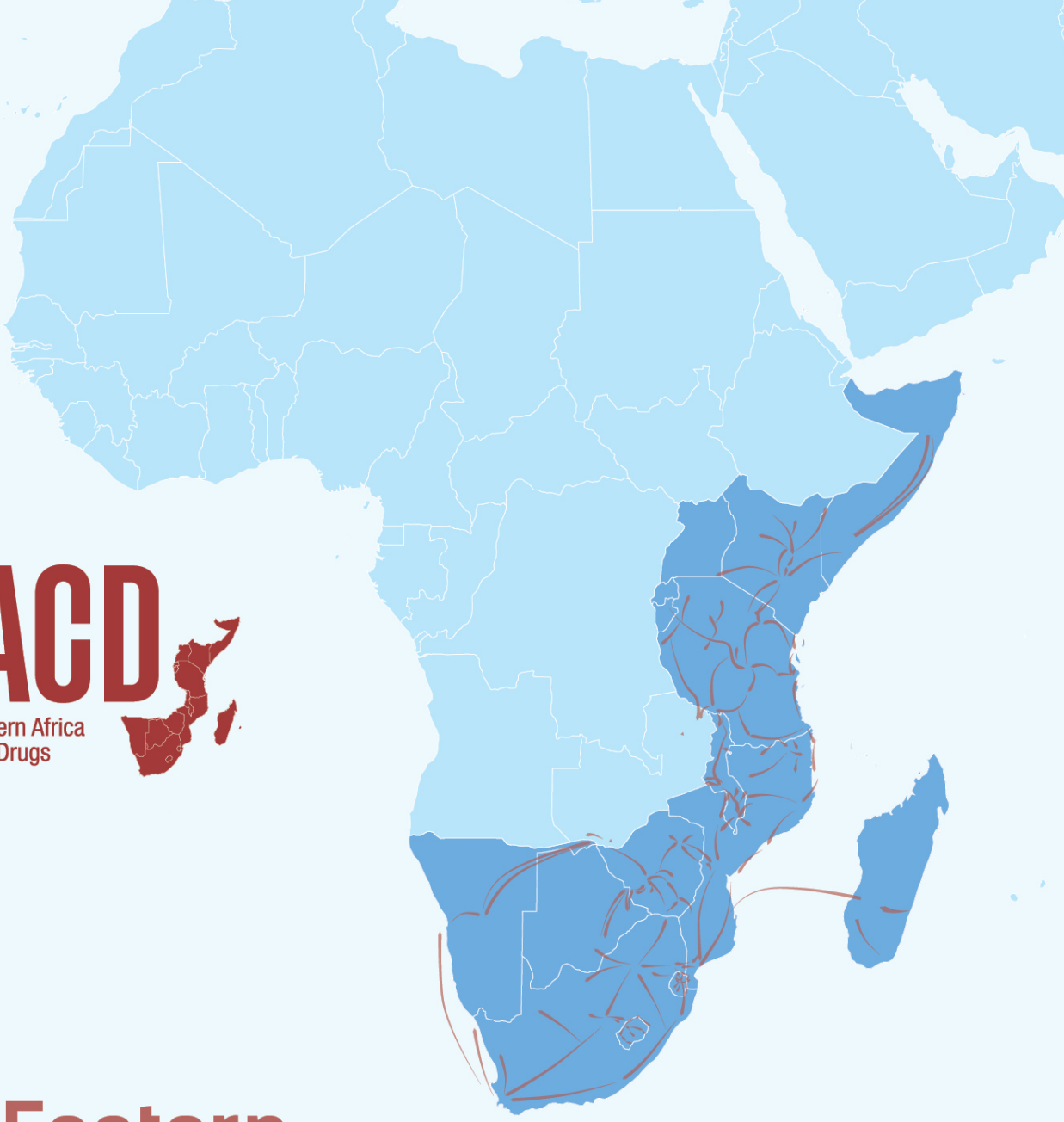

ESACD
Eastern & Southern Africa Commission on Drugs

The Eastern & Southern Africa Commission on Drugs

Cape Town, 10–11 February 2023

Conference report

Contents

INTRODUCTION

> **'Drugs have destroyed many lives, but wrong government policies have destroyed many more lives.'** – Kofi Annan

