

The African Perspective on Drug Abuse
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Reduction**
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Presentation Outline

1. About the AUC
2. Background and context
3. Drug abuse trends
4. Prevention and treatment services
5. Continental framework
5. Conclusion and recommendations



About the AUC

AU is an inter-governmental organization comprising 54 African Countries. The African Union Commission (AUC) is its Secretariat.

AUC facilitates policy development and implementation in Member States.

The Commission is made up of ten portfolios: Peace and Security; Political Affairs; Trade and Industry; Infrastructure and Energy; Social Affairs; Rural Economy and Agriculture; Human Resources, Science and Technology; and Economic Affairs.

Drug control falls under the Department of Social Affairs.

AFRICAN UNION COMMISSION: DEPARTMENT OF SOCIAL AFFAIRS



Background & Context

- Africa is major transit route in the global trade in narcotics resulting to complex and shifting networks of insurgency, local and regional politics and organised crime including corruption and terrorism:
 - significant harm to security, health, and rule of law and development efforts
 - exponential growth of drug user
 - *When you become a transit country, you are immediately also a consumption country*
- Inadequate resources -poor funding of services, inadequate skills and experience of personnel



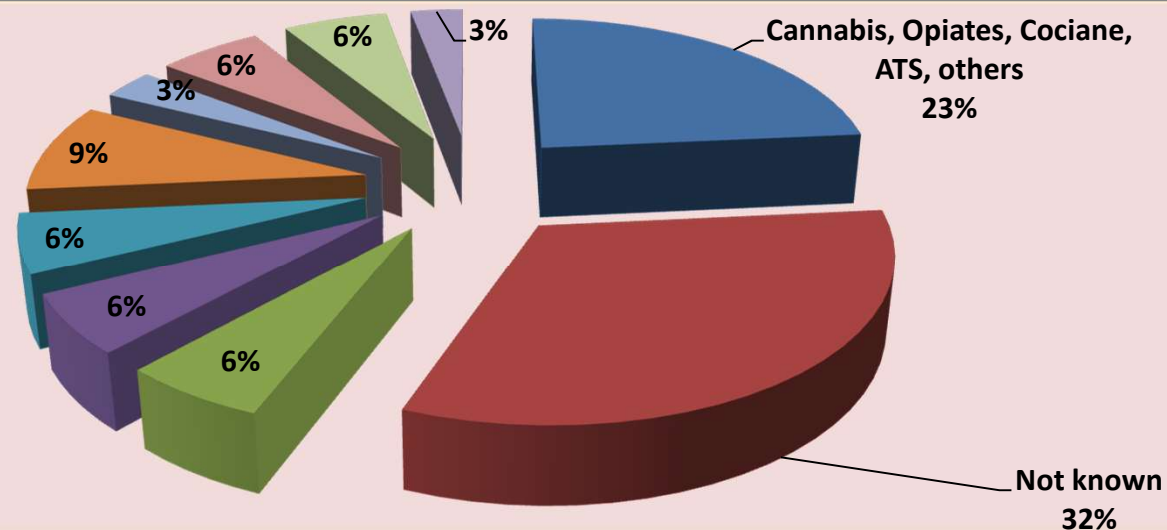
Drug abuse trends

- Reliable and comprehensive information not available- only 8 countries responded to UNODC ARQ, but 34 (64%) responded to AUC drug implementation report questionnaire.
- Drug use rated by UN as high even though exact figures but no figures-records of drug consumption in Africa are incomplete.
- Many countries lack capacity and systems for monitoring drug abuse and collecting and analyzing drug-related data.



Drug abuse trends

Cannabis use is high but prevalence of all drug types



- Cannabis, Opiates, Cocaine, ATS, others
- Not known
- Cannabis
- Cannabis, opiates, cocaine
- Cannabis, opiates, ATS
- Cannabis, Cocaine, ATS
- Cannabis, Cocaine
- Opiates, Cannabis
- All drug types
- Cannabis, opiates, cocaine, ATS, Khat

Source: AUC Drug Control Implementation Report, April 2015



Drug abuse trends

- Cannabis - 12.45% higher than global average 3.8 %
- Opioids-0.3% (including synthetic opioid analgesic tramadol)
- Opiates 0.3 %,
- Cocaine 0.4 %
- ATS, excluding “ecstasy”-0.9 %
- Prescription drugs: tranquillizers and sedatives



Drug abuse trends

- New psychoactive substances- synthetic cannabinoids, plant-based substances and piperazines
- khat (*Catha edulis*), a plant-based substance not under international control, is consumed widely in the region (Djibouti, Ethiopia & Somalia, and to a lesser extent Madagascar).
- Concerns about the harm associated with khat, and the combination of khat with other substances, have led to its control in Eritrea, Madagascar, Rwanda, Sudan and the United Republic of Tanzania.



