

Africa Drug Policy Law & Ethics Observatory

November 3, 2026

Beyond Adoption: What African Governments Must Consider in the New AU Plan of Action on Drug Control and Crime Prevention

Introduction

The African Union's proposed Plan of Action on Drug Control and Crime Prevention (2027–2033) comes at a time when African governments face increasingly complex challenges involving drug markets, organised crime, public health and social development. Trafficking networks are adapting to changing routes and technologies, while the health and social consequences of drug use continue to place demands on already stretched public services. Governments must also contend with the relationship between drug policy, human rights, economic vulnerability and the capacity of national institutions to respond effectively.

The proposed Plan offers a framework for addressing these challenges through a more integrated continental response. It moves beyond an approach centred primarily on law enforcement and recognises the importance of public health, prevention, treatment, harm reduction, criminal justice reform, human rights and sustainable development. Its twelve strategic pillars also address research and information systems, access to controlled medicines, border security, digital drug markets, regional cooperation, diaspora engagement, governance and financing.

The development of the new framework followed a three-day African Union technical experts' meeting held in Maputo, Mozambique, from 17 to 20 November 2025. The meeting took place against the backdrop of an end-of-term evaluation of Member States' implementation of the previous AU Plan of Action (2019–2025). According to the AU Commission, the experts considered strategic priorities, institutional coordination, results frameworks and sustainable financing, among other issues (African Union Commission, 2025a). The process therefore provides an opportunity to carry forward lessons from the previous framework.

The forthcoming validation meeting, scheduled for 16–20 November 2026 in Luanda, Angola, is an important opportunity for Member States to examine the proposed Plan's substance and practical implications. The task is not simply to

endorse a continental policy document, but to ensure that its commitments can be implemented, monitored and sustained across countries with different institutional capacities and national circumstances.

Understanding the proposed Plan

The Plan serves as the operational framework for implementing the AU Strategy on Drug Control and Crime Prevention (2027–2033). While the Strategy establishes the continental vision and desired outcomes, the Action Plan identifies interventions, activities, responsible entities, indicators and data sources intended to guide implementation.

Its twelve pillars are organised around six thematic clusters: integrated drug information systems and research; health; security; livelihoods; cooperation; and governance and advocacy. Collectively, they address issues ranging from drug use prevention and access to controlled medicines to border security, digital drug markets, criminal justice reform, alternative development and sustainable financing.

One of the Plan's strengths is its recognition that drug-related challenges cannot be addressed through isolated interventions. Enforcement measures, for example, cannot substitute for accessible treatment and prevention services. Similarly, public health interventions cannot, on their own, dismantle organised trafficking networks or address the institutional weaknesses that allow illicit markets to operate. The Plan's integrated approach acknowledges the need for different parts of government and society to work towards related objectives.

This direction is consistent with the priorities articulated by the AU Commission during the 2025 technical meeting. In her opening remarks, the Acting Director responsible for Social Development, Culture and Sport, Angela Martins, called for a balanced approach to drug supply and demand reduction, a clear results framework, access to controlled medicines, and the mainstreaming of gender, youth and human rights considerations. She also drew attention to alcohol and other psychoactive substances, as well as the need for peer review and stronger monitoring arrangements (African Union Commission, 2025b).

The final Plan should be considered on its own terms, however. The remarks provide useful context on the priorities discussed during development; the final document is the relevant basis for assessing what has been incorporated and how those commitments are to be implemented.

The Plan also recognises that implementation must take account of national circumstances. Its proposed activities, outputs and indicators provide a common continental framework, but Member States are expected to adapt and supplement them according to their own contexts. This flexibility is necessary, given the differences in legal systems, institutional resources, drug markets and public health

infrastructure across African countries. The challenge will be to preserve common continental priorities while allowing sufficient room for national policy choices.

Beyond policy commitments: Issues requiring attention

i. Public health, prevention and harm reduction must be backed by accessible services

The Plan gives considerable attention to prevention, treatment, rehabilitation, recovery and harm reduction. It promotes evidence-based prevention in schools, families, workplaces and communities, alongside the integration of voluntary treatment into primary healthcare and community-based services. It also recognises the importance of mental health support, overdose prevention, peer-led outreach and the involvement of affected communities.

