

Drug Policy and the Sustainable Development Goals (SDGs): Africa cannot achieve the SDG targets without reforming drug policies

Maria-Goretti Ane-Loglo¹ & Charity Monareng²

SUSTAINABLE DEVELOPMENT GOALS



Introduction

In 2015, the member states of the United Nations adopted the 2030 Agenda for Sustainable Development, which provides a shared proposal for peace and prosperity for people and the world at large. At the centre are 17 Sustainable Development Goals (SDGs) calling for urgent action by all countries in a global co-operation.³ The governments of the world recognised that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, protect the planet, and spur economic growth.

With less than a decade remaining until the 2030 target date, it is imperative to take stock of how far Africa

has come towards achieving the SDGs and what still needs to be done. Yet very little attention is being paid to drug policy reform in Africa, which is of particular importance considering how global drug control is a cross-cutting development issue that impacts and impedes many of the SDGs. Member states should at the very least be reporting on SDG Target 3.5 and its indicators⁴ which are directly related to drug use and treatment. However, over the past five years, African governments have failed to include any indicators or targets related to drugs in their reports.

This paper comprises three parts. Part 1 demonstrates how drug policy reform is a sustainable development issue. Part 2 then provides the results from a desk review of African country statements at the High-level

Political Forums on Sustainable Development (HLPF) in New York:⁵ on 7-16 July 2020, and 6-15 July 2021. Finally, Part 3 contrasts the failure of governments to mention drugs in these statements, against what is really happening at the national level, based on a rapid review by the IDPC network in the region.

Part 1: How does the 'war on drugs' impede the sustainable development goals in Africa?

According to the United Nations Development Programme (UNDP), illegal drug markets and efforts to address them cut across almost every SDG, and impact upon the overarching commitment to 'leave no one behind'.⁶ Repressive drug policy contributes to perpetuating poverty, with hefty fines and lengthy periods of imprisonment that disproportionately impact vulnerable populations. In many cases where the breadwinner is imprisoned, entire families are impoverished as well. Below, we explore how drug policies impact on selected SDGs in Africa – building on similar analyses at the global level.⁷

The achievement of the SDGs has been a core objective of the African Union Plan of Action on Drug Control and crime Prevention (2019-2023). It emphasises the need for member states to promote the implementation of the development imperatives outlined in the SDGs for 2030 under its objective G2.⁸ This key objective buttresses the point that the SDGs play a critical role in the Africa Union Plan of Action adopted by all states in Cairo.

Likewise, the ECOWAS Drug Action Plan to Address Illicit Drug Trafficking, Organised Crime and Drug Abuse in West Africa⁹ also acknowledges the role of the SDGs in achieving drug control efforts in West Africa. Under outcome number 4 of the Plan of Action, it calls on member states to address the drug situation bearing in mind the central role that the SDGs play in drug demand reduction, dependence treatment, and on increasing the availability and access of controlled substances for medical and scientific purposes.

SDG 1: End poverty in all its forms everywhere

In the absence of viable licit livelihood opportunities, many small-scale African farmers have resorted to growing crops that have been deemed illegal – such as cannabis – as a strategy to mitigate food and income insecurity.¹⁰ In South Africa, for example, cannabis production among small-scale farmers has provided some level of food security due to it being low-maintenance and easily transportable to a

significant, sustained, and profitable market. In addition, there are millions of people that depend on the income from cannabis. In Pondoland (one of South Africa's least economically developed regions), cannabis is one of the only viable cash crops.¹¹ This contradicts the common misconceptions that involvement in the illegal drug market is driven by greed and wealth, whereas most people's reality is poverty and survival. At the same time, in September 2018, South Africa's Constitutional court ruled that 'the use, possession and cultivation' of cannabis in 'private dwellings' was no longer illegal.¹²

“ This contradicts the common misconceptions that involvement in the illegal drug market is driven by greed and wealth, whereas most people's reality is poverty and survival. ”

By contrast, in Kenya the fines and levels of imprisonment for possession of drugs are devastating for the lives of affected people and include ten years' imprisonment for possession of cannabis for personal use and 20 years for supply offences.¹³ For other illegal drugs, the sentence for possession is 20 years for personal use, and otherwise life imprisonment and a minimum fine of 1 million shillings. This amount represents over two year's salary for three-quarters of Kenya's workforce. Drug control laws have served as a means of justifying disproportionate surveillance and incarceration targeting the poor – and a newly proposed Narcotic Drugs and Psychotropic Substances Control Amendment Bill 2020¹⁴ would entail a fivefold increase in fines and even lengthier prison sentences. Current statistics indicate that more than half of the people who use drugs in Kenya are aged 10-19 years. These penalties bring severe impacts to young people's careers and life chances.¹⁵

SDG 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Many governments in Africa have resorted to crop eradication through aerial spraying or burning fields. These actions exacerbate food insecurity for whole communities by destroying a means of livelihood for farmers involved in illegal crop cultivation, contamination of water supplies and soil, and the destruction of nearby food crops during these eradication efforts. In addition, law enforcement agencies destroy livestock and foods because they are close to, or grown together with, the targeted plants. In the absence of viable alternatives or protections, farmers are often left with debt and struggle to feed their families. African

governments need to reform these approaches and put an end to forced crop eradication campaigns which directly contradict the SDGs.

In some parts of Ghana, for example, the burning of cannabis crops by officials has been rampant, and farmers have complained about land degradation due to the loss of vegetation and bushes, as well as the destruction of food crops, creating famine and income loss for many families who rely on them for sustainability. In February 2020, a team of military and police personnel invaded communities in the Bono district of the Brong Ahafo region, one of Ghana's prominent cannabis cultivation sites, to scout for cannabis farms. Media reported that large farms were located and destroyed, and several farming implements were seized.¹⁶ Similar stories¹⁷ can be found across Africa, and farmers in such communities have been harassed and tormented as governments continue to deepen the 'war on drugs'.

Crop eradication using poisonous substances have also left water bodies polluted, creating health complications to communities, especially for women and children. In South Africa and other parts of Africa, the most common herbicide being used for crop eradication is glyphosate, and has become the world's top-selling herbicide.¹⁸ It works by 'inhibiting the production of essential amino acids, killing any plant not genetically modified to withstand its effects'.¹⁹ Experiences from outside of Africa include reports of human poisoning as a result of widespread aerial spraying, leading to birth defects among babies born to mothers who have been exposed to such chemicals while pregnant.²⁰ Crop eradication mechanisms are also associated with the destruction of terrestrial ecosystems and forests, severe desertification, and biodiversity loss.²¹ Similarly, farmers in the Eastern Cape have seen the herbicide destroying maize crops and making them and their livestock sick. The use of glyphosate is banned in many parts of the world, with growing calls for it to be banned globally.²²

SDG 3: Ensure healthy lives and promote wellbeing for all ages

The three United Nations conventions that underpin the international drug control system all open with a specific commitment and ambition to improve humankind's health and welfare. States can only achieve these objectives by ensuring that people who use the drug are not discriminated against, stigmatised, or denied access to lifesaving health services, such as harm reduction programmes. African governments must therefore make conscious efforts not to leave anyone behind if they are to achieve universal health coverage, the 2030 goals, and an AIDS-free Africa.

