

## BEYOND 2019: AFRICAN CIVIL SOCIETY COMMON POSITION ON DRUGS

### 1. INTRODUCTION

In March 2019, the UN Commission on Narcotic Drugs convened a high-level ministerial segment at its 62nd regular session.<sup>1</sup> At this meeting, member states agreed by consensus on a *Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem*.<sup>2</sup> This declaration reaffirmed the “mutually reinforcing” documents that preceded it: including the *2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*<sup>3</sup> and the outcome document of the UN General Assembly Special Session on Drugs (UNGASS) in 2016, which presented a comprehensive overview of the world drug situation across seven operational chapters.<sup>4</sup>

This document, alongside the *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*,<sup>5</sup> remains crucial and important in guiding actions by the international community in relation to the world drug situation.

As part of the process of disseminating and understanding the outcomes of the 2019 ministerial segment by civil society in Africa, a dissemination forum was organized by the Slum Child Foundation in Nairobi, Kenya in April 2019. From this meeting, a draft common position was produced and shared widely with civil society partners across Africa. This document was then further discussed at a civil society meeting at the margins of the 3rd Session of the African Union’s Specialized Technical Committee on Health, Population and Drug Control in July 2019 – prior to its formal presentation to the Committee. This common position seeks to capture civil society commitments and actions resulting from the Ministerial Declaration of 2019, and how we can forge a plan of action in line with that document, the African Union’s plan of action on drug control, the African Union Agenda 2063, and other regional treaties and conventions.

### 2. PREAMBLE

**We, African civil society organisations whose work relates to drugs,**

*Acknowledge* the efforts being put in place by African Union (AU) in partnership with its member states to combat drug-related harms and challenges in the region, which remain a major health and human rights concern towards attaining the Sustainable Development Goals (SDGs) and the AU Agenda 2063;

*Also acknowledge* that the three international drug control conventions remain key pillars of the regional drug control system both to member states and African civil society organizations, and

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<sup>1</sup> <https://www.unodc.org/unodc/en/commissions/CND/2019/2019-high-level-ministerial-segment.html>

<sup>2</sup> [https://www.unodc.org/documents/commissions/CND/2019/Ministerial\\_Declaration.pdf](https://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf)

<sup>3</sup> [https://www.unodc.org/unodc/en/commissions/CND/Political\\_Declarations/Political-Declarations\\_2009-Declaration.html](https://www.unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_2009-Declaration.html)

<sup>4</sup> <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

<sup>5</sup> <https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf> (Annex 1)

therefore requests for their full implementation in the spirit of “Being concerned with the health and welfare of mankind”;

*Further acknowledge* the African Charter on Human and Peoples' Rights,<sup>6</sup> including Article 16 which stipulates that every individual shall have the right to enjoy the best attainable state of physical and mental health;

*Note with concern* what the United Nations Office on Drugs and Crime (UNODC) referred to as the “unintended consequences“ of drug control: the huge criminal black market, policy displacement away from public health and human rights, geographical displacement (including to new regions and countries that are ill-equipped to deal with these challenges), substance displacement (including to new psychoactive substances that may be more harmful), and the perception of people who use drugs (including poor communities, women and young people) as deviants and criminals;<sup>7</sup>

*Welcoming* the recommendations from the First and Second Meetings of the AU Specialized Technical Committee on Health, Population and Drug Control, but also concerned by the fact that the recommendations are not yet implemented on the ground;

*Take into consideration* the number of people who we are supporting each and every day who are affected by drugs, abuse and drug control in the region, including women and young people who are disproportionately impacted, and remembering those whose lives have been lost and whose deaths could have been avoided;

*Emphasize* the crucial role played by African civil society in addressing the world drug situation, and also the urgent need to scale-up the formulation, implementation, delivery and evaluation of evidence-based, balanced programs and policies that are adapted to the needs of the region;

*Recognize* the urgent need for collaboration between the African Union, member states and African civil society organizations working on matters related to drugs – including those working in the fields of policies, prevention, harm reduction, treatment, rehabilitation, social reintegration, recovery, criminal justice, sustainable development and palliative care – for effective and balanced implementation of key drug-related commitments by African member states;

*Acknowledge* the important role of the Commission on Narcotic Drugs (CND), the African Union, the UNODC, the Vienna NGO Committee on Drugs (VNGOC), and the New York NGO Committee on Drugs (NYNGOC) in ensuring the active and inclusive engagement of civil society in decision-making processes;

*Emphasize* the need for a creation of an inclusive and balanced platform within the African Union for civil society to air their views, share their best evidence-based practices, and speak in one voice as part of their contribution to regional dialogue related to drugs;