Countries in Eastern and Southern Africa are facing increasingly complex challenges relating to drug consumption and trafficking. These challenges have not been met with effective responses, with governments instead often replication and repeating the demonstrably failed policies of the past. In a bid to address this serious and multifaceted problem, the Eastern and Southern Africa Commission on Drugs (ESACD) was formally launched in February 2023, chaired by former South African President Kgalema Motlanthe and modelled on the experiences of the West Africa Commission on Drugs (WACD). The ESACD is a high-level regional advocacy body that aims to promote informed discussion about humane and effective drug policies, as well as to develop local and regional awareness, engender public discussions and engage with policymakers to discuss new approaches to drug-related issues. Its creation was informed by the Global Commission on Drug Policy (GCDP), for which former President Motlanthe is a commissioner.

The inaugural meeting of the commission took place in Cape Town, South Africa, on 10 and 11 February, as the first in a series of regional consultations to be hosted on the issue of drug policies and drug markets in Eastern and Southern Africa. The launch gathered high-level officials from the GDCP, the ESACD and the WACD, together with representatives from international and regional organizations, civil society and academia. Former President Motlanthe opened the meeting and marked the official launch of the commission, alongside the chair of the GDCP, former Prime Minister of New Zealand Helen Clark, and the chair of the WACD, former President of Nigeria Olusegun Obasanjo. They were joined by ESACD commissioners former President of Mozambique Joaquim Chissano, former President of Mauritius Cassam Uteem and Professor of Clinical Epidemiology Quarraisha Abdool Karim. The event was co-hosted by the European Union, through the ENACT project, and the Global Initiative Against Transnational Organized Crime, which serves as the secretariat of the commission.

To begin the regional consultations, the launch discussions centred on four key aspects of the drug challenge: illicit drug markets and responses in the region; health impacts, with a focus on infectious disease transmission and improving access to medicines in Africa; the impact of drug policies on the youth; and the role of civil society in developing evidence-based drug policy. The following report summarizes the discussions that took place at the ESACD launch and outlines the main themes that emerged, as well as the points of consensus and areas for further discussion. The meeting was held under the Chatham House Rule, with the comments made not attributed to individual speakers.

TAKING STOCK: AN OVERVIEW OF ILLICIT DRUG MARKETS AND DRUG POLICY RESPONSES IN EASTERN AND SOUTHERN AFRICA

During the first session of the inaugural ESACD meeting, experts from academia and civil society outlined the landscape of drug markets and drug policy in Eastern and Southern Africa. This discussion provided an important baseline for the commission to begin its work.

The session started with an acknowledgement that illicit drug markets in Eastern and Southern Africa are both growing and diversifying. While it is understood that heroin and methamphetamine are trafficked into and through the region, there is also a need to take note of the rising prominence of the region's heroin market and the increase in methamphetamine use, especially in Southern Africa and the Indian Ocean island states. At the same time, there is evidence to suggest that cocaine trafficking is on the rise in Southern Africa, and other drug types, such as synthetic cannabinoids, are growing in prevalence. However, it was also recognized that some important elements of these markets remain the same – for example, cannabis is still believed to be the most widely consumed substance in Eastern and Southern Africa and remains illegal and heavily criminalized throughout most of the region.

The availability of drugs in the region has grown alongside an increase in the purity of the substances. However, the existing estimates of the scale of regional drug markets are likely to be significant underestimates. Notably, there has been a growth in online drug markets, including with the increased use of social media platforms as online marketplaces. Drug markets have also grown and diversified in the face of movement restrictions related to the COVID-19 pandemic.

This session highlighted the fact that drug markets are not isolated phenomena. Rather, they are linked to other forms of organized crime, including human trafficking, illicit firearms trade, flora and fauna crimes, and extortion and protection racketeering. These criminal markets drive corruption in law enforcement agencies and other areas of government. There is the additional issue of pathways into drug abuse from legitimate sources (such as medical professionals), which has led to the abuse of certain regulated drugs and medicines, such as opioid analgesics, becoming a developing risk in the region.