Current drug policies in the region create severe penalties and impediments. Most countries in the region still criminalise drug use and possession for personal use, which leads to health and social harms (such as HIV, hepatitis and overdose), human rights violations, and the overcrowding of prisons with minor, non-violent offenders. At the same time, evidence-based services to manage and reduce these harms are unavailable for most people who use drugs in Africa. Even where harm reduction policies are implemented, people who use drugs may fear legal sanctions for seeking support. For example, people who use drugs reported increased reluctance to seek healthcare following Nigeria's intensive punitive drug control efforts.²³

Until the availability of evidence-based, low-threshold harm reduction services is continent-wide, until African drug policy steps away from repression, the continent cannot reach Sustainable Development Goal 3.

SDG 5: Achieve gender equality and empower all women and girls

Globally, women are the fastest-growing prison population.²⁴ In various regions of the world, this is driven by repressive drug laws targeting women involved in first-time, minor and non-violent drug-related offences. In many communities, poor and marginalised women often bear the brunt of harsh repressive drug laws.²⁵ In the context of Africa, women who use drugs are more stigmatised than their male counterparts as the prevailing cultural norms see such women as contravening their 'expected' gender roles. As a result, the discrimination, stigma, abuse and vulnerability faced by many women who use drugs is greater.²⁶ When it comes to the provision of drug treatment or other services, women's specific needs should also be factored in. For example, women who are primary caregivers will need support with childcare in order to tend to their own health needs. Unfortunately, gender-sensitive harm reduction and treatment services for women who use drugs are the exception, rather than the norm.

In 2016, all African governments agreed to the Outcome Document from the UN General Assembly Special Session (UNGASS) on Drugs – which highlights the importance of incorporating women's specific needs in crafting drug policies and responses.²⁷ The Outcome Document also commits member states to ensure that women are involved or integrated into formulating drug policies to eliminate all forms of discrimination and barriers.²⁸ The Document also restates the need for policies that protect the liberty and health of women, in line with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures (The Bangkok Rules).²⁹

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

At the 70th Session of the UN General Assembly, the Government of Kenya emphasised that countries need to promote peaceful and inclusive societies for sustainable development.³⁰ Yet, across Africa and beyond, the ‘war on drugs’ is a colonial legacy that has resulted in drug law enforcement practices that undermine, rather than promote, peace.³¹ For example, in South Africa a specialised unit of the police has been established to embark on military-style efforts in ‘sweeping’ communities that are gang-ridden. These operations (such as Operation Fiela/Reclaim³²) have fuelled violence, as gangs mobilise in retaliation against the police.

Part 2: African country statements at the UN High Level Political Forum (HLPF)

To encourage UN member states to conduct frequent, inclusive national-level reviews of progress towards the achievement of the 2030 Agenda for Sustainable Development, countries are required to make annual reviews and present these to fellow governments at the HLPF, and these reviews are supposed to be led and driven by the countries themselves with the involvement of multiple stakeholders. These reviews and government statements are therefore a way of facilitating the sharing of experiences, successes, challenges, and lessons to help accelerate the implementation of the 2030 Agenda.

For the duration of the 2020 and 2021 HLPFs in New York, the authors monitored and reviewed the statements from African governments³³ –with the specific aim of assessing whether, and to which extent, these statements cover the drug policy issues that remain critical to the SDGs, as outlined in Part 1.



We observed that there has been no specific mention of drug policy and/or reforms within country statements across the region.



We observed that there has been no specific mention of drug policy and/or reforms within country statements across the region. This indicates the low priority assigned to the cultivation, supply and use of illegal drugs, as well as to drug policies, in the context of African countries’ development efforts. This observation is not too surprising as many countries in the region have resorted to repressive policies in addressing the drug

situation rather than channelling resources in providing sound health-based policies for those who need them. Many governments in the region still believe that deterrence will create a ‘society free of drugs’, even though evidence has shown that it does not, and will not, work – and will only exacerbate the situation.

However, one recurring principle for the past six years has been ‘leave no one behind’. Time and time again, this issue has come up in government statements – echoing central language and commitments from the SDGs themselves. On the surface, this appears to represent an unequivocal commitment to eliminate poverty in all forms and for all people. ‘**Leaving no one behind**’ does not only mean reaching the poorest in our society, but requires fighting discrimination and rising inequalities within and amongst countries – starting with those groups and communities who have been persistently subjected to stigma, marginalisation and discrimination – which unquestionably includes people who use drugs across Africa, as well as other excluded communities such as illegal crop farmers.

For African nations, this principle is further grounded in the African Charter of Human and People’s Rights (ACHPR),³⁴ as well as the Charter of the United Nations, international human rights law and national legal and human rights systems. However, none of the African country HLPF statements analysed in the past two years have made explicit reference to drug use and communities of people who use drugs, small-scale farmers, small-scale dealers who trade in drugs to support their own drug use as groups left behind, nor to resources and policies to ensure these groups can access the services they might need. The repeated commitments to ‘leaving no one behind’ therefore run the risk of being empty rhetoric and mantra. People who use drugs face significant barriers in accessing services, resources and equal opportunities – as a direct consequence of discriminatory policies, laws, and social, religious and cultural practices that leave them further behind.

Operationalising the noble commitment to ‘**leave no one behind**’ will require that people who use drugs are given greater priority and focus by African governments. This then needs to reinforce a comprehensive approach to address the root causes, monitor and measure progress, and ensure the active and meaningful participation of all stakeholders in all policy, planning and programming that affect them. For civil society and other advocates across Africa, we must engage with our governments to raise these issues and strive for their inclusion in future HLPF statements and reports and, by extension, national responses and commitments.

Box 1 African country statements

‘By committing to the second ENV [*Examen National Volontaire*, ‘Voluntary National Review’ in English], the country’s High Authorities have demonstrated their willingness to work with all stakeholders on the 16 SDGs contextualized to respect the principle of “**leave no one behind**” in order to build a just world and lasting peace’ – **Chad**³⁵

‘Benin has made the principle of **leaving no one behind** of the SDGs, a cardinal principle in the design and implementation of public policies’ – **Benin**³⁶

‘Our commitment to the implementation of the SDGs and the principle of **leaving no one behind**, cannot be over-emphasised, recently during the United Nations Public Service Awards, under the category on “reaching the poorest and most vulnerable through inclusive services and participation” Ghanzi District Council, under my Ministry scooped position 2 for innovation and excellence in public services supporting the implementation of the 2030 Agenda for Sustainable Development’ – **Botswana**³⁷

To accelerate the achievement of the SDGs and to reinforce the concept of “**Leaving no One Behind**”, **Egypt** was successful in cutting poverty which has been rising for almost 20 years with the help of better targeted social protection programs’ – **Egypt**³⁸

