

30 July 2015

Original: English\*

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**Twenty-fifth Meeting of Heads of National  
Drug Law Enforcement Agencies, Africa**

Algiers, 14-18 September 2015

Item 4 of the provisional agenda\*\*

**Implementation of the recommendations adopted by the  
Twenty-third Meeting of Heads of National Drug Law  
Enforcement Agencies, Africa****Implementation of the recommendations adopted by the  
Twenty-third Meeting of Heads of National Drug Law  
Enforcement Agencies, Africa****Note by the Secretariat****I. Introduction**

1. The Twenty-third Meeting of Heads of National Drug Law Enforcement Agencies, Africa, held in Addis Ababa from 16 to 20 September 2013, adopted a set of recommendations following the consideration by working groups of the issues indicated below.
2. In accordance with established practice, the report on the Twenty-third Meeting was forwarded to the Governments represented at that session. A questionnaire on the implementation of the recommendations adopted at that Meeting was dispatched to Governments on 29 May 2015, with a deadline for replies set at 13 July 2015.
3. The present report was prepared on the basis of information provided to the United Nations Office on Drugs and Crime (UNODC) by Governments in response to that questionnaire. As of 28 July 2015, replies had been received from the Governments of Algeria, Angola, Burkina Faso, Egypt, Kenya, Morocco, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Spain and Zambia. Member States that did not provide responses that were included in the present report may wish to

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\* Available only in Arabic, English and French, which are the working languages of the subsidiary body.

\*\* UNODC/HONLAF/25/1.



brief the Meeting on the implementation of recommendations under the corresponding agenda item.

## **II. Responses from Member States to the questionnaire**

### **Issue 1: Developing effective law enforcement responses to illicit drug trafficking**

#### **Recommendation 1**

4. It was recommended that where they have not already done so, Governments should be encouraged to evaluate the applicability of the UNODC/World Customs Organization (WCO) maritime Container Control Programme and the UNODC/WCO/International Criminal Police Organization (INTERPOL) Airport Communication Project (AIRCOP) as part of their border management response.
5. Algeria indicated that it had used INTERPOL tools to fight this form of crime effectively (in particular of INTERPOL notices on *modi operandi* used). It had also expanded the databases for frontline officers.
6. Angola reported that, with regard to the maritime Container Control Programme, the Government had developed effective law enforcement responses to illicit drug trafficking, following the UNODC/WCO procedure. The Angolan Customs worked in collaboration with the criminal investigation services and work was performed from the time that the container was opened until all the material had been unloaded. Control was exercised in collaboration with INTERPOL. The implementation of AIRCOP was at a very slow pace.
7. Burkina Faso noted that, although it had no maritime frontiers, it had signed up for the “containers through dry ports project”, provided for in its national integrated programme against illicit trafficking, terrorism and organized crime, which, however, lacked funding.
8. Egypt indicated that it had taken no action under this recommendation. Kenya reported that action had been taken to implement this recommendation.
9. Morocco noted that negotiations were under way regarding the aforementioned programmes and that a joint evaluation mission of the AIRCOP project had been conducted in June 2015 with the participation of representatives of UNODC, WCO and INTERPOL.
10. In Niger, in June 2015, a branch of the central office against illicit drug trafficking was converted by Government decree into an airport anti-trafficking unit. Nigeria reported that the cooperation with INTERPOL, as well as AIRCOP, were running smoothly and achieving the foreseen results. Both INTERPOL and AIRCOP had recorded significant successes in Nigeria.
11. Senegal reported that these projects had already been under implementation in that country and the structures established in this regard had become operational.
12. Sierra Leone indicated that, in April 2014, it had approved the establishment of a Transnational Organized Crime Unit (TOCU), as a subcommittee of the National Security Council, thereby ensuring that TOCU legally existed under the

National Security and Central Intelligence Act (NASCI Act 2002) in order to lead the fight against illicit trafficking and organized crime. TOCU was placed under the coordination of the Office of National Security and, therefore, it was a permanent member of the Joint Intelligence Committee, together with stakeholders from other TOCU partner agencies, who met weekly to share and act on intelligence on national security, illicit trafficking and organized crime.

13. Sierra Leone also noted that the Aircop and Seaport Cooperation Programme (SEACOP) teams had been included in the revised organization chart of TOCU; that a TOCU/INTERPOL office had been established at the Freetown International Airport, Lungi, that closely collaborated with the Office of National Security, the National Revenue Authority (Customs), the Airport Authorities and other relevant security/enforcement stakeholders; and that the furniture and office equipment for that office had been provided by UNODC and INTERPOL. Furthermore, TOCU was working closely with the management of the Ports Authority in order to establish a similar unit at the National Harbour, for which office furniture and equipment had been provided by UNODC. SEACOP training was provided by the European Union and the SEAPORT project complemented the AIRPORT project as part of the border management response to organized crime, including illicit drug trafficking.