Policy responses: The session concluded that there is a need to rethink how drug-related issues are addressed. Responses should take into account the networked system of the drug trade, its knock-on effects, such as corruption, and the impacts on society. Currently, the drug response is dominated by a singular perspective of law enforcement confronting low level actors, including harsh measures against people who use drugs (PWUD). The consensus was that this strategy does not provide a nuanced approach that effectively uses law enforcement and intelligence capabilities and, moreover, that it does not address societal harms. Instead, it in fact creates many additional social harms. For example, criminalization and stigma around drug use limits the development of health responses that could have positive outcomes for individuals and communities. In many parts of the region, interacting with and assisting PWUD is viewed through a political, criminal lens rather than a health lens.

Some of the conference participants noted that in certain countries law enforcement actors focus their resources on singling out PWUD for drug possession or use, instead of targeting those responsible for the high-level organized crime and violence that sustains the drug market. It was also noted that people in the proximity of PWUD, including health workers and civil society actors providing support, are also sometimes arrested in these crackdowns. Often this approach is driven by incentives for police officers to, for example, maximize the number of arrests they carry out. More useful measures such as health interventions are scattered thinly in terms of their availability in the region. Reorienting law enforcement activity away from targeting PWUD for drug use and possession offers governments the chance to save resources currently spent on activities that do little to fundamentally disrupt drug markets and instead impose harms on vulnerable members of society.

There have been some isolated moves towards reform in the region, however. For example, some countries have enacted laws decriminalizing cannabis possession and use, and in the case of South Africa, this has placed possible legalization of the drug on the horizon. The decriminalization approach is useful as it can free up policing resources to investigate more serious and violent crimes and reduce the incarceration of people charged with non-violent cannabis-related offences. Alongside decriminalization, some countries have begun instituting harm-reduction responses for PWUD, but the issue often remains highly politicized rather than health focused, and countries often struggle to achieve even minimal funding or scale.

Forming evidence-based drug policy: The state of data in Eastern and Southern Africa

Accurate, reliable, up-to-date data and research are critical for creating evidence-based drug policy. However, conference participants felt that the evidence base behind many aspects of drug policy in Eastern and Southern Africa is currently poor. For instance, there are gaps in knowledge regarding what kinds of substances are trafficked through the region and how; linkages to broader issues such as corruption; and the status of problematic drug use at the domestic level. This knowledge gap is exacerbated by an insufficient human, technical or financial resources necessary to gather such information, as well as a national political bias that marginalizes the perceived necessity of this information relative to focusing on simply enforcing prohibitionist 'zero tolerance' measures.

Many of the region's countries are unable to quantify their population of PWUD, and governments have little understanding of the growing inventory of illicit substances being used. This absence of a fundamental comprehension of the existing consumer foundation of drug markets across the region not only affects the ability of nations to develop relevant, evidence-based national drug policy, but also affects the wider understanding of drug use and markets in other sub-regional and global surveillance and analytical exercises.

For example, the UN Office on Drugs and Crime (UNODC)'s Annual Reporting Questionnaire is an international reporting mechanism that feeds into the annual World Drug Report, reporting on drug consumption, production and trafficking trends. However, the response rate to this questionnaire from Eastern and Southern Africa is habitually low, in many cases because governments do not have the data they require. For this data to be largely absent from the World Drug Report is a serious problem, affecting not only global responses to drug issues but also the work of international organizations and the aid provided to support the region's countries. National-level agencies do not always have the resources and capacity to effectively monitor changes within drug-using populations and gather information about their health needs, especially when constrained by stigma and criminalization of drug use.

In research conducted by academia and civil society organizations, fewer than 10 studies published since 2017 provided an estimate of the number of PWUD in any country in Eastern and Southern Africa. Moreover, the reliance on estimates of PWUD populations from small sample sizes and proxies can lead to a vast range of approximations, making this data unstable ground on which to base policy decisions. Expert understandings may therefore routinely underestimate the scale, diversity and regional integration of drug markets. Consequently, there is a need for supplementation with non-quantitative data for effective policy responses. Health experts need to know how drugs are being used, while law enforcement actors need to know how drug networks influence local officials and who may have been compromised by corruption.

