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**Follow-up to the implementation at the national,
regional and international levels of all
commitments, as reflected in the Ministerial
Declaration of 2019, to address and counter the
world drug problem**

**Conference room paper submitted by Ghana, titled
“African Stakeholder Dialogue: Strengthening Engagement
in the CND’s 2024 Mid-Term Review” ****

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** This document has not been edited.



AFRICAN STAKEHOLDER DIALOGUE: STRENGTHENING ENGAGEMENT IN THE CND'S 2024 MID-TERM REVIEW

Monday 20th & Tuesday 21st November 2023
Vienna International Centre (VIC)

MEETING REPORT

Introduction

In March 2024, the 67th Session of the United Nations Commission on Narcotic Drugs (CND) will incorporate a 'midterm review' to assess progress made in the implementation of all international drug policy commitments as set forth in the *2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem*. In their role as the incoming Chair for the 67th CND, the Embassy of Ghana in Vienna hosted a two-day, high-level dialogue for African delegations and other stakeholders.

The Dialogue sought to create a space in which open, constructive discussions can take place in an atmosphere of shared interests between participants from a broad range of perspectives, thereby enabling key African stakeholders to: discuss and take stock of the drug situation in Africa (including trends since 2019); learn more about the latest developments and guidance from United Nations partners; discuss the current drug responses in several African countries; and discuss plans and expectations for the midterm review and its outcome document. The meeting was held under the "Chatham House Rule", whereby all participants are free to use the information received, but neither the identity nor the affiliation of participants should be revealed. As such, only the identity of the speakers making formal presentations is provided below.

Across the two days, the meeting was joined (both in person and online) by around 50 representatives, including representatives of 10 African member States, as well as other stakeholders including United Nations agencies, academia, civil society and affected community representatives.

Opening Session

The Dialogue was formally opened by the host, His Excellency Ambassador Philbert Johnson of Ghana. The Ambassador welcomed the participants and provided an overview of the meeting's goals. He highlighted in his opening remarks that drug use is rising, including amongst young people in Africa, and that the 2024 midterm review at CND was an important opportunity to assess the progress and challenges that every member state faces.

The Ambassador then gave the floor to Dr Abel Basutu, Programme Management Specialist at the [African Union Commission's Department of Social Affairs](#). Dr Basutu presented the [AU Plan of Action on Drug Control and Crime Prevention](#), and reported on the increase in people entering treatment in Africa, the increase in youth initiation of drug use, and the growing sense of urgency from governments when it comes to tackling drug issues. The Plan of Action is a balanced, comprehensive approach with pillars for prevention, treatment, harm reduction and supply reduction, as well as provisions for human rights, legal aid, alternative development, and international cooperation. He commented that drug prevention programs in Africa remain limited or non-existent, treatment still does not meet the demand (especially when considering options to divert people away from prison), and harm reduction services remain far below the necessary levels of coverage. At the same time, law enforcement bodies lack the capacity needed to deal with ever-shifting drug markets and trends, while many people also do not have access to controlled medicines as countries lack the capacity to estimate national needs, administer, regulate and monitor use. The AU itself also needs more capacity in this regard.

The final speaker in the opening session was Dr Angela Me, the Chief of [UNODC's Research and Trend Analysis Branch](#). She provided a keynote presentation of UNODC's flagship [World Drug Report](#), the latest edition of which was launched in June 2023 and once again documented increases in global drug supplies, drug use and drug harms (including health, violence, environmental and socio-economic harms – and even harms from drug policies themselves). Some of the key messages in the Report include the growing size and diversity of synthetic drug markets (which are easier to produce than traditional

plant-based drugs) and shifting legal frameworks for controlled drugs such as cannabis and psychedelics. Dr Me noted how these may be contributing to perceptions that cannabis is less harmful despite increasing potency being found. Cannabis is the most widely used controlled drug on the continent, yet people who use opioids are the most likely to seek treatment and, in terms of drug-related deaths, opioids remain the most harmful drug. The main causes of death among people who use drugs are hepatitis and HIV.