These commitments recognise drug use as a public health and social issue, rather than treating it exclusively as a matter for the criminal justice system. However, the practical test will be whether people can access appropriate services when they need them.

Member States should consider what is required to expand service coverage, train health professionals, reduce stigma and make treatment affordable. The proposed support for peer-led harm reduction networks also deserves attention. Such networks can help reach populations that formal services may struggle to engage, but their contribution depends on sustained financing, appropriate legal protection and recognition of their role in service delivery.

Access to controlled medicines is another important part of this discussion. The Plan seeks to improve the availability of medicines for pain management and palliative care while preventing diversion for non-medical use. Governments will need to strike a careful balance: regulation must protect against diversion without creating unnecessary barriers for patients who need these medicines. The right to health and the relief of suffering should not be lost in the effort to control misuse.

The question for governments is whether national health systems and budgets are prepared to support these commitments beyond the adoption of policies and the establishment of programmes.

ii. Supply reduction must address organised crime without losing sight of proportionality

The Plan recognises the changing nature of drug supply and the growing complexity of transnational organised crime. Its proposals include stronger border and port

security, intelligence-sharing, precursor chemical control, forensic capacity, financial investigations and cooperation among law enforcement agencies. It also acknowledges the links between drug trafficking and other forms of organised crime, including human trafficking, migrant smuggling, firearms trafficking and cybercrime.

These measures respond to legitimate security concerns. Yet their effectiveness should not be judged simply by the volume of seizures, arrests or prosecutions. Enforcement activity does not necessarily demonstrate that major trafficking networks have been disrupted or that the conditions sustaining illicit markets have changed.

Indeed, the Plan calls for research into the effects of drug policies, including whether enforcement disrupts major networks or instead displaces trafficking routes, changes drug composition or increases arrests among people who use drugs and low-level couriers. This is an important provision that deserves serious attention during implementation.

Member States should consider how intelligence-led enforcement can be directed towards organised criminal networks and their financial operations while avoiding disproportionate responses to people whose involvement in drug markets is shaped by vulnerability, coercion or limited economic opportunities. The distinction between organised criminal actors and people involved in low-level activities should remain clear in both policy and practice.

iii.Criminal justice reform and human rights require practical commitments

The proposed Plan includes commitments to proportional sentencing, alternatives to incarceration, diversion mechanisms, reduced pre-trial detention and improved health services for people in contact with the justice system. It also calls for reviews of national drug control legislation and recognises the need for fair trial guarantees and protection against arbitrary detention.

These provisions raise important questions about how national laws and criminal justice institutions respond to drug-related offences. A commitment to alternatives to incarceration, for instance, will have limited effect if legislation and sentencing practices continue to favour custodial penalties for minor, non-violent offences.

Member States should examine whether their existing legal frameworks distinguish adequately between possession for personal use, low-level involvement and trafficking. They should also consider the practical implications of reviewing mandatory minimum sentences, establishing appropriate diversion

mechanisms and ensuring continuity of healthcare for people in custody and after release.

The Plan's call to phase out compulsory and involuntary treatment and replace it with voluntary, evidence-based community services also warrants attention. Treatment should be grounded in health needs, informed choice and respect for individual dignity. Its effectiveness cannot be measured simply by the number of people placed in rehabilitation facilities.

iv. Youth, women, and vulnerable populations must have a meaningful role

The Plan gives particular attention to young people, women and populations facing heightened vulnerability. It proposes age- and gender-responsive services and recognises the circumstances of people who use drugs, persons with disabilities, refugees and internally displaced persons, street-connected populations and others who may face barriers to healthcare and social protection.

It also calls for the involvement of people with lived experience, youth organisations, traditional and religious leaders, and community-based actors in policy design and implementation. This is an important recognition that policies are more likely to respond to actual needs when those affected have a meaningful role in shaping them.

However, participation should not be reduced to consultation exercises. Member States should consider what institutional arrangements will allow affected communities to influence decisions, contribute to implementation and participate in evaluating results. This requires more than invitations to meetings; it requires accessible participation mechanisms, appropriate representation and resources to sustain engagement.