Many of the conference participants noted that civil society and PWUD are key resources for understanding what is happening in the regional drug landscape and for gathering invaluable data, but criminalization agendas make building trust difficult and can put people directly in harm's way, with the risk of potential prison time and exposure to the state.

There are several key drug policy reforms for which the global scientific community and evidence base have overwhelming support. These include providing harm reduction services to PWUD, such as needle and syringe programmes, opioid substitution therapy, and naloxone for overdose management. The impact of these programmes is widely demonstrated as successful in reducing blood-borne diseases and overdose mortality rates and can create vast savings for government health spending. Yet, significantly, data from the eighth edition of the Global State of Harm

Reduction report indicates that only seven countries in Eastern and Southern Africa currently offer needle and syringe programmes and opioid substitution therapy.[1] Two countries (Kenya and South Africa) have at least one naloxone peer-to-peer distribution programme. In fact, many of the countries in the region offer none of these key interventions at all and not one reported having drug consumption rooms.

Therefore, although creating a more robust, consistent and detailed evidence base around drug markets in Eastern and Southern Africa is a vital goal, governments could build up interventions that are already known to be effective and make a vast difference to the lives of PWUD in the region.

HEALTH CONSIDERATIONS FOR PWUD AND IMPROVING ACCESS TO MEDICINES IN EASTERN AND SOUTHERN AFRICA

This next panel concentrated on health issues relating to drug use, including both lack of access to medicine for pain relief and palliative care, and the current state of treatment of PWUD.

Access to medicines: Palliative care is medical care focused on pain relief and improving quality of life for people living with serious illnesses. It can occur either alongside treatment or when treatment is not an option. In this way, it is broader than end-of-life care, but with a similar aim: to relieve patient suffering. In Eastern and Southern Africa, available palliative care services are limited and there is a lack of infrastructure for their provision. Access to medicines is a key part of this care, yet there are even examples of hospitals in the region running out of essential supplies of morphine and tramadol. Available global data suggests that 80% of people in need of palliative care reside in low- or middle-income countries where the availability of crucial pain-relief medicines is more likely to be constrained. For instance, access to morphine and tramadol is limited in some countries in Eastern and Southern Africa, including in Tanzania and Kenya, which poses significant challenges for health professionals and drives unnecessary suffering for patients.

Key medicines associated with pain relief are strictly regulated. However, this strict regulation is not accompanied by requisite medical and regulatory infrastructure to deliver needed provisions, thereby resulting in a different crisis in which access to medicines in palliative care and pain relief is severely limited. This is also compounded by a lack of capacity in the field, knowledge on pain-relief options and availability of these substances for distribution. Lower-income countries are particularly affected by this crisis. In other parts of the world, there is a risk that pathways into drug abuse can form from legal but controlled substances such as tramadol. However, current access to these medicines is so low in Eastern and Southern Africa that improving the availability of these medicines should be the priority, with care taken to train and educate healthcare workers on related risks of abuse. A number of existing frameworks were mentioned as useful for advancing discussions on improving access to palliative care medicines, including the Kampala Declaration

[1] Harm Reduction International, The global state of harm reduction, 2022, https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022.

from the 7th African Palliative Care Conference in August 2022, the outcome document of the 2016 UN General Assembly Special Session on Drugs (UNGASS) and the model drug law for West Africa.

Health of people who use drugs: PWUD come from all levels of society and the majority do not experience problematic drug use. However, the focus in this panel was on populations at increased risk of disease and harm from drug use. Here, people who inject drugs (PWID) are a population of concern. PWID in Eastern and Southern Africa, as in many other regions, experience greater risks for certain diseases, specifically HIV, TB and Hepatitis C. For example, while the prevalence of Hepatitis C is low in the general population, it is often found to be high among PWID. The lack of harm reduction interventions, such as the distribution of safe injecting equipment, and the stigmatization that forces PWID into unsafe spaces on the margins of society and away from health services, compounds the risk of disease exposure. Unfortunately, health professionals are not exempt from stigmatizing PWUD, and this needs to be addressed in efforts to improve support and health services.