Impact

Drug related deaths

- *estimated at 36,800 in 2003 (mortality data not available in Africa)*

Dependency and disease burden

Estimated no. o IDUS : *Lo w: 300,000 Best 1,020,000 High 6,240,000*

HIV among IDUS *Lo w 24,000 Best 123,000 High 2,006,000*



Prevention and Treatment services

- Unmet treatment demand (only 1 in 18 problem drug users have access to treatment services—compared to 1 in 6 globally), mostly urban based, and primarily psycho-social support and detox only
- Accessibility, quality and type of services different across the continent
- Services in prison settings limited
- Diversion programmes for drug users & inclusion of drug users as beneficiaries of national social protection programmes remain a gap continent wide
- TC model limited



Prevention and Treatment services-TC

- Therapeutic community approaches in the strictest sense very limited.
- Mostly integrating concepts of TC in the treatment.
- Many experts have been trained in TC approaches, thus use the principles in typical treatment centers such as hospital based treatment centers.
- TC highly structured programmes in which patients remain at a residence, typically for 6 to 12 months. The clients live a communal life –each member playing role in maintaining a therapeutic process that can lead to recovery.



Prevention and Treatment services-TC

- The focus of the TC is on the re-socialization of the patient to a drug-free, crime-free lifestyle; and use the community treatment staff and those in recovery as key agents of change.
- Patients in TCs mostly are those with relatively long histories of drug addiction, involvement in serious criminal activities, and seriously impaired social functioning.



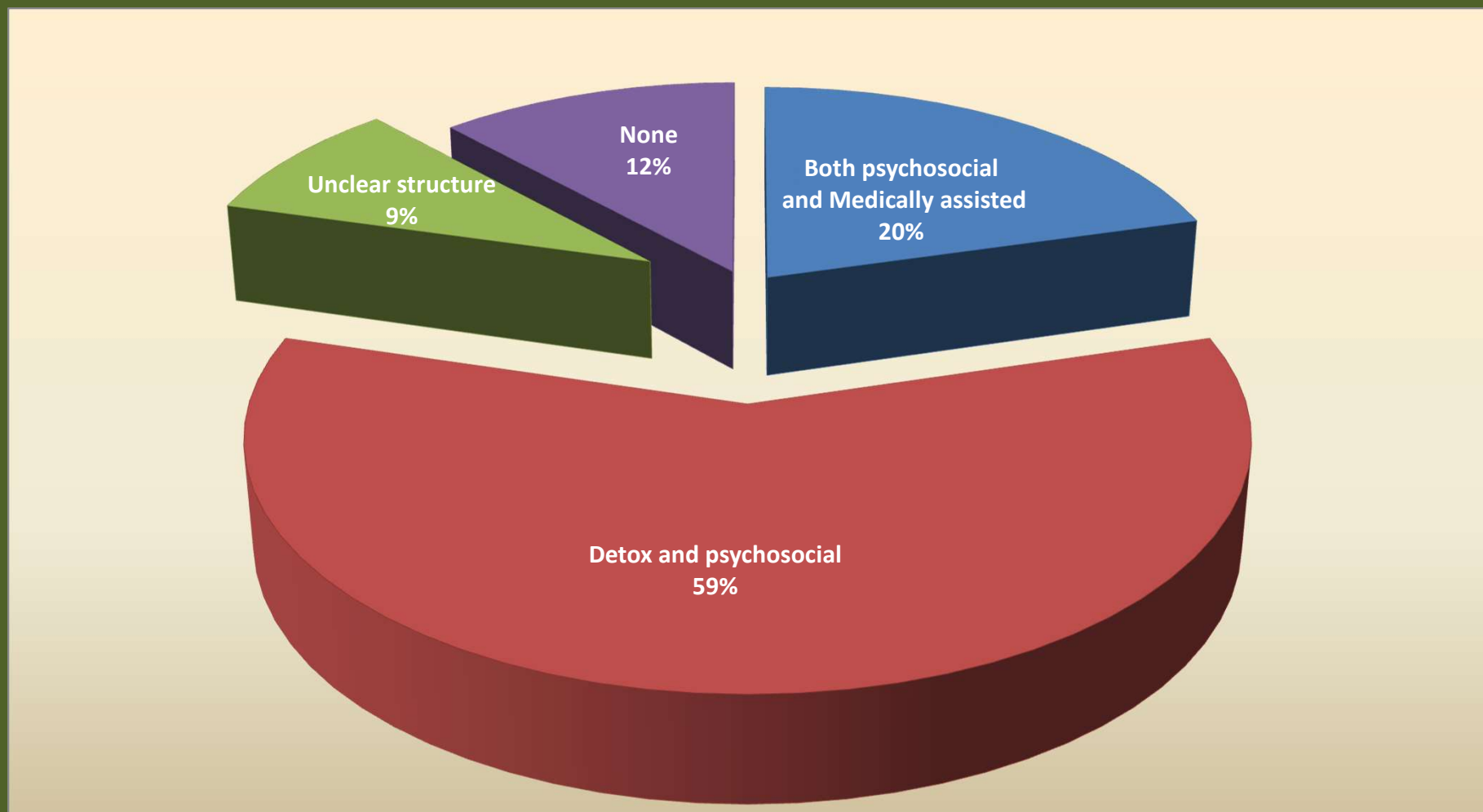
Prevention and Treatment services-TC Examples

