s mission is to ‘deploy all resources at its disposal for the *total eradication* of illicit trafficking in narcotic drugs’.<sup>13</sup> Likewise, in Kenya, the vision statement of the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) is ‘A nation free from alcohol and drug abuse’.<sup>14</sup> These narratives place clear emphasis on drug-free ideologies, thereby deepening the justifications for the ‘war on drugs’ and on people who use drugs.

### Ask 2: Reflect the impacts of drug policies on health, human rights, development, peace and security

In the words of the former UN Secretary-General Kofi Annan (from Ghana), ‘I believe that drugs have destroyed many lives, but the wrong government policies have destroyed many more’. Mr Annan went on to form the West African Commission on Drugs (WACD) in order to further share this important reform message (Box 1).

At the 2019 CND, the AU Minister of Social Development said, ‘...we think the world drug problem poses a significant threat to the health of our people, it undermines socioeconomic development and it is therefore our collective and shared responsibility to



Source: <https://idpc.net/publications/2018/06/idpc-asks-for-the-2019-ministerial-segment>

## Box 1 The West Africa Commission on Drugs<sup>15</sup>

WACD comprises a group of distinguished West Africans from the worlds of politics, civil society, health, security, and the judiciary, chaired by former Nigerian President Olusegun Obasanjo. As independent bodies, Commissions such as this one can speak with impartiality and clarity, directly engaging leaders in the region to discuss the need for drug policy reform and provide technical advice.

In 2014, WACD launched their flagship report *Not Just in Transit* and a series of ground-breaking recommendations for West African governments.<sup>16</sup> In 2018, following several requests from governments for more detailed guidance, WACD launched a Model Drug Law for West Africa to act as a blueprint for the review of drug laws across all of Africa.<sup>17</sup> The model law is based on the decriminalisation of drug use and possession for personal use.

Currently, a similar Commission is being established for Southern and Eastern Africa, and will be announced in the coming months – chaired by former South African President Kgalema Motlanthe.

tackle this threat'. However, although we have seen shifts in national drug laws in countries such as Ghana, South Africa and the Seychelles, governments remain reluctant to publicly recognise the failures and negative impacts of drug policies in their statements at the UN.

The AU Plan of Action (2019-2023) states that 'drug policies which focus entirely or disproportionately on law enforcement, incarceration, punishment and repression have not succeeded in eradicating supply, demand and harm caused by illicit drugs on the Continent. These policies have led to serious unintended consequences and often disproportionately impact upon the poor and marginalised, while creating a rich and powerful criminal market that undermines security of states'.<sup>18</sup> Furthermore, a growing number of African countries have begun to acknowledge and respond to the health harms caused by drugs and drug policies by implementing evidence-based, life-saving harm reduction measures. Figure 1 shows the increase in African countries applying harm reduction measures (principally needle and syringe programmes and opioid substitution therapy) in policy and/or practice over the last six years.

On the other hand, punitive drug laws continue to have a very negative impact on the human rights of Africans who use drugs. In Zimbabwe, for example, there are no tailored programmes to treat people who use drugs, because the laws do not provide for that. The Dangerous Drugs Act Chapter 15 and the Criminal Code Chapter 7 criminalise people even if they are possessing small amounts of drugs for personal use. This has caused many people to avoid medical services and support due to fear and stigma. This situation is common across the continent. For example, many of the countries in West Africa have very draconian laws that threaten the health and wellbeing of people who use drugs.<sup>19</sup>