The Report – which draws data from multiple sources, including the Annual Report Questionnaires that member States are asked to complete – also projected that Africa is set to become the continent with the highest number of people who use drugs by 2030. There are identified links between drug use and conflict areas, and an increase in seizures of cocaine and tramadol in West Africa, coupled with lower capacity to deal with the issue and provide treatment. There are also very little data on drug-related deaths in Africa. Finally, Dr Me highlighted the issue of stigma – citing data from Nigeria which showed that more than half of people not accessing drug treatment identified stigma as a barrier.

In the subsequent discussions, some of the key issues and questions raised by participants were:

- The new treatment regimens for hepatitis C, which are much more effective but also very expensive in some settings and often unavailable for people who use drugs – although one national example was shared where treatment costs were negotiated down to just US\$ 2 per dose. More work is needed to help other countries benefit from these kinds of prices.
- The need for capacity building and concrete actions and plans for Africa, rather than just rhetoric and high-level commitments such as those in 2019. Some participants raised the need for more interactive debates and learning between member States and United Nations agencies, and actionable strategies for issues such as synthetic drugs, and access to controlled medicines for pain relief.
- The issue of cannabis potency, and experience from the USA and Canada on increasing potency and variety of the cannabis products available in legally regulated markets – although it was also noted that this has not been seen elsewhere, such as in Uruguay.

Session 1: Taking Stock – What is the evidence?

Presentations

In this session, inputs were invited from several United Nations partners to explore the drug situation in Africa, as we approach five years since the 2019 Ministerial Declaration. The first invited guest speaker was Ms Christine Stegling, [UNAIDS](#) Deputy Executive Director, who started by underlining the importance of the midterm review at CND, and the decisions made at the CND, in ensuring our success in meeting broader commitments and obligations regarding health and wellbeing. In relation to HIV in particular, the work of the CND is critical if we are to meet the Sustainable Development Goal of ending AIDS as a public health threat by 2030. Ms Stegling also noted that people who use drugs are disproportionately affected by HIV, and the current approach is leaving them behind in the response: while progress has been made against the AIDS targets overall, this is not the case for people who use drugs due to punitive approaches and the continued lack of harm reduction services. She urged that strong [policy commitments](#) on HIV made by member states in New York and Geneva in recent years should be reflected and supported in Vienna too. These include commitments to reduce new HIV infections and related deaths, provide prevention and testing services, remove restrictive legal and policy frameworks, prevent stigma, discrimination and violence by 2025, and ensure that services and reforms be led by communities of people who use drugs. Yet the latest [UNAIDS report](#) shows no evidence that there has been any global reduction in rates of new infection among people who inject drugs since 2010.

While the data for people who inject drugs in Africa are less than complete, the median HIV prevalence among people who use drugs ranges from 21.8% in Eastern and Southern Africa to 3.7% in West and Central Africa. Ms Stegling emphasized the need to move away from punitive approaches, and towards more evidence-based, public health and human rights approaches. This includes proven harm reduction services, including those to prevent fatal overdoses, as endorsed by academia as well as the entire United Nations system. In the last five years, 14 African countries have reported to UNAIDS that they have implemented at least one needle and syringe program (NSP), and 11 have introduced at least one opioid agonist treatment (OAT) program. Yet these programs are often small or only available in big cities, with insufficient investment. They are also impacted by punitive approaches to drug use: systematic reviews in 2017 and 2019 found that criminalization had a negative effect on HIV prevention and treatment, needle sharing, and avoiding services.

Ms Stegling commended the leadership already shown in Africa in this regard and highlighted the [Model Drug Law for West Africa](#) among other resources. She also referenced the reforms undertaken in Ghana to recognize in law that drug use and dependence are public health issues, not criminal matters. The CND's 2019 Ministerial Declaration also included commitments related to harm reduction, public health and HIV, as part of a comprehensive and balanced approach to drugs. Yet, she called for stronger support and commitments from Vienna, starting with the midterm review in March which is an opportunity to be stronger and bolder.