14. South Africa indicated that it had taken no action under this recommendation. Spain reported that it was actively participating in all the programmes through its national police, Civil Guard and Customs Service.

15. Zambia reported that it was still in the process of evaluating the applicability of the UNODC/WCO maritime Container Control Programme and of Aircop as part of the border management response. Zambia also noted that it required capacity-building programmes and financial resources support in order to implement those programmes.

## **Recommendation 2**

16. It was recommended that Governments should ensure that the joint inter-agency teams established at their air and sea borders as part of Aircop and the Container Control Programme are adequately supported by the judicial system in the investigation of, gathering of evidence against and prosecution of those involved in the trafficking of illicit drugs.

17. Angola reported that it had provided all the infrastructure and legal framework in order to take the necessary measures more efficiently.

18. Burkina Faso noted that it had not yet participated in the Aircop project. Egypt explained that this would be taken into account upon joining the project.

19. In Kenya, the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) had presented a proposal to the Chief Justice for the establishment of Special Drug Courts. In addition, in May 2015, the Cabinet Secretary in charge of drug control reported that the proposal for Special Drug Courts was under review in order to have these courts operational at the entry points for speedy prosecutions and the conclusion of drug-related cases.

20. Morocco reported that an agreement concerning the country's participation in these two projects was under negotiation. Niger reported that the airport anti-trafficking unit comprised the national police, gendarmerie and national guard

and that its mission was to detect and apprehend drug traffickers, who were then placed under the authority of the central office against illicit drug trafficking.

21. Nigeria indicated that the existing judicial system had sufficient resources to adequately support the functioning of AIRCOP. The Government had shown significant interest in the programme and was willing to address any issues that may arise from its implementation.

22. In Senegal, the legislation explained the mechanisms for action, investigation and court proceedings used by those inter-agency bodies. Those agencies had the same prerogatives as the other investigative bodies and enjoyed the same support at the judicial level. Furthermore, they were supported by the Central Office for the Suppression of the Illicit Drug Traffic, in particular the unit of the Criminal Investigation Department.

23. In Sierra Leone, the Joint Inter-Agency Team, which was part of the TOCU partnership, also included the Law Officers Department of the Ministry of Justice, thus creating an adequate synergy between the enforcement wing and the judicial system, in order to ensure effective gathering of evidence and the prosecution of those involved in drug trafficking.

24. In South Africa, successes had been reported at airports and sea borders, achieved in conjunction with international assistance and through information-sharing.

25. Spain reported that the Government was using joint operative teams and joint investigative teams at both the national and international levels. There were inter-agency systems of coordination of investigations. Furthermore, as part of the Intelligence Centre against Terrorism and Organized Crime, there was an Investigation Coordination System, which coordinated the investigations conducted by different law enforcement agencies, when they had common targets or intelligence. At the European Union level, specific operations were conducted in the framework of Europol's European Multidisciplinary Platform against Criminal Threats (EMPACT) project, in whose framework Spain had the lead on cocaine and heroin. Spain also had Risk Analysis Units (UARs) in place, which included officials from Customs and the Office of Fiscal Analysis Research. The UARs participated in the global Container Control Programme, thus facilitating the exchange of information, cooperation and coordination of operations relating to suspected maritime containers.

26. In Zambia, although the joint inter-agency teams had not yet been established, law enforcement officers had been trained in airport and border interdiction with regards to document and cargo screening.

### **Recommendation 3**

27. It was recommended that Governments should be encouraged to review the support provided to the drug detector dog programmes of their police and customs services to ensure that they are adequately funded and resourced to perform the valuable service they offer.

28. Algeria reported that its National Security Directorate had set up canine units at airport and port operational services, in addition to providing sniffer dogs at checkpoints. The Customs Service had strengthened its control and detection capacity through the acquisition of sniffer dogs and the training of

dog handlers — the sniffer dogs were deployed at sensitive ports and airports, and dog handlers had been trained in this connection.

29. Angola tackled the drugs problem according to international law and existing protocols. The Angolan authorities were training to improve their detector dog programme. Despite the existence of that programme, the Government continued to face challenges.

30. Burkina Faso reported that it did not have a canine unit in place. Kenya reported that it had increased funding to the police sector towards improving service delivery and that, in particular, the budget allocation for the fiscal year 2015-2016 had been raised by K Sh 27.1 billion.

31. Egypt had specialized units to train police dogs to detect drugs and the Ministry of the Interior ensured the provision of support required to carry out the tasks.

32. Kenya reported that the Government had increased funding to the police sector towards improving service delivery. In particular, the Police Sector's budget allocation for FY 2015/16 had been increased by K Sh 27.1 billion.