- SANCA-Phoenix House in Johannesburg, SA for a long time the only long term inpatient rehabilitation unit in Southern Africa that utilized TC model-over 42 years old.
- Light House therapeutic community drug rehabilitation center in South Africa
- Sober houses (5) in Tanzania
- Kenya- TC model integrated in other in patient treatment settings
- They are all linked with out patient community facilities
- There may be other examples not documented



Prevention and Treatment services

Types of treatment services available –AUC MSs



Source: AUC Drug Control Implementation Report, April 2015

Prevention and Treatment services

- There is significant improved capacities in some regions (Ethiopia, Kenya, Mauritius, Senegal, Seychelles & Tanzania) largely as a result of capacity-building and skills development initiatives.
- Expanded treatment workforce (UTC, TreatNet)
- Evidenced based prevention increasingly being promoted



Continental framework

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

Comprehensive framework to guide drug policy development in the continent, intended for Member States to galvanize national, regional and international cooperation to counter the drug problem over a 5 year period

Developed to respond to emerging challenges associated with drug control and crime prevention; and follows a balanced and integrated approach to drug control.

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Continental framework

Objective: improve the health, security and socio-economic well-being of people in Africa by reducing drug use, illicit trafficking and associated crimes:

- Management, oversight, reporting
- Evidence-based services for prevention and treatment
- Countering drug trafficking and related challenges to human security
- Capacity building in research and data collection enhanced



AUCS Position

“War on Drugs” approach not always yielded desired effect

Evidence shown that combination of bad policies and poor implementation hampering effective drug control.

Sustainable efforts in drug control require a balanced, cooperative, comprehensive and integrated approach, addressing both supply and demand reduction



What does AUC hope to achieve?

- Upscale advocacy for an evidence-driven balanced and integrated approach to drug control and to encourage a shift from ineffective policies.
- Encourage alternative measures based on greater coordination between penal and public health systems
- Generate international commitments aimed to prevent negative social consequences from the global drugs problem



A comprehensive, integrated and balanced approach

The Sixth Session of the African Union Conference of Ministers in Charge of Drug Control (CAMDC6), adopted Addis Ababa declaration on scaling up balanced and integrated responses towards drug control in Africa:

- Shift from ineffective policies
- Linkage among drug/health/crime,
- Treating drug use as a public health issue, rather than as a criminal justice matter



A comprehensive, integrated and balanced approach: components

- Drug demand and drug supply reduction
- Availability of controlled substances for medical and scientific use, while reducing illicit use of narcotic drugs and psychotropic substances
- Socioeconomic aspects:
 - Sociocultural aspects
 - Security and stability



AUC DDR Ongoing Efforts

- Promotes and coordinates implementation of AUPA in all Member States.
- Developed and promoting the adaptation and implementation of AU continental minimum quality standards for treatment of drug dependence.
- Strengthening research and data collection capacity for drug use prevention and treatment in Africa: National and Regional Epidemiology Networks



AUC DDR Ongoing Efforts

- Annual demand reduction technical focal points consultative meetings for information sharing, programme development and progress review.
- Continuous process to identify and update, and build capacity of national Drug Demand Reduction (DDR) focal points as well as capacities of relevant institutions to effectively respond to the drug challenge at the national level.



Challenges and Conclusions

- Inadequate systems for research and data collection
- More effort needed- comprehensive, accessible, evidence-informed, ethical and human rights based drug use prevention, dependence, treatment and aftercare service
- Weak border controls and cooperation and coordination
- Out-dated legal frameworks
- Limited forensic capacity in MSs



**THANK YOU
FOR YOUR
ATTENTION**