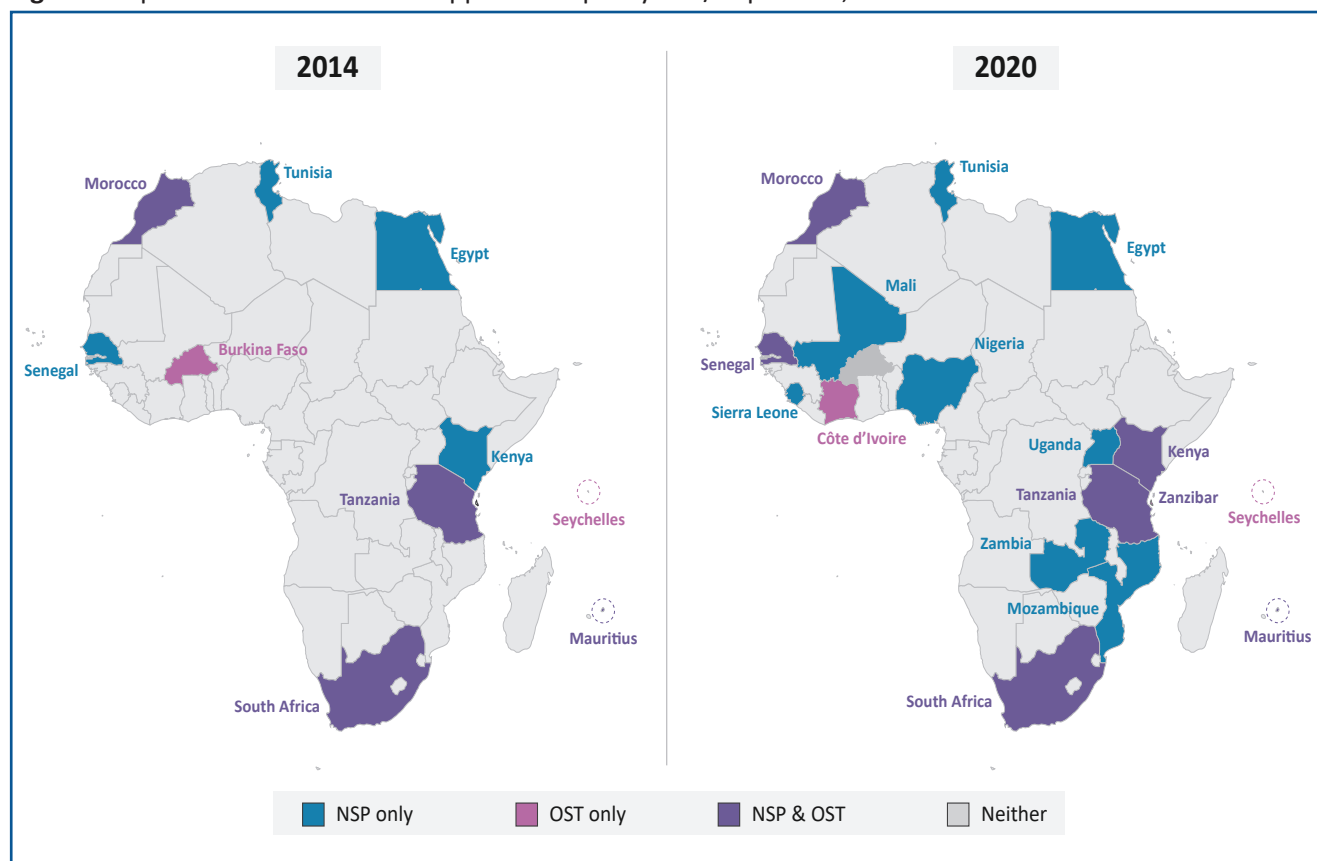
### Ask 3: Reflect the realities on the ground

One the key 'asks' for governments ahead of 2019 was that they engage in the international drug policy discussions, and ensure that these debates reflect what was really happening in the world. Too often, there can be a glaring disconnect between the statements being made at the international level and the reality on the ground.

Unfortunately, the level of engagement in international drug policy discussions is much lower for African countries than their counterparts in other regions. While it should be expected that African countries would reflect the realities on the ground (such as increasing rate of HIV and hepatitis among people who use drugs, the adoption of new harm reduction services, or reviews of national drug legislation) – the governments that do participate continue to make statements that maintain colonial 'war on drugs' rhetoric and selectively showcase elements such as drug prevention, arrests and drug seizures with little or no evidence for their effectiveness.

There are some vocal Africa governments at the CND who dominate proceedings and often (mis)shape the representation of the region – traditionally conservative governments such as Egypt and Nigeria, who have strong and active delegations in Vienna. Egypt was the first country to pass a cannabis prohibition law in 1879, and they also led the original movement to add international trade in cannabis to the list of controlled activities under the Geneva Opium Convention in 1929.<sup>20</sup> Egypt also established the first drug control agencies in the region, which in turn helped establish the Permanent Anti-Narcotic Bureau of the Arabs States League in 1950. In recent years, Egypt also led the 2016 UNGASS processes as CND Chair. The 2019 CND Chair was Sudan, but with Nigeria exerting a great deal of influence as the 'facilitator'. These governments are also very vocal in their resistance to any policy reforms – which is then reflected in