33. In Morocco, the security services placed great importance on canine units in the detection of narcotic drugs and other prohibited products, as evidenced by the establishment of specialized centres equipped with the necessary resources.

34. There were no canine units in the police and customs of Niger.

35. Nigeria indicated that the Government had established a canine programme, with active support from the Governments of Germany and South Africa.

36. In Senegal, in addition to the Gendarmerie's long-standing canine unit, the Police and the Customs Service had acquired sniffer dogs and funds had been released by each entity to meet the costs of the canine units.

37. In Sierra Leone, through the management of the Airport Authority, the Government ensured that the drug detector dog programme was maintained and expanded to perform this service.

38. In South Africa, training courses were conducted/offered to both police and customs officials, although not regularly, using resources set aside for this purpose.

39. In Spain, drug detector dogs had been used with great success for years in maritime, airport and land external borders to detect drug, explosives and money. There were also training programmes for dogs to upgrade the detection of new psychoactive substances.

40. Zambia reported that it had established a canine unit under the Drug Enforcement Commission, which had 10 sniffer dogs used for the detection of illicit drugs at strategic entry points, as well as for breeding. It was the intention of the Government to decentralize the unit to all the entry points and border posts of the country. In addition, Zambia continued to purchase scanners for law enforcement agencies, which were installed at strategic entry points and were used for the detection of illegal goods and drugs.

**Recommendation 4**

41. It was recommended that in order to better identify air passengers engaged in drug trafficking and containers used for the carriage of illicit drugs and precursors, Governments of the region should proactively support their competent authorities in the exchange of information about persons of interest, risk indicators, smuggling *modi operandi* and emerging trafficking trends.

42. Algeria reported that its National Security Directorate had a National Central Bureau (INTERPOL), whose principal mission was to exchange information on the *modi operandi* used by criminal groups involved in drug trafficking. Furthermore, the Customs Service had signed around 20 agreements on international mutual administrative assistance with the customs services of partner countries. At the national level, inter-agency collaboration and the exchange of information were institutionalized and enshrined in protocols of agreement concluded with the other institutions, *inter alia*, the National Security Directorate, the National Gendarmerie, the Directorate General for Taxes and the Bank of Algeria. Collaboration and coordination efforts with all the actors involved in the fight against drug trafficking were fully implemented.

43. Angola noted that, since traffickers were always one step ahead of the authorities, communication should be more advanced in order to capture them, and that the relevant services should provide the exact time of arrival, departure and location at a given point. Burkina Faso reported that its law enforcement authorities exchanged information.

44. Egypt reported that it had ensured the provision of all kinds of support, especially in the area of training in drug control and funding for training, in order to upgrade the efficiency of personnel at sea and air ports to investigate suspicious cases, inspect passengers and follow up developments in illicit trafficking in narcotic drugs and precursors.

45. In Kenya, the Government had established the National Technical Committee on Drug Trafficking and Abuse, which brought together relevant agencies in combating illicit drug trafficking, including the Airport Authority, Ports Authority, Customs Department, Police, National Intelligence Service and Pharmacy and Poisons Board. That platform facilitated the exchange of information among the agencies.

46. In Morocco, information was exchanged in a systematic manner, either directly or through INTERPOL and liaison officers, *inter alia*, on passengers on commercial flights arrested in Morocco for cross-border trafficking of cocaine, as well as on containers that may be transporting illicit cargo.

47. Niger reported that, although it had not taken action under this recommendation, it was in the process of installing the communication network I-24/7 CENcomm at the airport, in order to facilitate the exchange of information regarding suspects in real time.

48. Nigeria indicated that there had been a robust working relationship between Benin, Ghana, Nigeria and Togo in the area of information/intelligence-sharing about persons of interest, especially via the AIRCOP platform.

49. In Senegal, there was no formal mechanism for exchanging information between States except for the framework of the AIRCORP project. Moreover, even as regards AIRCOP, exchanges were generally limited to sharing information via CENcomm on the seizures made. Aside from the European information-exchange platforms, the States in the region had not taken any concrete steps towards exchanging information on the fight against drug trafficking.

50. Through the TOCU framework, Sierra Leone ensured a multi-agency partnership and collaboration in fighting illicit drugs and precursor trafficking through inter-agency information-sharing relating to persons of interest, smuggling *modi operandi* and emerging trafficking trends.

51. In South Africa, law enforcement agency officers were in touch with their regional counterparts daily to share and exchange information, to better understand the operations of individual(s) and syndicate(s) involved in narcotic drugs and precursor chemicals trafficking, in order to carry out arrests and disrupt their activities.

52. In Spain, there was police cooperation at the central level, with real-time exchange of information. There was also a network of liaison officers, counsellors and legal advisers of the interior, while the Europol's network of Early Warning Notifications was used as well.