*Take note* that there remains a significant gap in the provision and evaluation of evidence-based interventions, policies and laws to support those affected by drugs – including, inter alia, people who use drugs, their families and communities, those at risk of problematic drug use, vulnerable groups

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<sup>6</sup> <http://www.achpr.org/instruments/achpr>

<sup>7</sup> [https://www.unodc.org/documents/commissions/CND/CND\\_Sessions/CND\\_51/1\\_CRPs/E-CN7-2008-CRP17\\_E.pdf](https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_51/1_CRPs/E-CN7-2008-CRP17_E.pdf)

engaged in drug markets, and those unable to access internationally controlled essential medicines for palliative and post-surgical care, the treatment of moderate to severe pain, mental health conditions, and substance use disorders;

*Acknowledge* that the continent is blessed with a growing and youthful population, which has the potential to create a great demographic dividend, but also brings risks related to youth unemployment, high rates of urbanization and poverty which must be addressed by African governments;

*Urge* member states, through the African Union, to prioritize the regional drug situation while observing a balance between security, drug control, ensuring access to internationally controlled essential medicines while preventing diversion and non-medical use, and the promotion of health and human rights, since these are matters of grave concern to many young people who are the present and future leaders for the region, and are crucial barriers to the attainment of Universal Health Coverage;

*Emphasize* the need for member states, through the African Union, to allocate greater resources into the public health response to drugs and the research and data collection that should inform, enhance and create effective, evidence-based and cost-effective interventions, with the technical support of the UN partners in line with the UN System common position;<sup>8</sup>

*Recognize* the fact that different countries and regional blocks have different contexts and needs, so a well-tailored response is needed to meet their needs while ensuring the protection of human rights and public health.

### **3. OUR COMMITMENT**

**We, African civil society organisations whose work relates to drugs, therefore:**

*Commit* to work with the African Union and member states from the region to ensure the voice of civil society is heard in the creation of evidenced-based laws, policies and interventions in line with regional and international treaties and declarations;

*Support* the key role played by the African Union in formulating regional policies that embrace evidence-based interventions, and that commit their technical and political good will to ensure improved outcomes for those affected by drugs, especially the African Union Plan of Action on Drug Control and Crime Prevention (2019-2023);

*Also support* the 2012 African Union Common Position on Controlled Substances and Access to Pain Management,<sup>9</sup> where the overall goal is to ensure a functioning system for managing the availability of essential medicines containing internationally controlled substances whereby the overall goal is to ensure a functioning system for managing the availability for medical and scientific use, including relief from pain and suffering, by ensuring safe and affordable delivery to those patients who need them as part of Universal Health Coverage, while preventing their diversion for non-medical use;

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<sup>8</sup> <https://www.unsceb.org/CEBPublicFiles/CEB-2018-2-SoD.pdf>

<sup>9</sup> <http://www.carmma.org/sites/default/files/PDF-uploads/African%20Common%20Position%20on%20Controlled%20Substances%20and%20Access%20to%20Pain%20Mgt%20Drugs%20-%20English.pdf>

*Further support* the African Union and member states to come up with evidence-based policies and programs, and review existing laws, to give attention to human rights, including, inter alia, the rights of children and older persons and the right to health, while also adhering to the relevant international and African normative guidance and standards;

*Commit* to domesticate the relevant African Union conventions and treaties into our work with the help of our respective member states to ensure uniformity and a wider reach and coverage of the affected populations, hence leaving no one behind;

*Urge* the African Union and its member states to implement all of the existing commitments reflected in the Ministerial Declaration of 2019, and to work closely with civil society on the development of credible quantitative and qualitative data on drug use and associated harms, as well as on the monitoring and evaluation of drug-related issues and the full implementation of the AU Plan of Action, thus giving a true reflection of the progress and challenges that exist on the ground and guiding the direction that policies will take;

*Encourage* our policy makers to tackle the complex and urgent issues related to the regional drug situation and, through dialogue and cross-border learning, to make an honest assessment of the responses that can improve the outcomes for millions of Africans – including, in line with the UN drug conventions and the UN system common position, the removal of criminal sanctions for low-level, non-violent drug offences;

*Commit* to continue working with UNODC, WHO and the NGO Committees in mainstreaming our work in line with the Ministerial Declaration of 2019 and any future drug policy instruments, and request for the support of UNODC in building the capacity of civil society in addressing the world drug situation;

*Emphasize* our request and willingness to have a seat at the table for all relevant African Union dialogues and with other like-minded partners to help establish greater civil society platforms with civil society that can ensure liaison channels to air our voices, participate and provide inputs on the regional treaties and conventions related to drugs.

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