**Figure 1: Uptake of harm reduction approach in policy and/or practice, 2014 and 2020**



Data sources: <https://www.hri.global/contents/1524>, <https://www.hri.global/global-state-of-harm-reduction-2019>, and information gathered from the IDPC network

the statements that they make on behalf of the ‘Africa Group’ at CND. Ahead of the UNGASS, for example, a worrying discrepancy emerged between the positions of the ‘Africa Group’ and the African Union.<sup>21</sup>

Crucially, in 2020, the UN Office on Drugs and Crime (UNODC) appointed a new Executive Director – Ms Ghada Fathi Waly from Egypt, who becomes the first female and the first African to take this important role. While her positions on key issues remain to be seen, having an African woman in this role could be advantageous for advocacy in the region.<sup>22</sup> NGOs in the region can closely monitor Ms Waly’s positions and statements as she settles into her new role – on the UNODC website<sup>23</sup>, at the CND, and on social media.<sup>24</sup>

African positions and statements at the international level should closer reflect the progressive policy reforms in the region – including the growing adoption of harm reduction, moves to permit cannabis for medical and/or recreational use (see below), and the AU Plan of Action itself. Until this happens, the image being portrayed of drug policies in the region by a handful of more conservative governments will continue to be disjointed and incorrect.

#### Ask 4: End punitive approaches

Despite some shifts in focus and narrative towards harm reduction, decriminalisation and more humane

approaches for people who use drugs, the default African response to drug use and possession continues to be criminalisation in line with the ‘war on drugs’ that was originally inherited from the USA and Europe, and more recently propagated by donor countries such as China and Russia. Even though some countries make a legal distinction between drug use or personal possession and offences such as drug trafficking, supply or production, imprisonment remains the default option.<sup>25</sup>

However, the new AU Plan of Action (2019-2023) clearly highlights the need for ‘alternatives to punishment for drug use’ and ‘proportionality in sentencing for drug offenses’.<sup>26</sup> In 2019, Africa saw an increase in the number of countries moving towards the legalisation of cannabis for medical use – including Malawi, Zimbabwe and Zambia. The Constitutional Court of South Africa ruled in favour of the private use of cannabis in 2018, stating that criminalising this behaviour was against the constitutional right to privacy.<sup>27</sup> However, the Government of South Africa has yet to pass a bill to reflect this landmark judgement.

In 2020, Ghana became the first country to pass new legislation to decriminalise drug use and personal possession – replacing five-year prison terms with the administration of fines instead. The new Narcotics Commission Law also recognises the need to provide harm reduction services, and includes special provisions



allowing for the cultivation of some cannabis products for medical, industrial and research purposes.<sup>28</sup> Similar moves to decriminalise people who use drugs have been implemented all around the world,<sup>29</sup> and are fully in line with the international drug control conventions.<sup>30</sup> More initiatives in this direction would see African countries relaxing or removing criminal sanctions in favour of more humane, evidence-based responses.

## NEXT STEPS FOR CIVIL SOCIETY ADVOCACY IN AFRICA

### 1. NGO engagement at the United Nations

The political landscape at the UN in Vienna is complex: the so-called ‘Vienna Consensus’ (whereby all governments supposedly agree on a shared approach to drugs) is still held in reverence, but is clearly more strained and fractured than ever before. Conservative countries, including from Africa, remain vocal and relatively well-coordinated, and the prohibitionist rhetoric continues to hold strong against attempts to agree new progressive language (and even to use the term ‘harm reduction’ itself – which has still never been included in a negotiated CND document). This means that civil society has a pivotal role to play to encourage governments to engage in a more progressive and coordinated way – which requires relationships being built with the policy makers and diplomats in Vienna and capitals. In many cases, these roles have a high turnover and new government representatives may not have the historical legacy from the 2016 UNGASS and the 2019 Ministerial Segment. It therefore falls on civil society to advocate and help build capacity, and also to bring community voices to the UN to share on-the-ground realities.

The CND has now agreed a 10-year timeline running until 2029, and a five-year work plan leading up to a mid-term review meeting in March 2024. Governments will meet each year in the third quarter of the relevant year for ‘thematic intersessional meetings’ to assess progress made in ‘accelerating... the full implementation of the international drug control commitments made in 2009, 2014, 2016 and 2019’.<sup>31</sup> Civil society representatives will have opportunities to speak and engage in the following meetings, a process managed by the Vienna NGO Committee on Drugs (VNGOC) through open calls on their website and social media platforms.<sup>32</sup>

**2020:** Drug treatment, harm reduction, access to controlled medicines.<sup>33</sup>

**2021:** Organised crime, money laundering, online drug markets.

**2022:** Policies which violate the international drug control conventions and/or the international human rights conventions.