53. Zambia reported that it had been proactively supporting law enforcement agencies and other competent authorities in the exchange of information about persons of interest, risk indicators, smuggling and emerging trafficking trends. Furthermore, efforts were made by law enforcement authorities to undertake joint operations. Zambia had also continued to strengthen exchange of information with the regional and international communities. Collaboration with organizations such as the Serious Organised Crime Agency in the United Kingdom of Great Britain and Northern Ireland had yielded positive results, such as the seizure of over 13 kilograms of cocaine from two Bolivian nationals in 2013.

## **Issue 2: Maintaining controls on the abuse of amphetamine-type stimulants and pharmaceutical preparations**

### **Recommendation 5**

54. It was recommended that Governments should take urgent steps to ensure that adequate regulations are in place to prevent the illicit manufacture, trafficking and distribution of tramadol into or through their territories, and actively engage in cooperation with the competent authorities of other States to combat its illicit manufacture and illicit domestic and international distribution.

55. Algeria referred to the promulgation of Act No. 04-18 of 25 December 2004 on the use and trafficking of substances, which were included in the four schedules of the Convention on Psychotropic Substances of 1971.

56. Angola reported that it had taken action to implement this recommendation. Burkina Faso noted that, although it had taken measures, tramadol was used illicitly through counterfeiting and illicit trade.

57. Egypt indicated that it had included tramadol in Schedule I annexed to the Egyptian Drug Control Act No. 125 of 2012, and had submitted a draft resolution to the Commission on Narcotic Drugs at its fifty-sixth session, in 2013, on strengthening international cooperation in addressing the non-medical use of tramadol.

58. In Kenya, the Government, through the Pharmacy and Poisons Department, had put regulations in place to control imports of precursor chemicals.

59. Taking into account its international commitments, in 2005, Morocco had put in place a comprehensive global strategy to fight the world drug problem in all its forms, namely the manufacture, trafficking and illicit use of drugs, including tramadol, which was classified as a narcotic drug.

60. Niger had classified tramadol as a high-risk drug in December 2013, while an ordinance dated 23 September 1999 provided the legal framework for the fight against drugs in that country.

61. In Nigeria, through national administrative control, tramadol was a controlled psychotropic substance.

62. In Senegal, regulations were already in place and targeted not just tramadol, but also other products classified as narcotic drugs, psychotropic substances or precursors.

63. Through the TOCU framework, Sierra Leone had mandated its Pharmacy Board to regulate tramadol as a controlled drug within its borders and to collaborate with other countries in combating its illicit manufacture and international distribution.

64. South Africa reported that its relevant law enforcement officers (e.g. Police Services) were in daily contact with their regional counterparts to monitor trafficking in narcotic drugs and precursor chemicals, in order to prevent and combat this scourge.

65. Spain noted that, according to its National Agency for Medicines, tramadol was a non-controlled substance, which was not subject to production and distribution measures. However, in Spain, the sale of tramadol to the public was subject to a medical prescription and it could only be administered under special precautions to opioid-dependent patients.

66. In Zambia, tramadol was considered a prescription-only medicine and the provisions of the Medicines and Allied Substances Act No. 3 of 2013, which were applicable to other such medicines, also applied to tramadol with respect to its licit manufacture, possession, import, export, distribution, supply and sale. Although tramadol was not on the list of substances that were under stringent control, Zambia intended to revise its relevant national legislation in order to capture the new and emerging trends of the world drug problem. Zambia had also fostered inter-agency cooperation and collaboration among the relevant law enforcement agencies at the national level.

#### **Recommendation 6**

67. It was also recommended that Governments should be encouraged to form partnerships with their chemical and pharmaceutical industries with a view to



educating them on the adverse effects of irresponsible transactions that do not comply with the relevant regulations, and to properly regulate the import, export and distribution of precursor chemicals and prescription drugs.

68. Algeria reported that it had national legislation in place setting out the respective modalities for granting authorizations to use narcotic drugs and psychotropic substances for purely medical and scientific purposes, as well as the modalities for taking charge of plants and substances seized or confiscated within the framework of the prevention and suppression of the use and trafficking of narcotic drugs and psychotropic substances. Activities related to the import and export of chemical and pharmaceutical products, precursors and medicines were subject to rigorous control based on a system of licences and permits issued by the Ministry of Health. Operators were required to present these documents at each transaction to the customs services for verification of compliance and authenticity, while relevant activities on national territory were also subject to ongoing monitoring by the Ministry of Health.

69. Angola noted that, since it was a developing country, its pharmaceutical industry was still emerging and it was not yet a major concern for the national authorities. Angola's National Medicine and Equipment Directorate worked together with the International Narcotics Control Board to control the quantities required for the country.

