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Addis Ababa, ETHIOPIA**

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**REPORT OF THE 5<sup>TH</sup> SESSION OF THE AU CONFERENCE OF  
MINISTERS IN CHARGE OF DRUG CONTROL (CAMDC5),  
ADDIS ABABA, ETHIOPIA,  
8 - 12 OCTOBER 2012**

**REPORT OF THE 5<sup>TH</sup> SESSION OF THE AFRICAN UNION CONFERENCE OF  
MINISTERS IN CHARGE OF DRUG CONTROL,  
ADDIS ABABA, ETHIOPIA,  
08 TO 12 OCTOBER 2012**

## **INTRODUCTION**

1. The 5<sup>th</sup> Session of the African Union Conference of Ministers in Charge of Drug Control (CAMDC5) was held at the Conference Centre of the African Union Commission in Addis Ababa, Ethiopia, from 08 to 12 October 2012. The Conference was convened pursuant to the implementation of Executive Council Decision EX.CL/Dec. 615(XVIII) of January 2011.
2. The Conference fell within the purview of Strategic Pillar I of the AUC Strategic Plan 2009 – 2012: Peace and Security. The overall objective of CAMDC5 was to review and strengthen mechanisms for enhanced shared responsibility for the control of drugs in Africa, in order to continue implementation of drug control targets while using the opportunity to discuss the inclusion of basic human rights and evidence-based public health practices into overall drug legislation, policies, strategies and programmes, through consideration of the revised AU Plan of Action on Drug Control (2013 - 2017); the proposed minimum quality standards for drug use treatment; and the Draft African Common Position on controlled substances and access to pain management.
3. The Conference was held at Experts and Ministerial levels and was attended by Ministers and Experts from thirty-three (33) AU member States, as well as representatives from various inter-governmental agencies, non-governmental organisations and cooperating partners.
4. The main outcomes of the Conference were concurrence on the Revised AU Plan of Action on Drug Control (2013-2017) as the framework to galvanise national, regional and international cooperation to counter the drug problem on the Continent over the next five years; the African Common Position on Controlled Substances and Access to Pain Management Drugs; and the Continental Minimum Quality Standards for Treatment of Drug Dependence in order to promote good practices in drug policy development and implementation.
5. The Report of the Ministerial Meeting is herewith submitted for endorsement by the Executive Council.

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**5<sup>TH</sup> SESSION OF THE AFRICAN UNION  
CONFERENCE OF MINISTERS OF  
DRUG CONTROL  
ADDIS ABABA, ETHIOPIA  
08-12 OCTOBER 2012**

**CAMDC/MIN/Rpt(V)**

**THEME: PROMOTING GOOD PRACTICES IN DRUG POLICY  
DEVELOPMENT AND IMPLEMENTATION**

**REPORT OF THE MINISTERS' MEETING**

**REPORT OF THE MINISTERS' MEETING OF THE 5TH SESSION OF THE AU  
CONFERENCE OF MINISTERS OF DRUG CONTROL,  
ADDIS ABABA, ETHIOPIA,  
11-12 OCTOBER 2012**

**INTRODUCTION**

1. The 5<sup>th</sup> Session of the African Union Conference of Ministers in Charge of Drug Control (CAMDC5) was held at the Conference Centre of the African Union Commission in Addis Ababa, Ethiopia, from 11–12 October 2012. The overall objective of CAMDC5 was to review and strengthen mechanisms for enhanced shared responsibility for the control of drugs in Africa, in order to continue implementation of drug control targets while using the opportunity to discuss the inclusion of basic human rights and evidence-based public health practices into overall drug legislation, policies, strategies and programmes, through consideration of the revised AU Plan of Action on Drug Control (2013 - 2017); the proposed minimum quality standards for drug use treatment; and the Draft African Common Position on controlled substances and access to pain management.

**ATTENDANCE**

2. The Ministers' Meeting was attended by delegates from the following AU Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Chad, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gabon, Ghana, Guinea, The Gambia, Kenya, Lesotho, Libya, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, the Seychelles, Sahrawi Arab Democratic Republic, Sierra Leone, South Africa, the Sudan, Tanzania, Uganda, and Zimbabwe.

3. The following AU Organs, Regional Economic Communities, Inter-Governmental and Non-Governmental Organisations and cooperating partners were represented: African Committee of Experts on the Rights and Welfare of the Child (ACERWC), East African Community (EAC), the United States of America, the Kingdom of Spain, the Coalition for Dialogue on Africa (CODA), Kenyan AIDS Consortium, HUSIKA Project, the Kofi Annan Foundation, the International Drug Policy Consortium (IDPC), the Open Society Foundation (OSF), the Economic Commission for Africa (ECA), the International Narcotics Control Board (INCB) and the UN Office on Drugs and Crime (UNODC).