**2023:** Review of all the above, to inform the mid-term review planned for 2024.

### The WHO recommendations on cannabis scheduling

At the same time, during 2020 governments at CND will also be deliberating the recommendations made by the World Health Organisation (WHO) to reschedule cannabis and related substances – following an evidence-based process contained in the international drug conventions themselves. The recommendations acknowledge the medical value of cannabis and propose that controls on cannabis are downgraded slightly. This is a major source of tension at the CND, as was evident at both the 2019 and 2020 meetings

Figure 2: Summary of the WHO recommendations to reschedule cannabis and related substances (2019)

	Cannabis plant and resin (1961 Convention)	THC Δ-9-THC (incl. dronabinol) Other isomers	CBD Cannabidiol	Specific pharmaceutical cannabis preparations (ex. Sativex, Marinol)
Current scheduling	I,IV	II (1971 Convention) I	–	–
Recommended scheduling	I*	I (1961 Convention)	No scheduling	III (1961 Convention)
*Except for preparations containing predominantly cannabidiol and not more than 0.2% Δ-9-THC, which would not be scheduled.				
<b>Tedros Adhanom, WHO Director-General</b> Notification to the UN Secretary-General of the recommendations by the World Health Organisation's Expert Committee on Drug Dependence February 2019				
idpc				

Source: IDPC

## Recommended steps for civil society advocacy:

### Stay informed:

- Keep up to date with the discussions at the UN – for example, by reading summaries of your government's positions at CND meetings on the CND Blog.<sup>34</sup>
- Keep up to date with the latest global developments around the world and let your government know of specific reforms taking place in your region or around the world, by subscribing to the monthly IDPC Alert<sup>35</sup> and other similar services.
- Become a member of the Vienna NGO Committee on Drugs (VNGOC) and the New York NGO Committee on Drugs (NYNGOC) to receive the latest updates on UN meetings and opportunities to speak.

### Build relationships with your government:

- Request pre-CND or post-CND meetings between your NGO (or a coalition of local NGOs) and your government to discuss their positions, as well as opportunities.<sup>36</sup>
- Request to be included by the relevant government agencies in the national delegation to the CND – this is a growing practice in Africa and other regions of the world, in recognition of the expertise and perspectives that civil society bring.<sup>37</sup>

### Promote the UN Common Position and Task Team:

- Familiarise yourself with the UN Common Position,<sup>38</sup> and the important role of the implementation Task Team as critical tools for the next 10 years of drug policy.
- Quote and promote the UN Common Position in your advocacy work, presentations and reports to 'socialize' the document and increase awareness.
- Request that your government mentions and supports the UN Common Position and Task Team in their own statements, and calls for UNODC to deliver this initiative.

### Direct engagement at CND:

- When a relevant call for speakers for CND meetings is released, apply and/or share it widely among your NGO and community contacts. Interventions can be made in person or by video.
- Attend the CND itself if you can – try and include this activity into funding proposals if it will benefit your advocacy plans. Groups such as VNGOC,<sup>39</sup> NYNGOC and IDPC can provide guidance and can assist with passes to enter the UN building.

For more suggestions for UN engagement in Geneva and New York, see the IDPC advocacy note *The 2019 Ministerial Segment: Key wins, remaining challenges, and next steps for advocacy*.<sup>40</sup>

where the vote on this recommendation was postponed. Civil society can therefore play an educational and supportive role in this complex process, advocating for our governments to engage in a supportive way ahead of an anticipated vote in December 2020. This issue, and the specific asks for African governments, are captured in more detail in a separate briefing paper by IDPC and the Transnational Institute (TNI) released earlier this year.<sup>41</sup>

## 2. NGO engagement at the regional level

Africa has not only become a transit route for drugs, but also a hub for the production and consumption of drugs. Given the threats this brings to public health, economic growth and stability in the region, the African Union has committed to address the issue through the adoption of successive Plans of Action over the years. As mentioned above, experts, civil society representatives and ministers from the 55 AU member

states<sup>42</sup> met in Cairo, Egypt in July/August 2019, where the AU Plan of Action on Drug Control and Crime Prevention (2019–2023) was adopted. This gives African civil society organisations an additional opportunity to advocate for drug policy reforms in the region – as the AU member states have now made a commitment to monitor progress against the Plan of Action, and to review their drug laws.