70. Burkina Faso noted that it did not have a pharmaceutical industry.

71. Egypt reported that action was being undertaken through the Tripartite Committee, consisting of the Ministries of the Interior, Justice and Health.

72. In Kenya, the Government had controlled the import and export of precursor chemicals through the Pharmacy and Poisons Board. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), through the National Technical Committee, would carry out the awareness-raising of pharmaceutical industries on drug abuse control.

73. Morocco reported that, in addition to the regulations and procedures already in place to prevent the diversion of medicines and chemical precursors, partnerships had been established to raise awareness and build up accountability among the chemical and pharmaceutical industries on this matter.

74. Niger reported that, to date, no institution had been tasked to establish partnerships with the chemical and pharmaceutical industries. However, the country's national drug control authority attempted to take the required action through its activities.

75. Nigeria reported that it had taken three steps in this regard: (a) the establishment of a chemical monitoring unit; (b) cooperation with relevant industries to elicit compliance with regulations; and (c) cooperation and collaboration with the regulatory agency.

76. In Senegal, periodic awareness-raising campaigns on the adverse effects of irresponsible transactions involving and the distribution of prescription drugs were organized in partnership with pharmacists, but not with the chemical and pharmaceutical industries. Senegal also noted that the regulations on the import and distribution of precursor chemicals were unclear.

77. Sierra Leone reported that it was ensuring such partnerships through the Ministry of Health and Sanitation and the Pharmacy Board.

78. South Africa noted that investigations/inquiries by the relevant law enforcement agency officials were conducted on an ongoing basis in collaboration with companies trading in chemicals and their distribution in order to monitor and prevent the diversion of precursor chemicals and prescription drugs.

79. Spain reported that there was voluntary collaboration between the Ministry of Interior and the Ministry of Finance with several companies from the chemical industry in order to facilitate information about the diversion and communication of suspicious transactions of chemical substances that could be used to manufacture narcotics.

80. Zambia reported that it had introduced a Chemical Monitoring Programme whereby pharmaceutical and chemical industries using precursor chemicals were educated on existing regulations. Legal and administrative measures were also in place in that country to support such activities related to the industries in question, while plans were set out to ensure that the industries were brought in line with the current trends for the purpose of properly regulating the import, export and distribution of precursor chemicals and prescription drugs. However, there was a further need to strengthen existing activities by clearly defining mechanisms for interaction between the Government and the chemical and pharmaceutical industries.

#### **Recommendation 7**

81. Governments should be encouraged to review their national drug strategies so as to ensure that their legislation and response strategies (covering both supply and demand reduction) are sufficient to meet the new challenges from the manufacture, trafficking and abuse of amphetamine-type stimulants (ATS).

82. In Algeria, the National Office for the Control of Drugs and Drug Addiction was responsible by law for drafting the National Strategy for the Control of Drugs and Drug Addiction and for submitting it to the Government for approval. That strategy, drafted for a period of five years, took into account the evaluation of the execution of the previous strategy and all the data gathered relating to the drug phenomenon, as well as the known results of scientific research. This method enabled Algeria to address new challenges arising from drug trafficking.

83. Angola reported that, although its pharmaceutical and narcotics industries were not developed, there was a small local industry controlled by the Government.

84. Burkina Faso indicated that it had sound legislation in this area.

85. Egypt indicated that action was being taken within the International Strategy on Drug Control, which ensured a balance between illicit drug supply and demand reduction.

86. Kenya reported that the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) had reviewed its strategic plan and prepared a draft drug control policy providing for supply suppression and demand reduction. Plans were in place to review the Narcotics and Psychotropic Act of 1994 towards enhancing the fight against drug abuse and illicit trafficking.