4. The complete list of participants is attached as Annex I.

**AGENDA ITEM I. OPENING**

5. In his welcoming remarks, the Acting Chairperson of the Bureau of the 4<sup>th</sup> African Union Conference of Ministers of Drug Control and Crime Prevention (CAMDCCP4), from the Arab Republic of Egypt, reminded of the three essential elements which are the focus of the meeting. Africa needs to coordinate and collaborate its efforts in order to place the health of Africans first and the CAMDC5 is an excellent opportunity to share

common challenges and solutions. The meeting was urged to bear in mind some key messages that have emerged from the Africa Union's work over the years. These include the need for regional unity in addressing common challenges, the case for African ownership of its development agenda, and the importance of striking the right balance in development policy and strategy. The meeting was reminded that challenges related to drugs are increasingly being recognised and that it should be prominent in development thinking to influence most aspects of development projects.

**6.** In his statement of support, the President of the International Narcotics Control Board (INCB), Mr Raymond Yans, reconfirmed that drug control as critical in ensuring legitimate access to drugs for medical and scientific purposes. The two main objectives of the international drug control treaties are the prevention of diversion and abuse of controlled substances, while ensuring the availability of those substances required exclusively for medical and scientific use. INCB is aware that many African countries face challenges in addressing issues of diversion and trafficking of drugs on the one hand whilst ensuring the availability of drugs for medical purposes on the other. A well-functioning drug control system is the prerequisite to respond to these challenges and therefore, development and implementation of drug control policies are timely and important matters to discuss. The three submitted tools are essential and the INCB stands ready to assist, through training and capacity building (starting in West Africa in early 2013), of African Member States to implement these important instruments.

**7.** In his opening remarks, the African Union Commissioner for Human Resources, Science and Technology, H.E. Dr Jean Pierre Onvehoun Ezin, who stood in for the Commissioner for Social Affairs, reminisced that drugs is a social development issue, intimately linked to issues such as poverty, inequitable land distribution, conflict and unjust international trade which deny whole communities the opportunity to make a decent living from legal means. The answer to the drug challenge is a balanced and collaborative approach that emphasises prevention, treatment, enforcement and international cooperation. Advances in treatment have improved the lives of millions, and should continue to be pursued. Law enforcement strategies need to be innovative and smart. Treatment and drug testing complete with swift but modest consequences for continued drug use and incentives for abstinence have produced miraculous results. Indeed, drug prevention has moved on from slogans and class workbooks to a science of teaching resistance skills and changing local policies based on data and community capacity. Some considerations to be taken into account when revisiting our drug control policies are: the need to respect basic human rights; the separation of drug use from concerns related to crime and security and focus on the persecution of organised crime; sentencing for drug-related crimes should be proportional; and an urgent need to implement comprehensive public health and social development responses to drug use.

## **AGENDA ITEM II. PROCEDURAL MATTERS**

### **A) Election of the Bureau**

8. The Ministers elected the following Bureau for the 4th Session of the AU Conference of Ministers for Drug Control and Crime Prevention:

Chairperson:	Egypt	(North Africa)
1 <sup>st</sup> Vice Chairperson:	Namibia	(Southern Africa)
2 <sup>nd</sup> Vice Chairperson:	Gabon	(Central Africa)
3 <sup>rd</sup> Vice Chairperson:	Kenya	(East Africa)
Rapporteur:	Nigeria	(West Africa)

9. In the absence of a Minister from Egypt, the 1<sup>st</sup> Vice Chairperson chaired the meeting. Hon. Erastus Uutoni, Deputy Minister of Safety and Security of Namibia, offered introductory remarks after which the meeting proceeded.

10. The Drafting Committee was composed of the Rapporteur, Hon. Mohammed Bello Adoke, Minister of Justice, Nigeria, and two staff members of the Department of Social Affairs, AU Commission.

### **B) Adoption of the Agenda and Programme of Work**

11. The meeting adopted the agenda for the meeting (attached as Annex 2).

## **AGENDA ITEM III. CONSIDERATION OF THE REPORT OF H.E. THE CHAIRPERSON OF THE AU COMMISSION ON THE IMPLEMENTATION OF THE DECISIONS OF THE 4<sup>TH</sup> SESSION OF THE AU CONFERENCE OF MINISTERS OF DRUG CONTROL**

12. The Report of H.E. the AU Commission Chairperson emphasised the following:

13. The Department of Social Affairs has been charged with the coordination of the implementation of the AU Plan of Action on Drug Control and Crime Prevention (2007-2012), which was launched in January 2008 and has the fundamental objectives of reversing the trends of drug abuse and trafficking, organised crime, corruption, terrorism and related challenges to socio-economic development.