At the same time, services and treatments for PWUD are highly politicized and an apolitical health-based discourse is lacking among policymakers, primarily legislators and politicians. Conference participants noted that support for drug-related health responses ebb and flow with the political temperament of the moment, revealing a clear need to redirect discussions away from political agendas towards evidence-based discussions.

Reorienting the drug policy discussion: The role of PWUD and their inclusion in research and policymaking

A common refrain across the discussions at the inaugural ESACD meeting involved the need to include PWUD in all aspects of drug policy development and research. This important sentiment is captured in the commonly heard drug policy reform maxim 'Nothing about us without us', which civil society groups across the world have rallied around to advocate for greater inclusion of PWUD in drug policy forums.

In conducting research, reliance on formal data sources, such as police seizures, can give a distorted picture of where drug flows are. PWUD often have unique and significant insights on drug markets and the consequences of drug policy. Research that works with PWUD to gather information on drug pricing, drug purity and trafficking flows, for example, can often be more successful in creating a detailed picture of current drug market dynamics. The work carried out by the South African Network of People Who Use Drugs (SANPUD) is an example of such research.

In policymaking, PWUD can also help identify where there are gaps in service provision, draw attention to abuses by the state and assist in designing more effective interventions. However, PWUD are often excluded from these spaces due to stigmatization and discrimination. Stereotypes around PWUD present them within a picture of homelessness, poverty, marginalization and criminality, which prevents policymakers from engaging with them as they would any other constituency with particular health needs. Key populations within the broader group of PWUD – including the youth, LGBTQ+, women, PWID and those in the prison system – are even more excluded.

While civil society can play a role in connecting policymakers with PWUD and thus bridging this gap, the ESACD provides a unique platform for placing PWUD at the heart of policymaking.

THE IMPACT OF DRUG POLICY ON YOUTH IN EASTERN AND SOUTHERN AFRICA

Africa has a large youth demographic, with over 60% of its population being under the age of 35. It was therefore important that a discussion be dedicated to the effects of the drug trade on people under the age of 18. Children are known to be both involved in the drug trade and to be users of illicit substances. Children in Eastern and Southern Africa are at risk of being recruited into drug trafficking – in Kenya, for example, it was highlighted that there has been an increase in young girls being recruited into drug trafficking networks. Young PWUD can also develop problematic drug use and require specific responses. Drug use in young people is more likely to lead to longer-term dependence and increased health harms. Yet the three major international drug control treaties – namely, the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 – have traditionally been silent on drug issues relating to children and young people. A paradigm shift came in the 2016 UNGASS outcome document, which finally included youth as a vulnerable group. The African Union Plan of Action on Drug Control and Crime Prevention (2019–2023) recognized this outcome document and its pillars as foundational. The plan therefore includes provisions on the education of youth to provide them with livelihood opportunities and sets specific indicators for its member states with regard to youth education and drug-use prevention strategies.

Conference participants highlighted the need for tailored programming to support children involved in drug markets. Several recommendations were made on how to approach working with children when trying to help them transition out of involvement in drug markets. It was noted, for example, that interventions, including alternative skills training, should be tailored to the interests of young people, taking advantage of approaches like art and drama programmes. Another priority in designing programming for young people in transitional situations is that it should help them build a sense of community, as this is of the main reasons why young people join gangs.

The challenges facing young PWUD in Eastern and Southern Africa are immense. In accessing harm-reduction services, for instance, children often encounter additional barriers to those faced by adults, even though refusal of treatment means a denial of their fundamental human rights. For example, drug guidelines and ethical constraints limit opioid substitution therapy for children under the age of 18. At the same time, there is a specific lack of drug-related research concerning youth and drug markets, as where data is collected, the youth population is often not disaggregated from the overall data or sometimes not included at all. Advocacy work is increasingly motivating for including young people in drug policymaking decisions in a meaningful way.