87. Morocco reported that it had undertaken amendments to current legislation, as well as intervention strategies in response to new developments in the world drug problem, *inter alia*, in relation to synthetic drugs and new psychoactive substances.
88. Niger reported that it did not yet have in place a national drug strategy, only action plans of the national commission and the national drug control agency.
89. Nigeria indicated that a thorough review of the National Drug Control Strategy for 2015-2019 had just been concluded, leading to the emergence of a new drug control master plan, which addressed the shortcomings of the previous document.
90. In Senegal, the Government had requested a resumption of the national anti-drug plan, whose adaptation to the new context was under way.
91. In Sierra Leone, Government agencies dealing with national drugs strategies had commenced discussions aimed at reviewing the National Drugs Control Act of 2008 to address current challenges in relation to the supply and demand of drugs, as well as new challenges, including ATS.
92. South Africa reported that the Government had established a Central Drug Authority, in compliance with the three international drug treaties and the national Plan of Action to Combat the World Drug Problem. Through a national consultative process, the Central Drug Authority had developed a National Drug Master Plan to address the social ills associated with substance abuse in response to the requirement of strategies on demand and supply reduction.
93. Spain cooperated closely with health authorities, especially in identifying substances, with the aim of establishing fluid communication with the authorities responsible for investigation in order to alert them of the presence of new psychoactive substances, once they had been analysed and identified. The Spanish Early Warning System (SEAT) enabled the exchange of information and data-collection system on new psychoactive substances to, *inter alia*, send reports to the European Monitoring Centre for Drugs and Addiction and Europol. The SEAT network had national coverage and worked at the national and regional levels, while also maintaining relations with European institutions. Its specific functions included identifying new substances (including precursors) circulating in the country and sharing the information obtained among the specific entities involved in the fight against drugs. The National Plan on Drugs of the Ministry of Health, Social Services and Equality and the Intelligence Centre against Terrorism and Organized Crime (CITCO) of the Ministry of the Interior were part of the Spanish delegation to the Horizontal Working Group on Drugs of the Council of the European Union, which was working on the proposal of the European Parliament and the Council of the European Union on new psychoactive substances.
94. Zambia developed a new Strategic Plan in 2013, in which some of the strategies and indicators focused on the revision and amendment of the national drug laws. In this regard, in 2015, Zambia would embark on the revision of the Dangerous Drug Act and the Narcotics Drugs and Psychotropic Substances Act in order to capture new and emerging trends of the world drug problem, including the manufacture, trafficking and abuse of ATS.

### **Issue 3: Responding to the challenges of access to HIV prevention and treatment services for illicit drug users**

#### **Recommendation 8**

95. Governments should ensure that adequate resources are made available to provide for and facilitate the development and operation of treatment and rehabilitation facilities, programmes and standards for persons suffering from substance-use disorders.

96. Algeria continued its programme to set up intermediate addiction treatment centres, 33 of which were in operation. This programme was still in progress as regards fitting out the remaining centres and training staff.

97. Angola noted that its relationship with an international body in this area would allow the country to obtain additional resources to tackle illicit drugs arriving into the territory.

98. Burkina Faso indicated that care was being provided, but that insufficient resources were available to set up appropriate structures.

99. Egypt reported that it had had comprehensive programmes in place for the treatment and rehabilitation of drug addicts, supervised by the Ministry of Health and the National Council on Combating and Treatment of Addiction.

100. Kenya had provided additional funding to NACADA in order to enhance provision of treatment and rehabilitation in the country. In attaining this, NACADA was working closely with the county governments mandated to provide primary health to the people. In the current partnership, NACADA was to facilitate the establishment of 12 treatment facilities in 12 counties. This would increase the public's access to treatment and support services.

101. Morocco noted that combating drug use was a fundamental pillar of its anti-drug strategy, which consisted, inter alia, of: (a) primary prevention based mainly on information, awareness-raising and education; (b) treatment and rehabilitation of drug users through treatment centres for people affected by drug use; and (c) the implementation of a therapeutic programme to substitute opiates with methadone.

102. Niger referred to its national programme against HIV/AIDS, which had its own budget.

103. Nigeria reported that it had funded a programme to address the facility deficit together with the European Union.

104. Senegal reported that the Government, together with partners, had established the new Dakar Integrated Addiction Treatment Centre, which had been in operation since December 2014. In addition, the psychiatric hospitals in the country continued to provide their usual treatment for drug-dependent persons.

105. Sierra Leone provided resources to the Ministry of Health and Sanitation for treatment and rehabilitation facilities for persons suffering from substance use disorders.

106. In South Africa, the Government, in response to the social ills associated with substance abuse and in fulfilment of Act No. 70 of 2008, had conducted workshops in nine of the provinces. It had also established seven public treatment centres, located in the five provinces most affected by substance abuse.

107. Spain noted that, due to the economic crisis in recent years, the moneys allocated to drug policy in the Spanish National Budget had been reduced. At the same time, a second funding source for these policies was the fund of seized assets for drug trafficking and drug-related crime, which allowed the public sale of these assets and the allocation of proceeds to both demand and supply reduction policies.

108. Zambia reported that the treatment of persons suffering from substance use disorders was being provided by provincial and national hospitals through their psychiatric departments. Treatment was available at all tertiary hospitals and at about 26 general hospitals and it included mainly detoxification with benzodiazepines, anti-craving medications, parenteral vitamins thiamine and fluid electrolyte balancing. Emergencies arising from drug use such as overdoses and all other life-threatening emergencies were treated free of charge to all Zambians. Intravenous illicit drug use remained rare and was not a public health problem. Psychotherapeutic interventions are available at mainly tertiary institutions; commonly brief interventions, motivational interviewing, counselling and cognitive behaviour therapy are used. There are two private rehabilitation intervention centres in the capital city. Community-based rehabilitation interventions had been initiated by non-governmental user associations and their impacts were yet to be observed. The financial resources for substance abuse treatment were disbursed as monthly grants to hospitals and all other resources, including human resources, medicines, logistics supports, laboratory services, imaging and nursing care, are integrated in the hospital operations. The Government had embarked on the construction of the National Drug Treatment and Rehabilitation Centre, which would provide treatment, rehabilitation facilities and other programmes for persons suffering from substance use disorders.