‘**Leave no one behind** Significant disparities in income, access to basic services and decision-making exist across the country. Those at risk of being left behind include vulnerable women and children, unemployed youth, PWDs, the aged, rural populations, those in precarious employment, and people in hard to reach areas. Efforts to reach those furthest behind include expanding coverage of the social protection system; improving infrastructure, increasing productivity in the agricultural sector; promoting youth development; and pursuing vigorously, a decent work agenda’ – **Ghana**³⁹

‘To empower the vulnerable, policies and strategies focusing on education, health, employment, social protection, financial inclusion, gender, agricultural productivity, special funds for youth, women and persons with disabilities are in place. **Regional disparities are addressed through targeted funds from national government to regions being left behind**’ – **Kenya**⁴⁰

‘As per the philosophy, “**Leaving No One Behind**”, the Social Cohesion and Reconciliation Index will be a key measurement. To monitor impact in the remotest areas, statistical systems will be ramped up to capture citizens’ feedback. To measure inclu-

sion and inequality, the HDI will be used. Subnational disaggregation on access to health, education, and opportunities to make a decent living will be measured through the Multidimensional Poverty Index. Surveys, censuses, sector assessments, and project evaluations conducted with development partners, will be used to generate evidence of outcomes and impact across various regions of the country’ – **Liberia**⁴¹

‘**Leaving no one behind: Malawi** implements the Agenda 2030 through promoting human rights standards in a manner consistent with its commitments under international law. Malawi ensures protection and fulfilment of rights of everyone in its jurisdiction, with a focus on the most vulnerable’ – **Malawi**⁴²

‘In order **not to leave anyone behind, Mozambique** continues to reinforce the provision of basic social services for more than 22% (608 thousand families) of the most vulnerable population living below the poverty line; create more jobs for young people (2 million in 2019). Furthermore, women’s empowerment and gender equality has continued, including the strengthening of women’s participation in decision making bodies’ – **Mozambique**⁴³

‘**Principle of leaving no one behind:** Efforts to popularize the SDGs and implement social protection policies and territorial equity programs have made it possible to take into account those left stranded. However, extension efforts should be increased, and the unified national register should be strengthened in order to take care of the specific needs of vulnerable people’ – **Senegal**⁴⁴

‘In the spirit of **Leaving no One Behind (LNOB)**, Namibia passed the Social Protection Policy in 2021, progress has also been made in addressing risks and vulnerabilities that people face throughout their life cycles, through social assistance programs targeting the poor and vulnerable. In response to the Covid 19 pandemic, the country implemented three new non-contributory programs in the areas of housing/basic services, economic stimulus and relief package, and special allowance/grant targeting the poor and vulnerable population’ – **Namibia**⁴⁵

‘Several initiatives have been taken by Niger for the past two years for those who need health services for another disease... to seek treatment. The main barrier to accessing health services when needed is lack of resources in the spirit of **leaving no one behind**’ – **Niger**⁴⁶

‘The justice sector has accelerated strides in promoting access to justice for the underprivileged. With the establishment of the Legal Aid Board in 2015, those benefiting from free legal representation, advice and related services reached a total of 413,169 people in 2020 (including persons in pre-trial detention and prisons); recording a 93 percent increase from 2018. Interventions covered child and women rights issues, and criminal cases including domestic violence, rape, and juvenile offences; rural communities provided with special attention. To reinforce this, the number of Magistrates and Judges have increased from 63 in 2019 to 77 across the country’ – **Sierra Leone**⁴⁷

‘Progress has been recorded in reducing all forms of violence and related deaths. This has been achieved through: awareness raising campaigns on exploitation, trafficking and all forms of violence against vulnerable groups; enhancing law enforcement visibility in crime hotspot areas and establishment of crime prevention and peace committees. Alignment of laws to the Constitution, im-

proved inclusive access to justice and creation of new laws that promote human rights further entrenched the rule of law. Improved coordination and collaboration with multi stakeholders, justice sector members, civil society and the community has reduced fragmentation and parallel processes. Progress has been made towards universal health coverage through sustained investment in public health infrastructure, equipment, capacitation of human resources for health, procurement and distribution of medicines and sundries as well as development, review of health related legal and policy frameworks. This resulted in reduced maternal mortality ratio, reduced under five mortalities, and the general decline in HIV prevalence’ – **Zimbabwe**⁴⁸

‘Investment in health for all, the aim is to develop human capital, to accelerate economic growth and reduce inequality and poverty. Cabo Verde aspire to be a country without gender discrimination, by promoting economic opportunities for women and girls’ – **Cabo Verde**⁴⁹

Part 3: Realities on the ground

The authors consulted with the IDPC membership across Africa, comprising civil society partners in over 20 countries,⁵⁰ to collate some of the key developments currently taking place in each sub-region. The section below is therefore not a comprehensive, exhaustive account of all contexts – but rather it serves as an indication of some of the progress and direction of travel in Africa’s ongoing drug policy reform journey, and some of the efforts to ensure that the agenda 2030 is achieved.

East Africa

Traditionally, East African countries have followed punitive drug policies and criminalised drug use. There is limited access to healthcare services for people who inject drugs. Many policy makers in this region are yet to understand the shift toward public health approaches; a shift that encourages people who use drugs to access healthcare to prevent and reduce the risk of HIV and hepatitis C infection, and other harms.⁵¹ In 2019 the East Africa Community developed a Regional Policy on Prevention, Management and Control of Alcohol, Drugs and Other Substances⁵² which explicitly mentioned the provision of harm reduction services as a policy objective in addressing drug use.

Some countries, such as **Mauritius**, **Tanzania** and **Seychelles**, have made provision for harm reduction policies to support healthcare services for people

who inject drugs, but East African governments have largely remained wedded to a criminal justice approach. For example, in **Kenya** and **Tanzania** the legal and policy environment continues to criminalise the possession of needles and syringes. Law enforcement practices pose obstacles for people who inject drugs to access services including outreach and methadone services, due to stigmatisation and the fear of arrest and harassment. A lack of data collection and statistical information has made it difficult to convince policy makers to allocate budget to facilitate healthcare access to prevent and treat drug use-related infections. Unsafe injecting drug use is something that most high-level policy makers in the region see entirely as criminal and have limited knowledge about.⁵³ There is need for pragmatic steps to be taken to address these challenges, or the dream of having a universal health coverage for all and with the SDGs spirit of ‘Leave No One behind’ will not be realised with this key population, which continues to suffer neglect, criminalisation and lack of access to health services.

Seychelles’ respondent driven survey undertaken in 2011 established that the prevalence of HIV, hepatitis C and other Sexually Transmitted Infections (STIs) in people who inject drugs was approximately 3.8%. In 2016, the government of Seychelles amended the Misuse of Drugs Act 1990 that shifted from a punitive approach on drug offences to a more humane drug policy that supports harm reduction services, such as education and rehabilitation for people who use drugs

in government facilities in all the islands. The amendment of the legislation resulted in the release of more than 150 prisoners charged for drug offences.⁵⁴

In **Kenya**, a current assessment of performance against the SDGs indicates a lack of progress in eradicating extreme poverty and tackling HIV/AIDS. A disproportionate number of Kenya's HIV infections are among people from vulnerable groups such as people who use drugs.⁵⁵ According to a recent report by the Kenyan National Commission on Human Rights, the enforcement of drug laws limits the uptake of harm reduction services by persons who use drugs for fear of incarceration.⁵⁶ Kenya's performance with SDGs indicates progress in accessing education and improved gender equality. Despite achievements in recent decades, Kenya continues to have concerning levels of new HIV infections, especially among people who inject drugs.

