Written Submission from the Eastern and Southern Africa Commission on Drugs to the Multidisciplinary Expert Panel on Strengthening the International Drug Control System

Role and expertise

The Eastern and Southern Africa Commission on Drugs (ESACD)[1] was formally launched in 2023, and is chaired by former South African President Kgalema Motlanthe. Its purpose is to support evidence-based responses to the region's expanding and increasingly complex illicit drug markets and to mitigate the harms linked to the production, distribution, trafficking and consumption of illicit drugs.

The ESACD's core objective is to promote and support practical and politically feasible changes to the region's drug policy approaches through evidence-centred dialogue, community participation and direct engagement with senior political leaders. Since its launch, the Commission has held a series of in-person public consultations across the region, which culminated in a Final Report and Action Plan released in 2025. The plan is grounded in four principal findings and includes 12 principal objectives, with 40 proposed activities designed to achieve them.

Challenges, barriers and opportunities

The Commission's work comes at a time of change. There is growing recognition, internationally and increasingly across Eastern and Southern Africa, of the public health, human rights and security costs of the status quo approach to illicit drugs and their harms. The drug policy landscape as it was once understood no longer exists. For decades, the 'map' that guided drug policy rested on a familiar set of tools: the international drug control conventions, the scheduling of substances, the primacy of supply-based interdiction along trafficking routes, and a broad multilateral consensus on the prohibition of possession and use. Today, however, markets and their structures have shifted, the range of substances in use has increased, and the harms attributed to illicit drugs have changed.

These global developments are clearly visible in Eastern and Southern Africa. The Commission's findings show that the region's drug markets are diverse, expanding and internationally networked. They are no longer confined to the coastal periphery or to large urban centres, nor are they dominated by cannabis and a few 'harder' drugs. Heroin, cocaine and synthetic drugs are now widely available, and drug use is occurring in smaller towns and settlements throughout the region.

The region's role in international supply chains has also fundamentally altered. It was once largely a transit zone. Now, drugs produced elsewhere increasingly arrive to supply domestic markets and a growing number of local consumers. Clandestine production of synthetic drugs is now an established reality in the region. In the Commission's assessment, the region's illicit economy can be understood as socially embedded, structurally resilient and geographically expansive.

The region's existing drug policy frameworks appear to be inadequate in the face of these growing challenges. Prevailing drug policy approaches have been built largely around the primacy of law

[1] The Global Initiative Against Transnational Organized Crime (GI-TOC) acts as the Secretariat to the ESACD. The ESACD is funded by the European Union.

enforcement and the use of punitive measures. Nevertheless, the number of users has continued to increase and drug markets have expanded rather than contracted. The financial costs of enforcement have continued to rise, while the social and developmental consequences of these approaches have disproportionately affected the poorest and most marginalized.

A central reason for this is that drug markets cannot be separated from the conditions in which they grow. The Commission identifies marginalization, poverty, vulnerability and inequitable development as key drivers of market growth and its associated harms. Urbanization in Eastern and Southern Africa is expected to increase by 74.3% and 43.6% respectively by 2050. Five of the world's 20 fastest-growing cities are in the region. Even before the start of the COVID-19 pandemic, cities were marked by severe underinvestment in housing, transport and social services. This has worsened existing problems such as poverty, poor sanitation, unemployment and insecurity.

Unlike elsewhere, the region's urban growth has not been matched by widespread industrialization. Historically, industrial work has provided mass employment for low-skilled workers and generated tax revenue for public reinvestment, both of which are largely absent from countries in the region. The Commission links the expansion of the region’s drug markets directly to these development failures. Illicit drugs continue to fill the deteriorating spaces of marginalized communities whose inhabitants have few legal routes to economic security. As a result, regional demand for illicit drugs has remained strong in established markets and is growing in areas where it was once thought to be absent. In its Final Report, the Commission concluded that there is now a need for traditional drug policy approaches to be rethought across the region. International guidance points in the same direction.

Specific examples of policies, practices or approaches

The UN System Common Position on Drug Policy (2019), endorsed by the UN Chief Executives Board, calls for alternatives to incarceration, including the decriminalization of drug possession for personal use. It also urges the adoption of policies grounded in public health and human rights. The UN System Common Position on Incarceration (2021), meanwhile, argues for the removal of minor drug-related offences from criminal codes. The International Guidelines on Human Rights and Drug Policy (2019), developed by a coalition of UN member states, the World Health Organization, the UN Development Programme and the Joint UN Programme on HIV/AIDS, advocate for alternatives to incarceration and the decriminalization of drug use and minor possession. Yet the gap between this guidance and practice in much of the region is still vast.

The imprisonment of individuals for drug use and low-level possession is where the costs of current drug policy approaches are most concentrated and most visible. The Commission's findings are stark. Security and judicial institutions have responded to the threats and harms of illicit drug markets by arresting and imprisoning large numbers of people for low-level drug-related offences. As a result, national prison populations have expanded, with some institutions reaching overcapacity levels of 400% or more.

The consequences extend well beyond the prison walls and the period of imprisonment:

- **Overcrowding:** severe overcrowding undermines safe and humane detention. It also puts a strain on prison administration and the delivery of basic services.
- **Health:** closed settings carry a high risk of transmitting communicable diseases, such as HIV, viral hepatitis and tuberculosis. Access to harm reduction, drug dependence treatment and continuity of care is often limited or absent.
- **Human rights:** conditions in overcrowded facilities often fall short of international standards, including the UN Nelson Mandela Rules, Bangkok Rules, and Tokyo Rules.

The result is a self-reinforcing cycle. Poverty and exclusion increase vulnerability to drug markets. Overcrowded prisons absorb public resources that could otherwise be used to fund health services, social protection and community development. Breaking this cycle requires a fresh look at who is imprisoned for drug offences, under what conditions, and what alternatives are available.

The region is not starting from scratch, however. Several countries already have relevant experience that could inform the way forward. During the COVID-19 pandemic, several governments in Eastern and Southern Africa took measures to reduce overcrowding and limit the spread of infection, including releasing prisoners, and granting amnesties and pardons. These measures were introduced quickly, often under emergency conditions, and were successful in reducing prison populations, albeit temporarily. Importantly, they showed that significant decongestion is administratively and politically achievable when there is a commitment to act. They also raised important questions about eligibility criteria; reintegration support after release; and whether reductions in prison populations were sustained or quickly reversed.

Actionable recommendations

Beyond emergency releases, a range of alternatives to imprisonment for drug use and personal possession exist. These include:

- diversion away from the criminal justice system at the point of police contact or prosecution;
- non-custodial sentences, fines and community service;
- referral to health, treatment and social services in place of punishment;
- threshold quantities that distinguish personal use from supply; and
- legal reform to decriminalize use and possession for personal use.

Court rulings and legislative reform regarding personal cannabis use in some countries have opened further space for policy debate.

Experience shows that the design and implementation of these measures matter as much as the law on paper. Diversion schemes can fail if police retain wide discretion, referral services are lacking, or treatment is made compulsory and becomes punitive in itself. Setting threshold quantities too low can push people who use drugs back into the supply category. Reforms that lack funding, training and buy-in from the police, prosecutors, judiciary and health services risk producing little change on the ground.

The ESACD proposes a balanced, multi-sectoral approach that moves the focus of drug policy away from the primacy of punishment and towards approaches that are more consistent with recognized guidance on public health, human rights and development.