CHALLENGES FACED BY CIVIL SOCIETY AND GOVERNMENTS IN DRUG POLICY REFORM

Experts from Eastern and Southern Africa delivered presentations on how civil society has been engaging with government and state agencies to advocate for change in drug policy. This is despite the risks that civil society organizations face in some countries in the region, for example, Kenya and Mozambique. There has also been a rise in the repression of NGOs engaged in providing support to drug users, with members arrested or resources and research confiscated.

Of pivotal importance to drug policy reform is the issue of ensuring that there is sufficient funding for the sustainability of initiatives such as harm-reduction programmes and substantial interventions. Relying on international funding can put constraints on the activities of civil society organizations, as funding guidelines may, for example, prohibit the provision of certain harm-reduction services for particular groups. While there is a need to provide harm-reduction services to youth and children, presently there are guidelines and ethical constraints that limit opioid substitution therapy for children under the age of 18, denying them the right to be assisted through these services. It is also essential that policymakers include designated provisions addressing children in by-laws and legislation.

Several other issues concern drug markets and data collection. For example, central government drug authorities and civil society groups struggle with a lack of capacity to collect data on drug trafficking and use. At the same time, drug research data is not always being effectively included in policy formation – for example, such information generated by civil society is not often used by governments in policymaking. While research and findings need to be made accessible to policymakers, there should also be greater opportunities for civil society to interact with governments and policymakers. Meanwhile, communication lines should be kept open to civil society youth groups, who may not have the economic or political capital needed to engage in policymaking discussions.

However, any interventions will need to keep in mind some of the restrictions that governments and civil society face when drafting new initiatives. It is challenging, for example, to make policy reform sustainable and to encourage local ownership of reform initiatives by national and local governments when foreign investment is prioritized. It is also difficult to critique government approaches (for example, on sensitive issues like corruption relating to drug markets) and to promote accountability while keeping lines of discussion open.

WHAT THE ESACD CAN LEARN FROM THE WEST AFRICA COMMISSION ON DRUGS

The WACD, after which the ESACD is modelled, provides some useful lessons for the ESACD as a new regional commission. Like the ESACD, the WACD, following in the footsteps of the Global Commission on Drug Policy, was established to raise awareness of the silent crisis of regional endemic drug use, trafficking and ineffective policies. The

WACD was intended to mobilize awareness around drug issues within the region as well as to garner the political will and support necessary to adequately respond to these issues.

Some of the challenges identified by the commission as it operated included the lack of reliable data and limited resources dedicated to creating an evidence base that would inform drug policy in the region; the lack of a communication channels with civil society on drug issues, which is necessary for a well-informed response; and the influence of political issues and volatile political realities in the region on harm-reduction policies.

The WACD has also had to deal with the regional perception that drug use and drug transit routes are Western issues, which is based on the belief that these routes only supply European consumer markets. The trafficking of drugs into and through the West African region needed to be reframed as a West African issue, as did issues of local drug consumption and the unaddressed harms of regional illicit drug markets. Similarly, in Eastern and Southern Africa, the idea that illegal drugs are a problem for the region only in so far as trafficking is concerned needs to be called into question, with regional drug consumption and drug markets highlighted.

THE COMMISSION

The ESACD currently comprises six commissioners:

- H.E Kgalema Motlanthe, former President of South Africa, member of the Global Commission on Drug Policy. He serves as Chair of the ESACD.

- H.E Cassam Uteem, former President of Mauritius, member of the Global Commission on Drug Policy

- H.E Joaquim Chissano, former President of Mozambique

- H.E James Alix Michel, former President of Seychelles

- Professor Quarraisha Abdool Karim, Associate Scientific Director, CAPRISA, and Professor in Clinical Epidemiology, Columbia University

- Hon. Dr Willy Mutunga, former Chief Justice and President of the Supreme Court of Kenya

GLOBAL COMMISSION ON DRUG POLICY

GLOBAL INITIATIVE AGAINST TRANSNATIONAL ORGANIZED CRIME

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