Mauritius endorsed harm reduction policies such as needle and syringe programmes (NSP) and opioid agonist treatment (OAT) as the primary prevention interventions for HIV and hepatitis C prevention since 2006. In 2012, it was estimated that over 50% of people who inject drugs had accessed OAT and around 50% had accessed NSPs. However, the Dangerous Drugs Act 2000 criminalises drug use and people who use drugs. Mauritius is identified as one of the countries with very high HIV prevalence among people who inject drugs. In 2011, it was estimated that 51.6% out of 10,000 people who inject drugs had HIV infection. Mauritius is now moving towards the Portuguese model of decriminalisation, which could see Mauritius as the first African country to successfully decriminalise all drug use.⁵⁷ (in 2018 the South African Constitutional court decriminalised the cultivation of small quantities of cannabis for personal use). The Mauritian Government is also discussing the use of medical cannabis for some specific medical conditions, following the report of the Commission of Inquiry on Drugs.⁵⁸ A technical committee has been set up, headed by the Executive Director of the Mauritius Research and Innovation Council. The public has been invited to submit proposals,⁵⁹ and a report regarding this move will be published shortly.⁶⁰ The Government has also recently approved trials of industrial hemp production in the country.⁶¹

Tanzania put in place healthcare policies to support harm reduction services, such as NSP in 2010 and OAT in 2011 respectively. However, recent arrests of people who use drugs, and threats by government to de-register harm reduction services is limiting access and distribution of these essential services.⁶²

Even though efforts are being made to prioritise human rights, the incarceration of minor drug offenders

continues to put pressure on criminal justice systems, as already under-resourced systems are spending money on minor offenders instead of focusing on violent criminals. This has become a significant barrier to the achievement of **SDG 16** on 'peaceful and inclusive societies for sustainable development, access to justice for all and effective, accountable and inclusive institutions at all levels'.⁶³

North Africa

North African countries take a very strong stand against drug use because Islam states that illegal drugs are *haram*, meaning that using them is prohibited. However, North Africa countries' principal sources for contemporary policy, the Qu'ran or the Sunnah (the Prophet's sayings), allow for the implementation of harm reduction programmes and services to preserve human dignity and protect physical and mental health.⁶⁴ Morocco, for example, has followed this interpretation of the sacred books regarding drug use and ensuring access to drug services.

Despite evidence of the social and health impacts of substance use within the region, harm reduction services are limited, with most services only offered by civil society organisations with little to no engagement from governments. **Morocco** remains one of the only countries in the sub-region to offer both NSP and OAT, with **Egypt**, **Algeria** and **Tunisia** only offering the former.⁶⁵ The limited effort from governments to implement life-saving services and to reform punitive drug policies, remains a severe obstacle to the achievement of the sustainable development goals.⁶⁶

As one of the more progressive states in the region with regards to drug policy, and in an effort to 'take advantage of growing legal market and to improve farmers' incomes', the Moroccan government approved on the 11th of March 2021 a bill that authorises 'the medical, cosmetic and industrial use of cannabis'.⁶⁷ This has not come without opposition, with leaders going as far as resigning from their posts if the government went ahead with regulating these particular cannabis markets. Nonetheless, following the World Health Organisation's recognition of the medical benefits of cannabis and its removal from the most restrictive schedule under the 1961 UN Single Convention on Narcotic Drugs,⁶⁸ **Morocco** is 'now moving full stream towards legalisation'.⁶⁹

Southern Africa

The Southern African Development Community (SADC) Protocol on Combating illegal Drug Trafficking (1996) aims at 'assisting in reducing and eventually eliminating drug trafficking, money laundering

and the abuse of drugs through cooperation among enforcement agencies'.⁷⁰ Drug use and possession remain prohibited within the SADC region. However, there have been drug policy reform efforts, especially around cannabis, including decriminalisation steps in countries such as **South Africa**,⁷¹ **Malawi**,⁷² **Zambia**,⁷³ **Lesotho**⁷⁴ and **Zimbabwe**.⁷⁵ These efforts have not only sought to remove criminal penalties against people who use drugs, they have also allowed for small scale farmers to legally participate in markets.

In **Zimbabwe**, progress in attaining drug policy reform and the introduction of harm reduction has been slow due to the overriding criminalisation of drug use in the country, including for personal use and possession. The maximum penalty for drug possession is 20 years' imprisonment. Yet, within this punitive context, the country launched its first Drug Master Plan in December 2020 with a very strong leaning towards harm reduction for people who use drugs (and after engagement of local civil society).⁷⁶ The Government of Zimbabwe adopted the document in line with the African Union Plan of Action on Drug Control (AUPA) – which calls for African states to have such plans in place by 2023.⁷⁷ The government has also adopted new Treatment Guidelines for Alcohol and Substance Use in Zimbabwe. Although the two documents are still to be fully implemented, they provide hope that the government in Zimbabwe is slowly recognising the need for more humane and evidence-based drug policies and harm reduction strategies on the road to the 2030 Agenda.

In **Malawi**, the Government enacted the Cannabis Regulation Act 2020 to decriminalise the cultivation, production, processing, storage, distribution and use of the cannabis plant. This law does not authorise or promote the use of cannabis and exists within a broader context whereby national drug policies and laws continue to be repressive. As such, the Dangerous Drugs Act⁷⁸ is still in effect because it focuses on other substances. The type of cannabis classified in the DDA is not the same one that is classified in the Cannabis Regulation Act. It is the spirit of the two laws that the 'positive' strains be given an opportunity for usage and not the 'negative' strains. The cannabis that is classified in the DDA is examined at a research centre and if it is a prohibited strain, then legal proceedings begin. The Cannabis Regulation Act has no effect at this time, as licenses are not yet in force. But it represents a welcome step forward towards greater social justice, public health and development – in line with the SDGs. Nonetheless, the government needs to further commit to evidence-based drug prevention, harm reduction and drug treatment services as well as alternatives

to incarceration and arrest, and measures to ensure access to essential medicines.

In **Mozambique**, although harm reduction services are available at the national level in three cities (Maputo city and Province, Sofala and Nampula), the current law does not reflect the reality of drugs in the country and the responses that are required. The law criminalises the consumption and possession of any quantity of drugs. However, efforts are being made to review and influence the legislation – and a National Harm Reduction Strategy was recently adopted and now needs to be prioritised.⁷⁹

South Africa has made some progress towards a more humane approach to drug use, especially following the release of the National Drug Master Plan 2019-2024,⁸⁰ which explicitly highlighted the provision of harm reduction services. However, harm reduction services continue to be largely implemented by civil society organisations with minimal funding from the government and lack of political will. The criminalisation of drugs in South Africa continues to be a barrier to accessing basic health services for people who use drugs. People who use drugs continue to be arrested and access to OAT are not available in South Africa prisons. There have been efforts, however, by the South African Police Service to offer national sensitisation trainings 'aiming to challenge the stereotypes and misinformation' they might have about key populations, including people who use drugs.⁸¹ However, the impact of these trainings remains to be seen.