14. AU Member States are steadfast in the fight against drugs, and have done much in recent years, but there is still much left to accomplish in a shared fight against drug use and trafficking, with all-embracing tactics directed at reducing the supply and use of illicit drugs and addressing related crimes, such as money laundering and arms trafficking.

15. The struggle against organised crime, corruption and trafficking in drugs and human beings has become too intense for any one country to address alone.

Development needs security to succeed; it needs solid, functioning institutions, grounded in the rule of law.

**16.** Member States should upgrade preventive strategies and integrate drug treatment into public health programmes, address the threats posed by drug trafficking and organised crime, implement the UN Conventions while strengthening the rule of law, conduct intelligence-sharing, persist in reinforcing global efforts in stopping the diversion of precursor chemicals from licit to illicit purposes for drug manufacture, continue to improve drug data collection and reporting, and commit resources to help design and improve systems for the generation, management, analysis, reporting and use of information necessary for policy and programme development. Many law enforcement agencies in Africa have insufficient resources with which to train and equip staff for effective drug law enforcement.

**17.** Treatment and rehabilitation of drug dependent persons in Africa often depends on assistance provided by partnering organisations. As a starting point, the public primary health care system and hospitals in Member States should accommodate drug users and not turn them away in the mistaken belief that drug use is a self-inflicted condition.

**18.** There continues to be weak control-system access, and regulated and administered use of narcotic drugs and psychotropic substances for medical and scientific purposes.

**19.** The Ministers' made the following **observations** on the Report of the AU Commission Chairperson :

- The lack of funding for anti-drug activities remains a key challenge. The matter requires Member States to show commitment on all levels (national, regional and continental), while the AUC Commission should mobilize resources for the implementation of the AUPA;
- The increase in drug trafficking and consumption requires careful continental monitoring and evaluation of drug control policies and programmes need to be advanced, including gathering of data on drug use and trafficking trends;
- The Continent requires a concrete way forward on how to address "traditional" substances which are not classified under international control. Member States may request that international partners conduct studies but the process to have a substance placed on the international list of controlled substances does take a long time. However, individual governments may well introduce national legislation classifying these substances should they consider them harmful;

- The Report of the Chairperson was appreciated with the recommendation that future reports should contain more detail on how to address the identified challenges, e.g. on access to pain medicine;
- Emphasised the need for a Model Law to assist Member States in updating their drug control legislation and to ensure proper alignment and synergies in the legislation of all Member States.

**20.** The Ministers' Meeting then made the following **decisions**:

- i) UNODC is requested to, as a matter of urgency, update and release their model laws and case laws database;
- ii) The strengthening of control of precursor chemicals for synthetic drugs to prevent diversion from licit to illicit purposes needs to be addressed urgently. Similarly, Member States require scientific capacity and training, for the detection and the dismantling of clandestine laboratories where synthetic and Amphetamine-Types of drugs are produced. The AUC is requested to facilitate the provision of the required technical assistance from Partners;
- iii) Member States should respond to monitoring and evaluation questionnaires circulated by the AU Commission;
- iv) The AUC is requested to liaise with the UNODC on the on-going revised Model Law being prepared by the UNODC and disseminate to Member States.

**AGENDA ITEM IV. PRESENTATION ON EXISTING CONTINENTAL BEST PRACTICES IN DRUG POLICY AND PRACTICES**

**21.** Tanzania experienced an alarming increase in drug use (including IDU), diversion and seizures of trafficked drugs and the resulting alarming increase in HIV, STDs and Hepatitis infections due to needle sharing and risky behaviours of drug users. The country collaborated its efforts throughout all sectors of society (civil, private, donors, government, etc.) in order to reach drug users. Drug use was placed on the national agenda and harm reduction (substitution therapy, needle exchange, testing, counseling, etc.) prevention and treatment programmes were instituted. Policies and guidelines target a balance between demand reduction, supply reduction and treatment, while appreciating cultural sensitivities, human rights, financial realities and community norms and standards. The National Drug Control Commission of Tanzania is chaired by the Prime Minister. The Commission coordinates all drug related issues in Tanzania and although funding is limited, the Commission is staffed by a variety of experts across the board and has sufficient basic infrastructure to operate (in collaboration with other departments). The Commission includes the various social groups such as religious and community groups. Conflict has been avoided between health policy and law enforcement for which the Commission has facilitated informal arrangements in order to

assist drug users while the country is updating national drug control policy and legislation.

**22.** Egypt has long-standing legislation penalising the consumption, importation and cultivation which includes a national strategy to combat drug use which is coordinated by various ministries. However, the Drug Control Board, being cross-cutting and multidisciplinary ensures that drug control activities are funded and independent as well as making sure that all national strategies are up-to-date, implemented and coordinated. For instance, Egypt has a diversion system in place treating drug users first from a public health perspective and only incarcerating drug users once treatment has been proven as a failure. The country also has various balanced prevention campaigns operational, targeting vulnerable groups, such as young people. At the same time, drug trafficking is heavily penalised. This approach has had positive results through reduced drug consumption and a decrease in experimentation with drugs. A balanced response, equally investing in demand and supply reduction and treatment, is essential. The current Egyptian strategy is a five-year plan that keeps on evolving as new drugs and trends emerge.