The Plan's emphasis on alternative livelihoods and economic resilience is equally relevant. It recognises that unemployment, limited economic opportunities and social exclusion can contribute to vulnerability within illicit economies. Proposed interventions include agricultural diversification, vocational opportunities, entrepreneurship, cooperatives and social protection.

As the United Nations Development Programme (2015) argues, drug policy has development dimensions that cannot be addressed through enforcement alone. Alternative development interventions therefore need to reflect the economic realities of affected communities. They are unlikely to succeed if they focus narrowly on replacing illicit crops without addressing land access, markets, infrastructure, income security and the participation of local populations. Nor should they assume that everyone involved in illicit markets occupies the same position or has the same motivations.

v. Regional cooperation and diaspora engagement need clear safeguards

Drug markets and organised crime frequently operate across national borders, making regional and international cooperation necessary. The Plan proposes stronger collaboration among Member States, Regional Economic Communities and international institutions, including cooperation on intelligence, mutual legal assistance, extradition and asset recovery.

The value of these arrangements will depend on whether responsibilities are clearly defined and whether cooperation is supported by the institutional capacity and resources required for implementation. Differences in national legislation and criminal justice procedures will also need to be considered.

The proposed engagement of the African diaspora is another notable feature. The Plan identifies opportunities for diaspora communities to contribute knowledge, research, investment, advocacy and technical expertise. This could strengthen connections between African governments and communities abroad.

However, diaspora engagement should not become predominantly security oriented. Proposed data collection and cooperation involving individuals who may be vulnerable to trafficking, exploitation or drug-related criminal activity must be guided by appropriate safeguards. Confidentiality, consent, data protection and protection against profiling and discrimination are important considerations. Engagement should recognise diaspora communities as potential partners in policy and development, rather than treating them primarily as subjects of surveillance or risk assessment.

vi. Financing, monitoring and accountability will determine implementation

Perhaps the most consequential test of the proposed Plan concerns its financing and accountability arrangements. The document recognises the need for sustainable financing, domestic resource mobilisation, annual costing of national, regional and continental action plans, and stronger partnerships with civil society and other stakeholders. It also proposes ring-fenced financing for selected interventions, independent audits, annual reporting through a continental monitoring dashboard, public progress reports, a mid-term evaluation in 2030 and a final evaluation in 2033.

These arrangements provide a basis for monitoring progress. Yet the Plan does not set out an overall estimated cost for implementing the continental framework. Member States will therefore need to consider how the proposed activities will be translated into costed national priorities and supported through realistic budgetary commitments.

The distinction between monitoring activity and measuring results is equally important. Counting the number of countries that have adopted a policy, established an observatory or conducted training may indicate progress, but it does not necessarily demonstrate improved access to treatment, reduced drug-related harm, fairer sentencing or stronger responses to organised crime.

The Plan envisages establishing baselines during the first year of implementation, with milestones by 2030 and targets by 2033. Member States should ensure that these arrangements produce indicators capable of measuring service coverage, quality and outcomes, alongside institutional outputs. They should also clarify who is responsible for collecting and verifying data, how findings will inform policy and budget decisions, and what happens when implementation falls behind.

This is also where the experience of the previous AU Plan matters. The AU Commission confirms that an end-of-term evaluation of the 2019–2025 Plan preceded the November 2025 technical meeting. The earlier Plan was initially intended to cover 2019–2023 and was extended to 2025 following implementation delays associated with the COVID-19 pandemic (African Union Commission, 2025a). The evaluation should provide an important basis for determining which approaches worked, where implementation encountered difficulties and what needs to change.

The existence of an evaluation, however, is not evidence that its lessons have been incorporated. Member States should examine the actual findings and ask how they have informed the new Plan's priorities, institutional arrangements, financing provisions and monitoring framework. The new framework should not simply reproduce earlier commitments in a different format. It should demonstrate how the experience of the previous period has shaped a more realistic approach to implementation.

As Andrews, Pritchett and Woolcock (2017) argue in their work on state capability, policy ambitions cannot be separated from the institutional capacity to deliver them. This is particularly relevant where implementation depends on several ministries, law enforcement agencies, health institutions, regional bodies and civil society organisations. Clear responsibilities, coordination and sustained resources will matter as much as the policy commitments themselves.