The next invited speaker was Dr Annette Verster, [WHO](#) Technical Officer on HIV and Drug Use, who sign-posted to the wealth of technical and policy guidance provided by the agency. Ms Verster emphasized how the use of drugs is a complicated, often fluid, behaviour: individuals transition in and out of drug use, between using different substances, or using in different ways. Dr Verster also emphasized that more than 85% of people who use drugs do so without developing drug dependency or needing treatment, and underlined the global burden of hepatitis among this group: hepatitis C accounts for around 76% of all drug-related deaths.

WHO's "[Consolidated guidelines](#) on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations" (last updated in 2022) outline set of interventions for people who inject drugs use. The guidelines define harm reduction as "a comprehensive package of evidence-based interventions, based on public health and human rights" including needle and syringe programs (NSP), opioid agonist maintenance treatment (OAMT) and the community distribution of naloxone (to reverse opioid overdose), as well as "policies and strategies that aim to prevent major public and individual health harms, including HIV, viral hepatitis and overdose, without necessarily stopping drug use." Harm reduction also sits within a broader package of related structural and health interventions – including the decriminalization of drug use and possession, efforts to reduce stigma and discrimination (including stigma experienced in healthcare settings), and the empowerment of communities of people who use drugs (see figure below). Dr Verster also noted that the enabling interventions were listed first as the most important interventions.

Recommended package for people who inject drugs

These interventions are not in order of priority.

Essential for impact: enabling interventions

- Removing punitive laws, policies and practices
- Reducing stigma and discrimination
- Community empowerment
- Addressing violence

Essential for impact: health interventions

Prevention of HIV, viral hepatitis and STIs

- Harm reduction (NSPs, OAMT and naloxone for overdose management)
- Condoms and lubricant
- Pre-exposure prophylaxis for HIV²⁴
- Post-exposure prophylaxis for HIV and STIs
- Prevention of vertical transmission of HIV, syphilis and HBV
- Hepatitis B vaccination
- Addressing chemsex

Diagnosis

- HIV testing
- STI testing
- Hepatitis B and C testing

Treatment

- HIV treatment
- Screening, diagnosis, treatment and prevention of HIV associated TB
- STI treatment
- HBV and HCV treatment

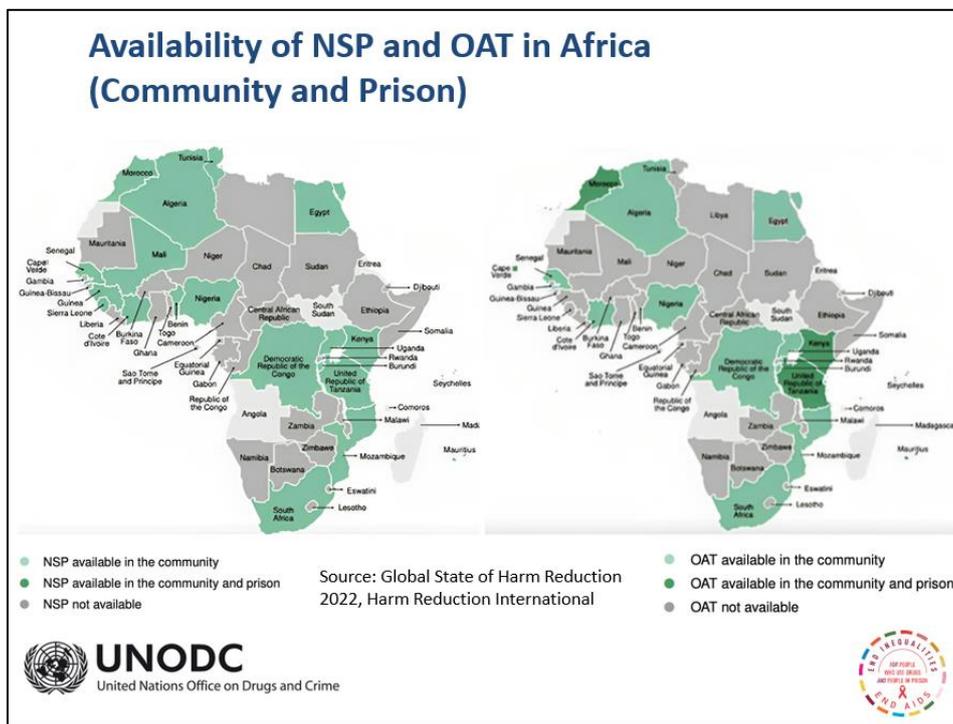
Essential for broader health: health interventions