There has been some progress made within the region towards the legalisation of cannabis to allow for small scale farmers to continue to participate in the market and feed their families in accordance with **SDG 1** and **SDG 2**, as well as towards the implementation of harm reduction programmes to ensure that people who use drug have access to health services as aligned to **SDG 3**. Countries need to invest in comprehensive harm reduction programmes to ensure their sustainability and make efforts to scale up programmes so that they reach more people. However, the criminalisation of drugs continues to exacerbate poverty and marginalization. South Africa's high unemployment coupled with the high rates of young men who are arrested for non-violent drug-related offences, has resulted in a large population of young people living in poverty and unable to access basic needs because of the stigma attached with being a drug user and having a criminal record.

West Africa

In 2013, The former UN Secretary General Kofi Annan convened the West Africa Commission on Drugs (WACD),⁸² chaired by the former President of Nigeria,

Olusegun Obasanjo. The Commission is comprised high-profile individuals from diverse backgrounds in West Africa, such as politics, civil society, entertainment, health, security and the judiciary.

The Commission's first report 'Not just in transit – Drugs, the state and society in West Africa',⁸³ published in 2014, highlighted how West Africa had become a hub for the global illegal drugs trade, with increasing local production and consumption of drugs resulting in serious threats for governance, stability, economic growth and public health in the region. It also bemoaned that West African governments' responses were focused on stringent punitive measures, with a focus on criminal justice at the expense of public health and human rights. In 2018, the Commission followed-up by developing a Model Drug Law for the region – demonstrating how their recommendations and principles could be translated into real legislation at the national level.⁸⁴ These initiatives have played an important role in promoting and opening drug policy reform discussions across the region. Indeed, West Africa appears to be making a lot of inroads in the drug policy space, with several countries currently taking steps to review their drug laws as well as implementing harm reduction services for people who use drugs.

Burkina Faso's national response is more oriented towards repression than health or rights approaches. Apart from the 'addictology' unit located in the capital, there is no specialised structure for the management of people who use drugs. However, under the auspices of significant country grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, people who use drugs have been included as a priority target. Civil society in the country continue to push for an integrated strategic framework to combat the drugs issue.

Nigeria's healthcare system is facing longstanding issues ranging from limited funding to high levels of poverty, and limited infrastructure. These fundamental issues are compounded by the socio-economic impacts of the country's ongoing 'war on drugs', making it extremely unlikely that the country will achieve the SDGs. Civil society continues to work hard to rectify this situation, and recent years have seen unprecedented progress in terms of harm reduction provision in the country – with support from the Global Fund, World Health Organization and others. Yet the country still urgently needs to decriminalise drug use and ensure access to health services for all marginalised and vulnerable groups.

In **Côte d'Ivoire**, drug use remains criminalised, yet drug use and supply are constantly on the rise in the absence of any policies focusing on medical care and

socio-economic reintegration. Systematic imprisonment, the absence of harm reduction, and the continued stigmatisation of people who use drugs impede the achievement of the SDGs. However, a new draft drug law on the table has the potential to help enhance access to healthcare, reduce poverty and improve economic conditions.

In 2020, **Ghana** passed its new Narcotic Commission Act, allowing flexibility for judges to replace the prison term for drug possession for personal use with a fine of between 200-500 penalty units (translating to GHC 2,400 – 6,000). It means that instead of sending people to prison for up to 10 years for simple possession of drugs for personal use, they will offer alternatives to incarceration. The new law will also allow, for the first time, the implementation of lifesaving harm reduction services for people who use drugs,⁸⁵ which will help curb the transmission of blood-borne viruses (such as HIV and hepatitis B and C) and overdose deaths, while facilitating access to drug dependence treatment. The Act 1019 further permits the cultivation of non-psychoactive cannabis plants (hemp) for industrial purposes. This appear to be an important step in the right direction as many have argued that SDG 1 to 'end poverty in all its forms everywhere'⁸⁶ cannot be achieved by 2030 if people, in particular the poor and the vulnerable, are not offered means to access economic resources, basic services, land ownership, etc. In this regard, the law offers an opportunity to respond to the needs for sustainable livelihoods of rural farmers, particularly young people who have relied on cannabis farming to survive. In implementing the law, authorities must favour the transition towards the formal market and economy for those historically pushed to the margins.

Even though **Senegal's** drug law remains very prohibitive in nature, it is the first West Africa country to start harm reduction for people who use drugs. In 2014, the Centre Addictions of Dakar (CEPIAD) was opened to offer harm reduction services for people who use drugs. The objective was to offer comprehensive outpatient care to people dependent on drugs while respecting their rights. Since its inception, five sites, including two mobile clinics, have been created.

West Africa is particularly well known for the cultivation and consumption of cannabis, as farmers along the plains have been growing this plant for decades. Inspired in part by the work of the WACD as well as global developments, there have been increasing calls by both traditional leaders and rural farmers to decriminalise the plant, and even to regulate its growth for medical and industrial purposes. Reassuringly, many governments across the region have also started serious debates on cannabis policy reform. In Ghana, for

example, a newly approved licensing mechanism will regulate the cultivation of cannabis with low content of tetrahydrocannabinol (THC – one of the main psychoactive components in cannabis). These and many other steps across the region, like policy reforms in South Africa, Lesotho, Uganda, Malawi, Zimbabwe and Morocco, are all significant initiatives that show that the cannabis plant has therapeutic benefits, and could have a positive role to play on Africa’s road towards the 2030 Agenda.

Conclusions and recommendations

The Sustainable Development Goals (SDGs) that are central to the United Nation’s Agenda 2030 are meant to be transformative for the continent, striving to achieve gender equality, eradicating poverty,⁸⁷ improving health, all part of the commitment to ‘Leave No One Behind’. However, the lack of political priority and commitment from African governments to reform drug policies continues to cast fundamental doubts about the achievement of the SDGs. It is clear that drug policies play a critical role in implementing the 2030 Agenda, yet our analysis shows that African governments continue to overlook this important issue in their reports and statements as part of the global push for sustainable development. The developments that can be seen across all of Africa’s sub-regions demonstrate that momentum is growing for a more humane response to drugs and, as such, civil society and all other stakeholders must continue to advocate for reform⁸⁸ as it needs to be ‘an integral part of national sustainable development strategies’.⁸⁹ The Global Commission on Drug Policy, further reiterates this by making the following recommendations:⁹⁰

- Instead of reporting on the quantity of hectares of land eradicated, as has been the tradition at UN meetings, African governments should consider measuring progress in reducing poverty levels where illegal crop production is the primary source of income.
- Instead of reporting on the number of arrests of people who use drugs, African governments should consider measuring the incidence of HIV, hepatitis C and tuberculosis among people who use drugs, as well as improved access to harm reduction and evidence-based treatment services. Consider also measuring the number of people not accessing essential medicines to treat pain or for palliative care in national health systems.
- Instead of considering the number of people incarcerated for micro-trafficking, African governments should consider measuring reductions in the number of women incarcerated for first-time, minor drug offences, especially pregnant women.
- Instead of measuring the number of drug offenders processed in the criminal justice system, African governments should consider measuring the number of people accused of non-violent drug offences who have benefited from an alternative to incarceration, and the numbers of human rights violations against people who use drugs which have been redressed in court.