### **Recommendation 9**

109. Where they have not already done so, Governments are encouraged to ensure that there is close collaboration between their law enforcement authorities and their national HIV/AIDS councils so as to ensure that the challenge of HIV/AIDS among injecting drug users is properly addressed.

110. Angola reported that its authorities had been working to improve facilities for the people who required help.

111. Burkina Faso noted that its anti-drug agencies did collaborate with each other, but people injecting drugs did so in secret.

112. In Egypt, preventive programmes were carried out in collaboration and coordination with the National Programme Against HIV/AIDS, under the supervision of the Ministry of Health.

113. Kenya reported that a draft policy on harm reduction had been prepared and forwarded to the Minister for Health for approval. In the meantime, there was sufficient collaboration between the Drug Control Agency, Police and the HIV

Control Authority towards enhancing the access of persons injecting drugs to treatment and care.

114. In Morocco, inter-agency cooperation had been implemented in this connection in consultation with all the actors concerned, including civil society. Furthermore, the fight against HIV/AIDS among drug users was a pivotal component of the national anti-AIDS strategic plan and provided a single framework for cross-sectoral action by all national partners in this field.

115. Niger noted that this component was administered by non-governmental organizations, which had their own operating procedures.

116. In Nigeria, the National Agency for the Control of Aids (NACA) and the National Drug Law Enforcement Agency (NDLEA) were already in partnership to address the issue of HIV/AIDS among injecting drug users.

117. Senegal indicated that it had taken no action to implement this recommendation.

118. Sierra Leone noted that TOCU was working on extending partnership and collaboration with the national HIV/AIDS Secretariat in order to properly address the challenge of HIV/AIDS among injecting drug users.

119. In South Africa, Police Service officials attended or participated in numerous meetings with the Departments of Health, Education and Social Development. South Africa also noted that, although the Government did not have a policy targeted only at injecting drug users, it provided free antiretroviral medications to all those who were sick as a result of HIV/AIDS, as well as volunteers who tested their status, were found to be positive and availed themselves of the treatment.

120. In Spain, HIV/AIDS was considered a problem of public health and it was within the competence of the sanitary authorities to develop measures in order to prevent its spread and to ensure the treatment of all HIV/AIDS patients, regardless of the origin of their infection. The level of involvement of civil society was also very high in this sector. On the other hand, HIV/AIDS infection was not considered a problem of public security or law enforcement. Therefore, collaboration among authorities, which worked perfectly in other drug policies, did not work in this regard.

121. Zambia indicated that its Drug Enforcement Commission and the National HIV/AIDS/STI/TB Council had been collaborating effectively on issues of HIV/AIDS and drug use.

#### **Recommendation 10**

122. It was recommended that Governments should be encouraged to assess alternatives to imprisonment for drug-dependent persons so as to reduce their exposure to HIV/AIDS and other infectious diseases and offer access to supervised treatment programmes that will increase the likelihood of their successful reintegration into their communities.

123. In Algeria, Act No. 04-18 of 25 December 2004 on the prevention and suppression of the use and trafficking of narcotic drugs and psychotropic substances provided for solutions that replaced imprisonment for drug-dependent persons. The National Strategic Plan to combat STI/HIV/AIDS: (a) included injecting drug

users among priority target populations and deemed them to be at high risk of exposure to HIV; (b) integrated the development of STI/HIV/AIDS prevention and risk-reduction actions for this population segment with a view to promoting lower risk behaviour; and (c) provided access to the awareness-raising, screening and care programme free of charge.

124. In Angola, hospital treatment was available to everyone.

125. Burkina Faso indicated that its drug code allowed judges to issue a treatment order as an alternative to imprisonment.

126. In Egypt, a court may order the confinement of proven drug addicts in a treatment asylum as an alternative to punishment. The law also offered an opportunity for treatment to any drug addict who sought treatment, either voluntarily or through a family member.

127. In Kenya, the Drug Control Authority and NACADA has initiated programmes with the Prisons Department. Among the 13 proposed treatment centres was one at the Kodiega prison, in order to provide care to inmates with drug addiction challenges. In addition, the Government had employed a working policy of limiting arrests of drug users and focusing on the traffickers.

128. With a view to promoting the social reintegration of drug-dependent offenders, Morocco had put in place measures depending on the individual case, as a substitute for imprisonment (e.g. treatment, education and post-treatment rehabilitation).