- Conception and pregnancy care
- Contraception
- Mental health
- Prevention, assessment and treatment of cervical cancer
- Safe abortion
- Screening and treatment for hazardous and harmful alcohol and other substance use
- TB prevention, screening, diagnosis and treatment

Harm reduction is also included in the [Global Health Sector Strategy](#) for HIV, Viral Hepatitis and Sexually-Transmitted Infections (2022-2030), which was adopted by the World Health Assembly last year. Dr Verster closed with an acknowledgement that a lot more work needs to be done in Africa in terms of harm reduction uptake and coverage and to overcome barriers such as low political will, inadequate funding, and high levels of criminalization, stigma, and discrimination. Yet several good examples were also highlighted in terms of implementing NSPs and OAMT, such as Egypt, Kenya, Nigeria, and South Africa.

The next invited speaker was Ms Fariba Soltani, Chief of the HIV/AIDS Section at [UNODC](#), who underscored the UN's collective work to address HIV prevention among people who use drugs, both in community and prison settings. An estimated 13.2 million people inject drugs globally, which is an 18% increase since 2020. Prisons remain a key challenge, with many people who use drugs experiencing incarceration, including an increasing number of women prisoners, with

devastating impacts on health. Ms Soltani also highlighted the challenges faced in Africa, including the need for adoption and scale-up of harm reduction services. She pointed to examples of successful implementation in the region and underlined the importance of involving communities in the planning, implementation, and monitoring of services. With increased focus, proper planning and community involvement, the targets for addressing HIV as a public health threat by 2030 can be achieved in Africa.



The next intervention came from Mr Zaved Mahmood, [OHCHR](#) Human Rights Officer, who spoke to the need for a human rights-based approach to drug policy. Mr Mahmood highlighted the human rights concerns regarding disproportionate use of punitive approaches, leading to issues such as over-incarceration and prison overcrowding. He emphasized the international law commitments to respect, protect and fulfil human rights in the context of drug policy, citing the need for a human rights-based approach to make progress towards the Sustainable Development Goals. In particular, Mr Mahmood presented the findings from a [new report](#) from OHCHR entitled “Human rights challenges in addressing and countering all aspects of the world drug problem”. The report identified seven key challenges, including unequal access to treatment, over-incarceration, the use of the death penalty for drug offences, violations of the right to health, and the militarization of drug control in some settings. The report includes a series of recommendations for member States, including the need to shift away from punitive models, to advance the right to health for people who use drugs, and to ensure human rights compliance by law enforcement. He encouraged participants to use the report's findings and recommendations at the national level.

The final invited speaker in this session was Mr Kenneth Amanfoh, the Director-General of the [Ghana Narcotics Control Commission](#), who joined the meeting online to discuss the recent drug policy reforms and developments in his country. He noted that Ghana's review and legal reform used a multi-stakeholder and inclusive approach involving various sectors such as government, the private sector, the judiciary, law enforcement, academia, legislators, civil society, religious and traditional leaders, and experts. The over-riding motivation was to shift from incarceration and criminal responses to public health and safety. The new law also established the Narcotics Control Commission as an independent regulatory body with expanded mandates, which has enabled the establishment of a new governing board, enhanced conditions of service for Commission staff, and stronger collaboration with international partners (including law enforcement agencies in the UK and elsewhere to support trafficking convictions).