Accountability must therefore involve more than submitting reports. It requires transparent assessment, independent scrutiny and a willingness to respond to evidence of shortcomings. Parliamentarians, research institutions, civil society organisations and affected communities should have opportunities to examine progress and contribute to public discussion.

What should Member States bring to the validation meeting?

The validation process in Luanda should provide an opportunity to address questions that will shape the Plan's implementation over the next seven years. Among the issues requiring consideration are:

- Are the proposed interventions sufficiently balanced across public health, harm reduction, supply reduction, criminal justice and international cooperation?
- What practical measures will ensure that prevention, treatment and harm reduction services are accessible, affordable and adequately staffed?
- How will governments distinguish between organised trafficking actors and people involved in low-level drug-related activities?
- What legislative and institutional changes are required to give effect to commitments on proportional sentencing, diversion and alternatives to incarceration?
- How will people with lived experience, young people, women and other affected populations participate in decisions and evaluations?
- What safeguards will govern digital investigations, data collection and cross-border information-sharing?
- How will the proposed interventions be costed, and what proportion of implementation will be supported through domestic public financing?
- Are the responsibilities of the AU Commission, Regional Economic Communities and Member States sufficiently clear?
- How will the findings of the previous Plan's evaluation inform implementation of the new framework?
- Will the monitoring framework measure improvements in service quality, coverage and outcomes, and will progress reports be publicly accessible?

These questions are not intended to diminish the ambition of the proposed Plan. They are necessary to establish whether its commitments are sufficiently clear and realistic to guide action across the continent. Member States should approach validation as an opportunity to resolve outstanding policy and implementation questions, rather than treating it as the final step in a document-development process.

Moving from continental commitments to accountable action

The proposed AU Plan of Action on Drug Control and Crime Prevention provides an opportunity to strengthen Africa's collective response to drug-related challenges. Its integrated approach recognises that public health, security, criminal justice, human rights and development are connected, and that effective responses require cooperation across these areas.

But the Plan's contribution will depend on what governments do with it. Its twelve pillars will have limited practical value if institutional responsibilities remain unclear, financing is uncertain, national implementation is weak, or monitoring systems record activities without demonstrating meaningful results. Equally, commitments to human rights and community participation must be reflected in the decisions and practices of the institutions responsible for implementation.

For African governments, validation should therefore be an exercise in substantive policy engagement. It should be an opportunity to clarify priorities, test the feasibility of proposed interventions, address implementation gaps and establish realistic expectations for accountability. The diversity of national circumstances should inform how the framework is implemented, without weakening the common principles and objectives that underpin continental cooperation.

For ADPLEO, the task is to contribute to this process through independent research, policy analysis and informed advocacy. The organisation's interest is not simply whether Member States adopt the Plan, but whether its commitments lead to measurable improvements in public health, justice, human rights and the wellbeing of African communities.

Ultimately, the significance of the 2027–2033 Plan will be judged not by the breadth of its commitments, but by the extent to which governments translate them into sustained action and permit their performance to be assessed. The challenge is to move beyond adoption towards implementation that can be demonstrated, examined and held accountable.

References

African Union Commission. (2019). *African Union Plan of Action on Drug Control and Crime Prevention (2019–2025).* African Union. https://au.int/en/documents/20190729/african-union-plan-action-drug-control-and-crime-prevention-2019-2025

African Union Commission. (2025a, November 19). *African Union convenes technical experts to develop continental action plan on drug control and crime prevention (2026–2030).* https://au.int/en/pressreleases/20251119/au-convenes-experts-develop-action-plan-drug-control-and-crime-prevention

African Union Commission. (2025b, November 18). *Remarks by Mrs Angela Martins, AUC Ag. Director, Social Development, Culture and Sport at meeting on development of the AU Plan of Action on Drug Control and Crime Prevention 2026–2030.* https://www.au.int/fr/speeches/20251118/remarks-ag-director-sdcs-au-plan-action-drug-control-and-crime-prevention

African Union Commission. (2026). *African Union Plan of Action on Drug Control and Crime Prevention (2027–2033).* African Union Commission.

Andrews, M., Pritchett, L., & Woolcock, M. (2017). *Building state capability: Evidence, analysis, action.* Oxford University Press.

United Nations Development Programme. (2015). *Addressing the development dimensions of drug policy.* UNDP.