Another key regional advocacy opportunity is the biennial International Conference on AIDS and Sexually Transmitted Diseases in Africa (ICASA) – the next iteration scheduled for 2021 in Uganda.<sup>45</sup> In the past, this forum has provided very little focus on harm reduction, drug policies and people who use drugs – despite continued advocacy by local NGOs. Continued, coordinated engagement could help to rectify this imbalance, raise the profile and awareness of these issues, and directly reach policy-makers, government officials and other target audiences.

## Recommended steps for civil society advocacy:

### Stay informed:

- Keep up to date with the discussions at the AU level by reading summaries of meetings. IDPC also hosts a private Facebook group to share information and upcoming opportunities.<sup>43</sup>
- Engage with other regional drug policy meetings, such as the Africa Drug Policy Week.

### Promote the African Union Plan of Action (2019-2023):

- Familiarise yourself with the AU Plan of Action, and the targets and activities it proposes for governments.
- Quote and promote the AU Plan of Action in your advocacy work, presentations and reports to raise awareness of the document and its commitments.

### Coordinated engagement:

- Join relevant networks, consortia or groups at the regional and sub-regional level – including harm reduction and drug policy networks – to help coordinate inputs, learn from other NGOs, and collectively reach the AU and other bodies with key messages.
- Request briefings before and/or after key AU meetings between NGO partners and your government, to discuss the positions and opportunities.
- Familiarise yourself with the African Civil Society Common Position on Drugs, which was finalised and launched at the CND in March 2020 with support from UNODC, VNGOC and the African Union Commission. Consider formally signing up to Common Position and promoting it to other NGOs as well.<sup>44</sup>

## 3. Translating global and regional commitments at the national level

By virtue of the ‘Vienna Consensus’ mentioned above, the commitments made at the CND are agreed by all African countries. The strengths of these commitments vary – from the international drug conventions which are legally binding to all UN member states that are signatories, to the ‘softer’ obligations and recommendations contained in political declarations (such as the 2016 UNGASS Outcome Document<sup>46</sup> and the 2019 Ministerial Declaration<sup>47</sup>) and resolutions (see Box 3). The AU Plan of Action<sup>48</sup> and other decisions are not legally binding for member states, but still adopted and agreed by all AU member states. All of these commitments are therefore of value for national advocacy for drug policy reforms, and NGOs have roles to play to raise awareness, assess their implementation, and challenge governments where needed. It is important to know what African countries themselves have committed to do in these documents, and to be able to advocate on this basis.

Below is a sample of some of the pertinent commitments for African governments from recent UN and AU documents (which are all interlinked between themselves), which can now be used in national advocacy work to promote reforms and better, more humane responses. Many of these are not direct quotes from the documents themselves, as the politically negotiated language used can sometimes be complex and wordy – but the relevant paragraphs or

sections are provided below where possible for further reference.

### 2016 UNGASS Outcome Document:<sup>49</sup>

- Promote the well-being of society through evidence-based prevention strategies (paragraph 1)
- Treat drug dependence as a complex, multifactorial health disorder that is chronic and relapsing in nature, and provide effective and evidence-based treatment and aftercare (paragraph 1i)
- Include measures to prevent and treat drug overdose (such as naloxone) in national drug policies (paragraph 1m)
- Include ‘effective measures aimed at minimizing the adverse public health and social consequences of drug abuse’ – harm reduction measures such as needle and syringe programmes and ‘medication-assisted therapy’ – including in prisons (paragraph 1o)
- Various recommendations to ensure the availability of, and access to, controlled substances for medical and scientific purposes (paragraph 2)
- Implement ‘alternative or additional measures with regard to conviction or punishment’, which includes decriminalisation models (paragraph 4j)
- Promote proportionate national sentencing, ‘whereby both mitigating and aggravating factors are taken into account’ (paragraph 4l)
- Ensure legal guarantees and due process safeguards, including the prohibition of arbitrary arrest, detention and torture, and ensure timely