Significant provisions in the new law include alternative livelihood programs for those involved in cannabis cultivation, the initiation of harm reduction services, and a focus on rehabilitation rather than incarceration for individuals found with small quantities of drugs. Work is ongoing to translate these into reality, through new regulations and procedures. Mr Amanfoh also discussed some of the emerging trends in Ghana, such as increased importation of cannabis and changes in drug trafficking methods for various drugs – some of which emerged during the COVID-19 pandemic.

Discussion

The subsequent participant discussions were rich and diverse, with many issues raised and addressed, including statements as well as questions to the invited speakers. Some of the key themes emerging from the participants were:

- The importance of balanced perspectives and comprehensive responses to the complex phenomenon of drug use and drug markets, as well as other related and cross-cutting issues – including better coordination between United Nations debates in Geneva and Vienna.
- The need for clearer definitions of what harm reduction entails, especially as it applies beyond the HIV and hepatitis responses, to promote greater understanding and uptake. At the same time, member States were encouraged to share examples of domestic harm reduction practice, challenges and successes, as a means of informing and motivating other countries. Colleagues shared ‘one window solution services’ providing screening and treatment for hepatitis, HIV and drug use in a voluntary and integrated manner.
- The need for more data, evidence, technical support and capacity building, including through international cooperation. UNODC also discussed its own role in providing technical support to countries, including around harm reduction approaches. On the issue of data, the challenge of obtaining comprehensive data on incarceration and prisons was noted.
- The importance of ensuring the availability and affordability of controlled medicines for pain management and palliative care.
- The importance of social integration for people who use drugs, which is too often overlooked and includes issues related to stigmatization, employment and how to support individuals.
- Drug prevention was also emphasized as a main pillar when addressing drug-related issues, as part of a comprehensive approach, particularly for young people. UNODC took the opportunity to introduce its new Child Amplified Prevention Services (CHAMPS) initiative focused on evidence-based early years interventions.
- The importance of respecting the sovereign rights of member States when it comes to drug-related matters and responses, while also acknowledging the common challenge of coordination between national institutions within a country.
- The role of alternatives to imprisonment, as permitted in the international drug control conventions, with a focus on supporting individuals with treatment and support and preventing them from entering the criminal justice system. This was seen as especially important for women who use drugs, and also considering socioeconomic factors contributing to the drug-related offenses in question.
- Crucially, many participants also reiterated the importance of more comprehensive discussions that address various issues for the African continent at, and in the build-up to, the CND midterm review in March 2024. The importance of proactively raising African voices in the negotiations and debates was also emphasized.

Session 2: Perspectives, challenges, experiences and lessons learnt in Africa

Presentations

The second day of the Dialogue opened with a session dedicated to updates and developments from across Africa, and examples of progress made since 2019. The discussions opened with two invited speakers from Kenya, Dr Ruth Masha and Mr Timothy Kilonzo from the [National Syndemic Diseases Control Council](#). They outlined the current status of the HIV epidemic in Kenya, and the progress made with their programs for people who inject drugs. Around 85% of the estimated number of people who inject drugs have been reached with the programs, but this is lower than for other key populations and only 54% of those with HIV have been initiated onto treatment. Kenya has National Strategic Plans which anchor these programs into policy, aligned with the recommendations from WHO and others. They also outlined the work done to sensitize other stakeholders, such as the police, to the issues around drug use and dependence, and how harm reduction is a health response rather than ‘promoting’ this behaviour. In response to a national heroin shortage, programs to reduce overdose were added too after a cluster of deaths.

The speakers identified socio-economic reintegration as one of the biggest challenges faced in Kenya. Attention is being directed to how best to engage and support people after they have begun accessing the services, and how to integrate with a holistic range of other services such as reproductive health, those providing food and shelter, and mental health. They also commented on the importance of supportive legal and policy environments – Kenya still criminalizes drug use, so harm reduction must work in a multisector way with police and prison systems to ensure people are supported, as well as with parliamentarians who make and review the laws, and with people who use drugs too.