Acknowledgements

The authors wish to thank the following individuals for their valuable comments and inputs: Adria Cots Fernandez (IDPC), Jérôme Evanno (Paroles Autour de la Santé) and Marie Nougier (IDPC).

Endnotes

1. Africa Consultant, International Drug Policy Consortium
2. Parliamentary and Policy Research Officer, TB/HIV Care
3. United Nations Department of Economic and Social Affairs (Website), *The 17 Goals*, <https://sdgs.un.org/goals> (Accessed 7 September 2021).
4. <https://sdgs.un.org/goals/goal3>
5. <https://sustainabledevelopment.un.org/hlpf>
6. United Nations Sustainable Development Group (2019), *Leaving no one behind: A UNSDG Operational Guide for UN Country Teams*, <https://unsdg.un.org/sites/default/files/Interim-Draft-Operational-Guide-on-LNOB-for-UNCTs.pdf>
7. Global Commission on Drug Policy (2018), *Position Paper: Drug Policy Reform and the Sustainable Development Agenda*, <https://www.globalcommissionondrugs.org/position-papers/sustainable-development-agenda-position-paper>; Health Poverty Action (2015), *Drug Policy and the Sustainable Development Goals: Why drug policy reform is essential to achieving the Sustainable Development Goals*, <https://www.healthpovertyaction.org/wp-content/uploads/2018/12/HPA-SDGs-drugs-policy-briefing-WEB.pdf>. See also: International Drug Policy Consortium (2021), *Taking stock of half a decade of drug policy - An evaluation of UNGASS implementation*, <https://idpc.net/publications/2021/04/taking-stock-of-half-a-decade-of-drug-policy-an-evaluation-of-ungass-implementation>; Goodhand, J., Meehan, P., Bhatia J. & Jacques, A. (2019), *Peace, illicit drugs and the SDGs: A development gap*, (London: Christian Aid), https://www.christianaid.org.uk/sites/default/files/2019-07/Peace%2C%20illicit%20drugs%20and%20the%20SDGs%20-%20a%20development%20gap_1.pdf
8. African Union (2019), *African Union Plan of Action on Drug Control and Crime Prevention (2019-2023)*, https://au.int/sites/default/files/newsevents/reports/36768-rp-aupa_on_drug_control_2019-2023_final_with_foreword_-_english_.pdf
9. This document is not yet publicly available
10. Health Poverty Action (2015), *Drug Policy Reform and the Sustainable Development Goals: Why drug policy reform is essential to achieving the Sustainable Development Goals*, <https://www.healthpovertyaction.org/wp-content/uploads/2018/12/HPA-SDGs-drugs-policy-briefing-WEB.pdf>
11. Clark, C. (2019), 'Legalisation is killing our market, say small scale dagga growers', *Sowetan Live*, <https://www.sowetanlive.co.za/news/south-africa/2019-10-04-legalisation-is-killing-our-market-say-small-scale-dagga-growers/>
12. Constitutional Court of South Africa (2018), <http://www.saflii.org.za/za/cases/ZACC/2018/30.pdf>
13. Bridge, J. & Loglo, M. (2017), *Drug laws in West Africa: A review and summary* (London: International Drug Policy Consortium), http://fileservr.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf
14. National Authority for the Campaign Against Alcohol and Drug Abuse (2020), *Policy brief on the Narcotics, Drugs and Psychotropic Substances (Control) Amendment Bill*, <https://nacada.go.ke/sites/default/files/2020-11/Policy%20presentation.pdf>
15. Apondi, B. (2021), 'Let president reject Narcotics Bill', *Nation*, <https://nation.africa/kenya/blogs-opinion/blogs/let-president-reject-narcotics-bill-3438604>
16. Ghana Web (2019), *Police destroy five-acre weed farm*, <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Police-destroy-five-acre-weed-farm-784182>
17. Channels Television (2018), *NDLEA raids Anambra communities for hard drugs, arrests suspect*, <https://www.youtube.com/watch?v=9hRBtKcYC1w>
18. Njiraini, J. (2020), 'The tenuous future of glyphosate in Africa', *AgriBusiness Global*, <https://www.agribusinessglobal.com/markets/africa-middle-east/the-tenuous-future-of-glyphosate-in-africa/>
19. News24 (2016), *A grassroots industry and the poison from the sky*, <https://www.news24.com/News24/a-grassroots-industry-and-the-poison-from-the-sky-20160408>
20. de Araujo, J.S.A., Delgado, I.F. & Paumgarten, F.J.R. (2016), 'Glyphosate and adverse pregnancy outcomes, a systemic review of observational studies', *BMC Public Health*, **16**: 1-13, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4895883/pdf/12889_2016_Article_3153.pdf
21. Health Poverty Action (2015), *Drug Policy Reform and the Sustainable Development Goals: Why drug policy reform is essential to achieving the Sustainable Development Goals*, https://www.unodc.org/documents/ungass2016/Contributions/Civil/Health_Poverty_Action/HPA_SDGs_drugs_policy_briefing_WEB.pdf
22. Njiraini, J. (2020), 'The tenuous future of glyphosate in Africa', *AgriBusiness Global*, <https://www.agribusinessglobal.com/markets/africa-middle-east/the-tenuous-future-of-glyphosate-in-africa/>
23. YouthRise Nigeria (2015), *We are people: The unintended consequences of Nigeria drug law and policy on the health and human rights of young people who use drugs*, <https://youthriseng.org/wp-content/uploads/2020/12/We-Are-People-Final.pdf>
24. Walmsley, R. (n.d), *World women prison list*, (London: Institute for Criminal Policy Research), http://fileservr.idpc.net/library/world_female_prison_4th_edn_v4_web.pdf
25. Fernández, A. C & Nougier, M. (2021), *Punitive drug laws: 10 years undermining the Bangkok Rules* (London: International Drug Policy Consortium), <https://idpc.net/publications/2021/02/punitive-drug-laws-10-years-undermining-the-bangkok-rules>
26. Chelin, R. (2021), 'The perfect imbalance of gender and drug policies', *Institute for Security Studies*, <https://issafrica.org/iss-today/the-perfect-imbalance-of-gender-and-drug-policies>
27. United Nations Office on Drugs and Crime (2016), *Outcome document of the United National General Assembly special session on the world drug problem*, <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>
28. United Nations Development Programme (2019), *Development dimensions of drug policy: Innovative approaches*, https://www.undp.org/content/dam/undp/library/people/health/Development_Dimensions_of_Drug_Policy.pdf
29. United Nations Office on Drugs and Crime (2011), *The Bangkok Rules: United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary*, https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf
30. The Presidency of Kenya (2021), *Statement by H.E. Uhuru Kenyatta CGH, President of the Republic of Kenya and Commander-in-Chief of the Defence Forces during the 70th session of the UN General Assembly*, <https://www.president.go.ke/2015/09/28/statement-by-h-e-uhuru-kenyatta-cgh-president-of-the-republic-of-kenya-and-commander-in-chief-of-the-defence-forces-during-the-70th-session-of-the-un-general-assembly/>
31. See, for instance: International Drug Policy Consortium, Dejusticia, Harm Reduction International, Drug Policy Alliance, Release, Transnational Institute & VOCAL-Kenya (August 2021), *Decolonising drug policy: The war on drugs and denial of indigenous rights*, <https://idpc.net/events/2021/08/decolonising-drug-policy-the-war-on-drugs-and-denial-of-indigenous-rights>
32. South African Government (2015), *Operation Fiela*, https://www.gov.za/issues/operation-fiela?gclid=EAlaIqobChMI4vb5i7uA7wIVS-dPtCh2TeQ1qEAYASAAEgLuZFD_BwE
33. United Nations Department of Economic and Social Affairs (n.d), *Voluntary National Reviews*, <https://sustainabledevelopment.un.org/vnrs/>; United Nations Economic and Social Council (2021) *Compilation of main messages for the 2021 voluntary national reviews*, https://sustainabledevelopment.un.org/content/documents/27613Compilation_of_main_messages_for_the_2021_VNR.pdf
34. African commission on Human and Peoples' Rights (1981), *African (Banjul) Charter on Human and Peoples' Rights*, <https://www.achpr.org/legalinstruments/detail?id=49>
35. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021*, <https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=2638&menu=3170>
36. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021* <https://sustainabledevelopment.un.org/content/documents/27667statementbybenin.pdf>
37. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021* https://sustainabledevelopment.un.org/content/documents/25873botswana_1.pdf
38. United Nations Department of Economic and Social Affairs (2021),