### Box 3 Selected CND resolutions agreed by all UN member states in recent years

At the CND, governments propose, negotiate and agree (by consensus) a series of resolutions each year – each of which focuses on a specific area within the world drug situation and seeks to build on previous agreements and language. Below is a small selection of progressive resolutions from previous years, but the full list is available on the CND website<sup>50</sup> and a tool to search existing texts is available via the CND App.<sup>51</sup>

#### 2016

- Mainstreaming a gender perspective in drug-related policies and programmes (CND Resolution 59/5)<sup>52</sup>

#### 2017

- Promoting measures to prevent HIV and other blood-borne diseases associated with the use of drugs, and increasing financing for the global HIV/AIDS response and for drug use prevention and other drug demand reduction measures (60/8)<sup>53</sup>

#### 2018

- Promoting measures for the prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs (61/4)<sup>54</sup>
- Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users (61/11)<sup>55</sup>

#### 2019

- Promoting measures to prevent transmission of HIV attributable to drug use among women and for women who are exposed to risk factors associated with drug use, including by improving access to post-exposure prophylaxis (62/6)<sup>56</sup>
- Promoting measures to prevent and treat viral hepatitis C among people who use drugs (62/7)<sup>57</sup>

access to legal aid and the right to a fair trial (paragraph 4o)

- Commitment to work in close partnership with civil society (paragraph 9).

#### 2019 Ministerial Declaration:<sup>58</sup>

- Respect, protect and promote all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies
- Commitment to a balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based approach to the world drug problem
- Involving all relevant stakeholders, including civil society, on effective strategies to address and counter the world drug problem at all levels

#### AU Plan of Action on Drug Control and Crime Prevention (2019-2023), and its Implementation Matrix:<sup>59</sup>

- The fundamental goal of drug policies should be to improve the health, safety, security and socio-economic well-being of people
- Commit to balance and proportionality at the local, national, regional and international levels – offering people who use drugs support, treatment and protection, rather than punishment and a criminal record
- Facilitate low-threshold treatment access for people who use drugs in accordance with quality treatment standards (Objective A2)
- Implement needle and syringe programmes, opiate substitution therapy and other harm reduction services (Objective A3)
- Implement alternatives for incarceration (which includes decriminalisation) for people who use drugs, and proportionate sentencing (Objective A4)
- Address barriers to the availability and accessibility of essential medicines (Objective B1)
- Enhance the knowledge of policy makers and law enforcement authorities regarding the human rights of people who use drugs (Objective E1)
- Ensure timely access to legal aid and the right to a fair trial, especially considering the specific needs of women drug offenders (Objective E3)
- Adjust approaches towards people who use drugs from more punitive to more supportive measures (Objective E4), including human rights impact assessments of existing drug policies and laws
- Implement social protection and social security interventions for people who use drugs (Objective G2)



## Recommended steps for civil society advocacy:

- Establish (where needed) national civil society networks with other organisations to advocate for drug policy reform.
- Consider approaching local government (instead of, or as well as, national government) to call for policy reforms.
- Proactively use a full range of media (traditional press, community radio and other fora, and social media) to raise awareness, destigmatise drug issues and mobilise communities.
- Use the Sustainable Development Goals (SDGs)<sup>60</sup> as a tool to advocate for drug policy reform, on the basis that disregarding the rights of people who use drugs impedes achieving the global 2030 targets.<sup>61</sup>
- Support or help to establish national and regional networks of people who use drugs.
- Consider civil society ‘audits’ of national delivery against various commitments and obligations.
- Keep local-level UN staff accountable and aware of UN Common Position, and document any incidences where UN staff speak counter to this Position.
- Join (sub-)regional networks to share experiences, ideas etc.
- Consider national level capacity building – for NGOs, the media, opinion leaders and policy makers – using existing tools and resources.<sup>62</sup>
- Promote awareness and review based on the WACD Model Drug Law, which can be applied across Africa.<sup>63</sup>

**If you would like to discuss any of these ideas or strategies with the IDPC team or with IDPC members who are engaged in such activities, contact us at [contact@idpc.net](mailto:contact@idpc.net).**

## Endnotes

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## About this Briefing Paper

This briefing paper provides an overview of drug use in Africa, regulatory efforts by police and the judiciary, governmental and legislative responses and support for people who use drugs amongst civil society actors.

**International Drug Policy Consortium**  
61 Mansell Street  
London, E1 8AN, United Kingdom

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

## About IDPC

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

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