The next invited speaker was Ms Nandi Mayathula-Khoza, Chair of the South African [Central Drug Authority \(CDA\)](#), comprising senior government officials from across 20 departments as well as independent experts nominated by civil society. South Africa has a [National Drug Master Plan \(2019-2024\)](#), as well as strategies for the prevention of HIV and other drug-related harms, all aligned with the AU Plan of Action which was presented on Day 1. The Master Plan covers demand reduction, supply reduction, access to medicines, new psychoactive substances, governance and accountability, data collection, poverty reduction, harm reduction, and human rights – all through multisectoral work. The most commonly used drugs in South Africa are cannabis, methamphetamine and opioids in descending order (including local variations such as “Whoonga”). There are 103 treatment centres in the country, and the majority of people in treatment are aged below 35.

Ms Mayathula-Khoza told the room that South Africa has a supportive policy environment: as well as prevention, early intervention and treatment programs, there is an emphasis on opioid agonist treatment (OAT), needle and syringe programs (NSPs) and peer distribution of naloxone, alongside other HIV, hepatitis and tuberculosis services. These programs also address the needs of women who use drugs, as well as tackling stigma and discrimination which remain big challenges. Furthermore, the South African National Assembly has recently passed laws allowing for cannabis use and possession for adults only, and in private (giving effect to a Constitutional Court ruling from 2018). The CDA works closely with the [South African Network of People who Use Drugs](#), as well as traditional and Khoisan community leaders, and with international donors such as the Global Fund and PEPFAR who support much of the harm reduction work.

The next invited speaker was Mr Ahmed Said, the Coordinator of the [African Network of People who Use Drugs \(AfricaNPUD\)](#), who thanked the organizers for including people who use drugs in the Dialogue in line with the principle of “nothing about us, without us”. AfricaNPUD was founded in 2015, and currently has members from around 18 countries. Mr Said acknowledged the good examples in Africa, including Kenya where he is based, but also lamented regressive policy developments in various other countries. Even where services do exist, these may not address the specific needs of women who use drugs, nor the injustices that people continue to experience on the streets (including from police). He also highlighted how the emerging synthetic drugs market poses new challenges for people who use drugs and heightened susceptibility to overdose – especially in those countries without harm reduction and treatment services in place. Mr Said urged the creation of a common policy approach in Africa that supports people who use drugs, prevents harms such as HIV, provides safety, and treats us as people. Every person who uses drugs is someone’s husband or wife, parent or child, tenant or landlord.

The next invited speaker was Dr Eve Namisango, the Programs and Research Manager at the [African Palliative Care Association](#), a membership-based, pan-African organization. It has been well documented by the WHO and academics that the availability, consumption and supply of opioid medicines is inequitable, and Africa is a region with some of the lowest levels despite being home to over 1 billion people and with a huge palliative care, pain relief and other medical need for these substances. This needs to be overcome with balanced regulations and implementation that ensure access for those in need. Existing bottlenecks include restrictive prescription regulations such as prescription only by doctors. But in countries like Botswana, Uganda and Zimbabwe, nurses can safely and effectively prescribe these medicines. Costs are another barrier, and experience from Uganda demonstrates how these can be reduced at the local level. Yet, at the same time, some other countries still have regulations that mean they have to import more expensive formulations. Countries need formulations that can be prescribed and taken safely at home, as well as special formulations for children and others with specific needs – in the era of person-centred care.

Dr Namisango also identified the lack of funding for advocacy and partnerships as a key issue, as multistakeholder and cross-border approaches and dialogues are essential – including having regulators speak with patients to understand their challenges and how to improve care. The lack of training for regulatory authorities is another ongoing issue when complying with the International Narcotics Control Board estimates and systems. Such training should be routine and continuous for all African countries, especially those that do not submit estimates. She also commented on how the North American opioid overdose crisis has a knock-on effect by encouraging governments to further restrict, rather than enhance, access.