- Voluntary National Review 2021*, <https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=2677&menu=3170>
39. United Nations Department of Economic and Social Affairs (2019), *Voluntary National Review 2019*, <https://sustainabledevelopment.un.org/memberstates/ghana>
 40. United Nations Department of Economic and Social Affairs (2020), *Voluntary National Review 2020*, <https://sustainabledevelopment.un.org/memberstates/kenya>
 41. United Nations Department of Economic and Social Affairs (2020), *Voluntary National Review 2020*, <https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=2271&menu=3170>
 42. United Nations Department of Economic and Social Affairs (2020), *Voluntary National Review 2020*, <https://sustainabledevelopment.un.org/memberstates/malawi>
 43. United Nations Department of Economic and Social Affairs (2020), *Voluntary National Review 2020*, <https://sustainabledevelopment.un.org/memberstates/mozambique>
 44. United Nations Department of Economic and Social Affairs (2018), *Voluntary National Review 2018*, <https://sustainabledevelopment.un.org/memberstates/senegal>
 45. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021*, https://sustainabledevelopment.un.org/content/documents/279462021_VNR_Report_Namibia.pdf
 46. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021*, https://sustainabledevelopment.un.org/content/documents/282722021_VNR_Report_Niger.pdf
 47. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021*, https://sustainabledevelopment.un.org/content/documents/279542021_VNR_Report_Sierra_Leone.pdf
 48. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021*, https://sustainabledevelopment.un.org/content/documents/279562021_VNR_Report_Zimbabwe.pdf
 49. United Nations Department of Economic and Social Affairs (2021), *Voluntary National Review 2021*, https://sustainabledevelopment.un.org/content/documents/282392021_VNR_Report_Cabo_Verde.pdf
 50. International Drug Policy Consortium, *Members Directory*, <https://idpc.net/members/directory?regions=11> and <https://idpc.net/members/directory?regions=12>
 51. Apondi, B. A. (2018), *GDPO situation analysis: Drug Policy in East Africa* (Swansea: Swansea University), <https://www.swansea.ac.uk/media/GDPOsitAnalysisNovember2018AumaDrugPolicyEastAfrica.pdf>
 52. East African Community (2019), *East African Community regional policy on prevention, management and control of alcohol, drugs and other substance use*, <https://health.eac.int/index.php/publications/eac-regional-policy-on-alcohol-drugs-and-substance-abuse-2019#gsc.tab=0>
 53. Ibid.
 54. Ibid.
 55. Avert (2019), *HIV and AIDS in Kenya*, <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/kenya>
 56. Kenya National Commission on Human Rights (2018), *Submissions to the office of the High Commissioner for Human Rights on implementation of the Joint Committee to effectively addressing and countering the world drug problem with regards to human rights*, <https://www.ohchr.org/Documents/HRBodies/HRCouncil/Drug-Problem/HRC39/KenyaNationalHRC.docx>
 57. <https://www.talkingdrugs.org/drug-decriminalisation>
 58. Report of the Commission of Inquiry on Drug Trafficking (2018), <http://download.pmo.govmu.org/Commission%20of%20Enquiry%20on%20Drug%20Trafficking%20Report.pdf>
 59. Ministry of Health and Wellness (2020), *Press Communiqué: Technical Committee on Medical Cannabis*, <https://health.govmu.org/Communique/Communique%20on%20Cannabis.docx>
 60. Bissière M. (2021), 'Cannabis médical: le rapport du comité technique bientôt soumis aux autorités', (*Medical cannabis: the technical committee's report soon to be submitted to the authorities*), *L'express*, <https://www.lexpress.mu/article/393231/cannabis-medical-rapport-comite-technique-bientot-soumis-aux-autorites>
 61. Lepoigneur F. (2021), 'Maurice dit oui au cannabis industriel', (*Mauritius approves industrial hemp*), *L'Express*, <https://www.lexpress.mu/article/397812/maurice-dit-oui-au-cannabis-industriel>
 62. Apondi, B. A. (2018), *GDPO situation analysis: Drug Policy in East Africa*, (Swansea: Swansea University), <https://www.swansea.ac.uk/media/GDPOsitAnalysisNovember2018AumaDrugPolicyEastAfrica.pdf>
 63. Global Commission on Drug Policy (2018), *Position paper: Drug policy and the Sustainable Development Agenda*, <https://www.drugsandalcohol.ie/29733/1/Drug%20policy%20and%20the%20sustainable%20development%20agenda.pdf>
 64. Himmich, H., Kazatchkine, M.D. & Stimson, G.V (2016), 'Drug policy and human rights in the Middle-East and North Africa: Harm reduction, legal environment and public health', *International Journal of Drug Policy* **31**: 4-5, <https://pubmed.ncbi.nlm.nih.gov/27131479/>
 65. Hajal, S. & Aaraj, E (2020), *Regional overview – 2.4 Middle-East & North Africa* (London: Harm Reduction International), https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_2_4_Middle_East_FA_WEB.pdf
 66. MENAHRA (2021), *Harm reduction advocacy brief for the Middle-East and North Africa Region*, https://www.menahra.org/images/pdf/Advocacy-Briefs_EN_web.pdf
 67. Koziowski, N. (2021), 'The end of a taboo?: Morocco to legalise cannabis for medical and industrial use', *The Africa Report*, <https://www.theafricareport.com/74949/morocco-to-legalise-cannabis-for-medical-and-industrial-use/>
 68. United Nations Office on Drugs and Crime (2020), *CND Votes on Recommendations for Cannabis and Cannabis-Related Substances*, <https://www.unodc.org/unodc/en/frontpage/2020/December/cnd-votes-on-recommendations-for-cannabis-and-cannabis-related-substances.html>
 69. Koziowski, N. (2021), 'The end of a taboo?: Morocco to legalise cannabis for medical and industrial use', *The Africa Report*, <https://www.theafricareport.com/74949/morocco-to-legalise-cannabis-for-medical-and-industrial-use/>
 70. Southern Africa Development Community (1996), *Protocol on combating illicit drug trafficking*, https://www.sadc.int/files/1213/5340/4708/Protocol_on_Combating_Illicit_Drug_Trafficking_1996_.pdf
 71. Parry, C., Myers, B., & Caulkins, J. (2019), 'Decriminalisation of recreational cannabis in South Africa', *The Lancet*, **393**(10183): 1804-1805, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30011-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30011-X/fulltext); Minister of Justice and Correctional Services (2020), *Cannabis Bill*, <https://www.justice.gov.za/legislation/bills/2020-CannabisBill.pdf>
 72. Masina, L. (2020), 'Malawi parliament okays cultivation of cannabis', *Voice of Africa*, <https://www.voanews.com/africa/malawi-parliament-okays-cultivation-cannabis>. See also: Mutharika, A.P (2020), *Cannabis Regulatory Act*, <https://malawilii.org/mw/legislation/act/2020/6-2020>
 73. Xinhua (2021), 'Zambia approves bill to legalize cannabis cultivation for research purposes', *CGTN Africa*, <https://africa.cgtn.com/2021/03/02/zambia-approves-bill-to-legalize-cannabis-cultivation-for-research-purposes/>. See also: <https://www.parliament.gov.zm/sites/default/files/documents/bills/N.%20A.%20B.%2031%20The%20%20Cannabis%20Bill%20for%20Parliament%2C%202021.pdf>
 74. Mwareya, R. & Bhobo, N. (2017), 'Marijuana Mania: Lesotho: Africa's budding medicinal cannabis cultivation', *The Africa Report*, <https://www.theafricareport.com/87373/lesotho-africas-budding-medicinal-cannabis-cultivation/>. See also: Government of Lesotho (2018), *Drugs of Abuse (Cannabis) Regulations*, <https://mjbizdaily.com/wp-content/uploads/2019/07/Lesotho-Cannabis-Regulation-2018-Drugs-of-Abuse-Cannabis-Regulations.pdf>
 75. Tsiko, S. (2020), 'Zimbabwe: Zim's new cannabis law opens doors for big business', *allAfrica*, <https://allafrica.com/stories/202010010257.html>. See also: Medicines Control Authority of Zimbabwe (2018), *Draft guidelines on the production of cannabis for medicinal and scientific use*, <https://www.mcaz.co.zw/index.php/downloads/category/9-regulations-guidelines?download=214:draft-guidelines-on-the-production-of-cannabis-for-medical-and-scientific-use>