#### **AGENDA ITEM V. CONSIDERATION OF THE REPORT OF THE EXPERTS' MEETING**

**23.** After consideration of the Report of the Experts' Meeting, the Ministers adopted the following **decisions**:

#### **24. The revised AU Plan of Action on Drug Control (2013 – 2017)**

- i) Drug control should become a continental issue pursued by the Continent's Political leadership through possibly drugs being a theme for an upcoming Heads of State summit before 2015;
- ii) Member States should establish interdepartmental focal points to facilitate flows of communication with AUC regarding the implementation of the Plan of Action;
- iii) Alcohol and tobacco should be included in drug use prevention strategies, as they are considered "gateway drugs" on the Continent, especially because alcohol abuse remains of major concern to Africa;
- iv) In view of the current challenges faced by Member States in the areas of funding of demand reduction programmes and activities, as well as supply reduction programmes, Member States should consider adopting policies of aligning and reinforcing the converting of the proceeds of drug-related convictions to also be used for demand reduction programmes;

- v) The overall financing of drug control at Member States' level should be balanced to equally address drug use prevention, treatment and the control of drug trafficking;
- vi) Member States, the AUC and partners should develop a clear funding strategy and resource mobilisation plan for implementation of the AU Plan of Action on Drug Control (2013-2017);
- vii) The AUC, Member States and partners should design a continental strategy for crop eradication, alternative agriculture and sustainable livelihoods;
- viii) The AUC is requested to compile, in consultation with partners, continental minimum standards for supply reduction, including strengthening of human and equipment requirements for drug control law enforcement at ports of entry.

**25. Continental Minimum Quality Standards for Drug Use Treatment**

- i) The AUC is requested to compile continental treatment norms;
- ii) The AUC is requested to compile minimum quality standards for drug use treatment for children;
- iii) The AUC is requested to reinvigorate the possible continental training centre for drug treatment care givers;
- iv) The AUC is requested to include minimum quality standards for community based- and outpatient treatment;
- v) The AUC is requested to draft minimum quality standards for drug use prevention;
- vi) UNODC is requested to continue its work on developing minimum standards for drug use prevention for presentation at the UN Commission on Narcotic Drugs in 2013.

**26. The African Common Position on Controlled Substances and Pain Management**

- i) The AUC is requested to convene a special expert consultation to discuss model laws, national legislation supported by regulations, medicine registration procedures, and capacity building needs.

**27.** The Ministers' Meeting adopted the Report of the Experts' Meeting, including the three documents annexed with their relevant decisions as stipulated above.

#### **AGENDA ITEM VI. ANY OTHER BUSINESS**

**28.** The Ministers listed no additional items for discussion under Any Other Business. However, the Minister from Kenya raised the question of providing minimum detection standard for drugs at entry points, particularly at the airports. The Minister observed that equipment at most airports on the continent can hardly detect concealed drugs. As part of future work, the AUC requested to consider putting together minimum detection standard.

#### **AGENDA ITEM VII. DATE AND VENUE OF THE 6TH SESSION OF THE AU CONFERENCE OF MINISTERS IN CHARGE OF DRUG CONTROL**

**29.** The Ministers' Meeting agreed to convene the next Ordinary Session, the 6th AU Conference of Ministers for Drug Control, at the African Union Headquarters in Addis Ababa, Ethiopia, in 2014, on a date to be decided. However, in the intervening period before the next conference, a Member State may willing to host may advise the AU Drug Control Secretariat as such.

#### **AGENDA ITEM VIII. ADOPTION OF CAMDC5 REPORT**

**30.** The Meeting adopted the Report of the CAMDC5 with minor amendments.

#### **AGENDA ITEM IX. CLOSING REMARKS**

**31.** The Chairperson, Hon. Erastus Uutoni, Deputy Minister of Safety and Security of Namibia, thanked the delegates and the AU Commission for their valuable contributions which resulted in a successful meeting.

**32.** In closure, the Director of Social Affairs, Dr. Olawale Maiyegun emphasised that all Member States need to pool their efforts and cooperate at all levels in order to win the fight and remove the hazard of drugs on the Continent. He reminded that the fight against all forms of trafficking – drug, human, small arms and light weapons and related organized crime is a shared responsibility.

**33.** The meeting was then adjourned.

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# Report of the 5th session of the AU conference of ministers in charge of drug control (CAMDC5), Addis Ababa, Ethiopia, 8 - 12 October 2012

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