The final invited speaker in this session was Ms Maria-Goretti Ane, the lead consultant in Africa for the [International Drug Policy Consortium \(IDPC\)](#) – a global network of 191 civil society organizations. Echoing previous discussions, she highlighted how African drug policy responses continue to be led by criminalization and punitive approaches. The need for improvements was underlined in IDPC’s [Global Drug Policy Index](#), which looked at 30 countries including 7 from Africa, of which Ghana (before the latest reforms came into action), Kenya, Mozambique and Uganda were ranked in the bottom 10 countries after a systematic review of their criminal justice responses to drugs, harm reduction provision, availability of controlled medicines for medical purposes, and sustainable development. Criminalization has fuelled public health crises and widespread human rights violations, but Ms Ane highlighted a growing appetite in Africa for review and reform. This

is also captured in the African Union Plan of Action which was presented on Day 1. Some countries are beginning to provide naloxone in community settings. Some countries are also having conversations or moving towards regulating cannabis, such as for medical and industrial purposes.

Ms. Ane pointed to a number of examples of national reforms and processes – including the Ghana example which had already been presented, where administrative fines or treatment referrals now replace prison sentences for people who use drugs. Morocco has also adopted harm reduction as a national policy, as well as legislating to regulate the production of cannabis for medical and industrial use. South Africa’s cannabis reforms were discussed earlier, and Kenya has a new harm reduction bill under consideration to try and improve the enabling environment. Other countries mentioned included Cote D’Ivoire, Lesotho, Mali, Mauritius, the Seychelles and Tanzania, and Ms Ane reported that many other African countries are beginning to move towards reforms in different ways, such as around harm reduction, alternatives to incarceration, or decriminalization (for which IDPC has outlined a ‘gold standard’ model). Ms Ane closed by underlining the importance of a new civil society platform that has been created to work at the African level – bringing together experts from prevention, treatment, harm reduction, policy and other areas – and urging further inclusive, open dialogues such as this one to align and secure the commitments of African member States for more humane and evidence-based drug policies.

Discussion

The subsequent discussions amongst participants included many important questions and considerations, including:

- Diversities in drug policies between countries can also reflect the diverse cultures, populations, settings and contexts. It was also suggested that new approaches (including the regulation of cannabis) must not ‘copy and paste’ but should be tailored to unique African contexts. These can, for example, be designed to promote indigenous production over corporate manufacture and guard against increasing potency.
- The provision of alternatives to incarceration is desirable in terms of health and costs, but is also a human right enshrined in several international documents and commitments – including the [Nelson Mandela Rules](#). The provision of harm reduction for people in prisons remains a big gap as well, with Kenya providing a positive example for others to consider.
- Calls for a better understanding of how to ensure access to medicines while also preventing diversion and trafficking.
- The need for technical support and greater understanding across the spectrum of drug policy responses, including prevention, supply reduction and treatment as well as harm reduction. It was also discussed that prevention can include programs for parents of children who are experiencing problems, which can support reintegration and stigma reduction as well. Educating the wider public was also mentioned as a complex challenge, with the need to increase awareness and debunk common myths about drugs.
- Understanding of the precise problems being faced needs to be improved, as there are many myths and misunderstandings regarding illicit drugs. For example, research from Cote d'Ivoire, Ghana, Mali, Niger, and Nigeria analysed samples of tramadol products sold outside of the formal healthcare system and found that many were between 280 to 500 mg doses (many times the standard medical dose) or contained various impurities which were leading to significant health problems. These were therefore not medical products being diverted, but unauthorized or falsified products – a nuance that must shape the response so as not to increase harm.
- There is a strong social and socio-economic component to drug use, which must not be overlooked in pursuit of biomedical responses and services. It was suggested, for example, that a major driver of drug use amongst young people is a perceived lack of opportunity or belonging. Psychosocial measures to address this and improve community inclusion can be just as important as any other interventions.
- The benefits of evidence-based drug treatment, including OAT, beyond the prevention of HIV and hepatitis were also discussed, in response to a query from the floor. It was highlighted that such treatment can provide life-changing stability for an individual, enabling them to go to work (especially where take-home doses are permitted), re-engage with families, and disengage from the violence and insecurity of criminal markets.