76. Ncube, T. (2021), 'Zim launches drug master plan', *ZBC news*, <https://www.zbcnews.co.zw/zim-launches-drug-master-plan/>
77. African Union (2019), *African Union Plan of Action on Drug Control and Crime Prevention (2019-2023)*, https://au.int/sites/default/files/newsevents/reports/36768-rp-aupa_on_drug_control_2019-2023_final_with_foreword_-_english_.pdf
78. Government of Malawi (n.d), *Dangerous Drugs Act*, https://malawilii.org/mw/consolidated_legislation/3502
79. UNIDOS (2021), *Strategic Plan (2021-2025)*, https://www.redeunidos.co.mz/docs/plano_estrategico.pdf
80. Department of Social Development (2019), *National Drug Master Plan 4th edition (2019-2024)*, https://www.gov.za/sites/default/files/gcis_document/202006/drug-master-plan.pdf
81. Scheibe, A., Duby, Z., Versfeld, A., Vienings, N., Manoek, S., Tait, S. & Kozah, M. (2017), *Diversity, dignity and policing learning programme. Trainer manual for the South African Police Service. COC Netherlands*, (Amsterdam: Netherlands COC), https://www.researchgate.net/publication/320830342_Diversity_dignity_and_policing_learning_programme_Trainer_manual_for_the_South_African_Police_Service_COC_Netherlands. See also: <https://aidsfonds.org/assets/resource/file/COC%20Trainer%20Manual%2023May.pdf>
82. <https://www.globalcommissiondrugs.org/wacd>
83. West Africa Commission on Drugs (2014), *Not just in transit: Drugs, the State and Society in West Africa*, http://www.globalcommissiondrugs.org/wp-content/uploads/2017/02/WACD_En_Report_WEB_051114.pdf
84. West Africa Commission on Drugs (2018), *Model Drug Law for West Africa: A tool for policymakers*, <https://www.globalcommissiondrugs.org/wp-content/uploads/2020/12/WADC-MDL-EN.pdf>
85. <https://youtu.be/W7epsLmN604>
86. <https://sustainabledevelopment.un.org/sdg1>
87. Global Commission on Drug Policy (2018), *Position paper: Drug policy and the sustainable Development Agenda*, <https://www.globalcommissiondrugs.org/position-papers/sustainable-development-agenda-position-paper>
88. Monareng, C & Loglo, M. (2020), '*2020 Vision*': *Advocating for drug policy reform in Africa* (London: International Drug Policy Consortium), <https://idpc.net/publications/2020/08/2020-vision-advocating-for-drug-policy-reform-in-africa>
89. Global Commission on Drug Policy (2018), *Position paper: Drug policy and the sustainable Development Agenda*, <https://www.drugsandalcohol.ie/29733/1/Drug%20policy%20and%20the%20sustainable%20development%20agenda.pdf>
90. Ibid.

About this Briefing Paper

With less than a decade remaining until the 2030 target date, this briefing paper takes stock of how far Africa has come towards achieving the SDGs and what still needs to be done.

International Drug Policy Consortium

Email: contact@idpc.net

Website: www.idpc.net

About IDPC

The International Drug Policy Consortium (IDPC) is a global network of NGOs that come together to promote drug policies that advance social justice and human rights. IDPC's mission is to amplify and strengthen a diverse global movement to repair the harms caused by punitive drug policies, and to promote just responses.

© International Drug Policy Consortium 2021

Report design by Mathew Birch - mathew@whatifweconsulting.com

Funded by:

ARASA
AIDS & Rights
Alliance
for Southern Africa