129. Niger reported that there was a draft bill under development in this framework, which, however, did not specify the component of HIV/AIDS and other infectious diseases, and that it also had a mechanism for penalty-reduction presidential grace.

130. In Nigeria, the National Drug Law Enforcement Agency policy considered drug-dependant persons as clients needing help and counselling assistance and not as persons subject to litigation and imprisonment.

131. Senegal reported that it had made great efforts regarding treatment, which had become readily available. While treatment was not automatically ordered as a substitute for imprisonment in that country, judges had the opportunity to order treatment or detoxification in place of imprisonment.

132. Sierra Leone, through the National Drugs Control Act, 2008, empowered the Minister of Health and Sanitation to establish treatment assessment panels to handle psychological, physical or social problems connected with the abuse of drugs and analogues for the purpose of assessing the treatment and rehabilitation requirements of offenders. Where the panel recommended that the person should undergo treatment at an approved treatment centre, the court may make such an order and specify conditions relating to the supervision of the person at the approved treatment centre. Where a person completed treatment in an approved treatment centre to the satisfaction of a treatment assessment panel and within two years from the date of his or her conviction had committed no further offence under the act, the person may be treated as fully served whatever sentence or punishment prescribed by the court and would be reintegrated into society as an alternative to imprisonment and also as an HIV/AIDS-reduction strategy.

133. South Africa, through the Department of Correctional Services and the Department of Health, monitored the health conditions in correctional/prison

facilities in order to prevent, alleviate and provide treatment to inmates suffering from diseases including communicable diseases.

134. Spain referred to the fact that alternatives to imprisonment were contained in its national criminal law as a possibility for all drug-related offenders, regardless of their HIV/AIDS status. Social reintegration programmes were available to drug users as well, although there were no specific programmes for HIV/AIDS patients.

135. In Zambia, most drug-dependent persons were not imprisoned, with the courts and other competent authorities referring them to treatment and counselling programmes. Thus, in 2014, the Drug Enforcement Commission had recorded 302 drug-dependent persons, most of whom were referred for counselling and treatment.

### **III. Conclusions**

136. Several Governments that returned the questionnaire either evaluated the applicability or had already started the implementation of the UNODC/WCO maritime Container Control Programme and the UNODC/WCO/INTERPOL Airport Communication Project (AIRCOP) as part of their border management response. Some Governments had also taken measures to improve their border management responses, in line with national legislation.

137. Most responding Governments ensured that the joint inter-agency teams established at their air and sea borders, either as part of AIRCOP and the Container Control Programme or as part of national initiatives, were adequately supported by the judicial system in the investigation of, gathering of evidence against and prosecution of those involved in the trafficking of illicit drugs.

138. The majority of the Governments had established and/or continued to support the drug detector dog programmes of their police and customs services and ensured that they were adequately funded and resourced to perform the valuable service they offer.

139. Most responding Governments proactively supported their competent authorities in the exchange of information about persons of interest, risk indicators and smuggling, as well as in better identifying air passengers engaged in drug trafficking and containers used for the carriage of illicit drugs and precursors. Reference was made by some Governments to the WCO CENcomm system.

140. The majority of responding Governments had taken steps to ensure that adequate regulations were in place to prevent the illicit manufacture, trafficking and distribution of tramadol into or through their territories, and some Governments engaged in cooperation with the competent authorities of other States to combat its illicit manufacture and illicit domestic and international distribution.

141. Most Governments of countries where chemical and pharmaceutical industries existed had formed partnerships with their chemical and pharmaceutical industries with a view to educating them on the adverse effects of irresponsible transactions that did not comply with the relevant regulations, and in order to properly regulate the import, export and distribution of precursor chemicals and prescription drugs.



142. Almost all the responding Governments had undertaken a review of their national drug strategies so as to ensure that their legislation and response strategies (covering both supply and demand reduction) were sufficient to meet the new challenges from new psychotropic substances, including, in particular, in some countries, the manufacture, trafficking and abuse of ATS.

143. Many responding Governments either continued to ensure that adequate resources were made available to provide for and facilitate the development and operation of treatment and rehabilitation facilities, programmes and standards for persons suffering from substance use disorders, or had undertaken efforts to establish such facilities. Some Governments also provided such treatment through the psychiatric departments at hospitals.

144. Most responding Governments had undertaken measures to ensure that there was close collaboration between their law enforcement authorities and their national HIV/AIDS councils in order to ensure that the challenge of HIV/AIDS among injecting drug users was properly addressed.

145. Almost all the responding Governments either assessed or implemented alternatives to imprisonment for drug-dependent persons with the view to reducing their exposure to HIV/AIDS and other infectious diseases and offered access to supervised treatment programmes that would increase the likelihood of their successful reintegration into their communities.

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