Session 3: Facilitated Discussion – Beyond 2024

The final session of the Dialogue did not include invited speakers, but instead was an open opportunity for participants to reflect on the information from the previous two days, and brainstorm for the way forward. Opening and moderating the session, His Excellency the Ambassador of South Africa highlighted once again the escalating drug situation in Africa which demands very urgent attention – including at the midterm review at the CND in March 2024, where participants were urged to aspire for comprehensive changes in the region. He urged that this required ongoing dialogue with all

stakeholders, and highlighted South Africa's leadership in Vienna on the implementation of the [Nelson Mandela Rules](#). Framing questions were then provided to the participants, covering the aspirations, priorities, challenges, and positions of African member States for the upcoming CND, and what the next steps might be to build on this Dialogue.

The subsequent discussion highlighted, inter alia, the following issues and themes:

- The Dialogue itself was widely praised as a good (and long overdue) opportunity to create more union, strengthen responses, and focus on people: "Let Africa work together to make sure that we have African solutions", as one participant expressed.
- The drug situation is multifaceted and cross-cutting and requires a multidisciplinary, comprehensive response including close collaboration among African States, as well as engagement with civil society and affected populations.
- The value of ongoing collaborations with, and technical support and development assistance from, the relevant United Nations entities, and how we can ensure this in practice to promote integrated and multidisciplinary approaches including prevention, harm reduction, treatment, access to medicines, mental health support, data collection and research, supply reduction, etc. This also requires close coordination between the United Nations agencies themselves.
- The relationship between the African Union Commission and the African Group in Vienna was also explored, and the need for ongoing communication was widely supported.
- The ongoing challenges in terms of medicines, patents, and affordability for African member States, which were brought back into the spotlight by the COVID-19 pandemic.
- The need for a new CND work plan for the 2024 to 2029 period, based on the challenges outlined in the 2024 document or declaration, while also making the connection between drug policies and the 2030 Agenda for Sustainable Development, the [African Union Agenda 2063](#), as well as existing targets and commitments such as those in the Global AIDS Strategy.
- The opportunity of high-level side events at the midterm review in March 2024 was also raised, especially on the topic of high HIV and hepatitis C transmission. It was suggested that African member States could play a leading role in this event.
- The importance of tackling organized crime, corruption and money laundering linked to drug markets in Africa, with the work of the newly formed Eastern and Southern Africa Commission on Drugs (ESACD) highlighted in this regard.

Closing Session / Next Steps

There was much discussion of the benefits and feasibility of African member States developing a common voice and position, heading into the CND midterm review and negotiations in 2024. It was suggested that this could include common challenges, highlight shared constraints, and also provide inspiration. Developing a common position was described as "a process, not an event", and was felt to be particularly important given the current challenges facing multilateralism more broadly.

It was also highlighted to participants that African civil society had already successfully negotiated its own [common position](#) in 2019, which has been signed by hundreds of organizations and translated into seven African languages. Some participants shared concern that an African Group common position may be at odds with the civil society one, and emphasized the need for a true consensus among all stakeholders. Others also identified a need for common lines of negotiation for the 2024 outcome document, a first draft of which is expected in January 2024.

It was suggested that the African Union could play a role in helping member States reach such a position in 2024. Indeed, the recent AU meeting in Zambia was highlighted as it resulted in a position statement around drug demand reduction which could also be useful for delegations. Such a document could be developed virtually, allowing space for discussions within countries and government agencies too.

The suggestion was also made by several participants to organize similar events as a follow-up to this Dialogue, possibly in January or February 2024, and aimed at delegates from Vienna, Geneva and New York to facilitate ongoing cooperation, discussion collaborations and learning among member States on drug-related issues.

It was agreed that an African common position for the midterm review would be pursued as an actionable outcome from the African Stakeholder Dialogue, and that future Dialogues will also be pursued.

The meeting was then closed by His Excellency Ambassador Philbert Johnson of Ghana, who expressed his thanks and appreciation to the participants, in person and online, and especially to his fellow African Ambassadors. He also acknowledged the financial support from UNAIDS that made the Dialogue possible.
