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THE WORLD DRUG REPORT 2021:

A CRITICAL ASSESSMENT OF PROJECTED INCREASES IN AFRICAN DRUG USE

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Key points

The *2021 World Drug Report* provides a comprehensive analysis of trends in global drug markets, including production, trafficking, consumption and health consequences within the context of COVID-19, and highlights current and future impacts of the pandemic on drug market dynamics. An interesting component of the 2021 Report is the projected increase in the population of people who use drugs by 2030, in particular as it relates to the African continent. As shown in the *Report* and the Methodological Annex, the projection is based on limited and uncertain data. In this critique, we analyse the limitations of the data and methodologies, and explore the implications of the estimate for drug policy in Africa.

It is to the credit of the United Nations Office on Drugs and Crime (UNODC or Office) that the limitations of the data used in the estimate is acknowledged and readers are cautioned to view the figures as a projection rather than an accurate forecast. Nevertheless, the true nature of the figure remains obscured by its eye-catching and media friendly representation in the *Report*. Further, the figure could take on a life of its own and, following media representations, could be regarded as absolute, instead of a complex estimate.

In terms of the type of data collected, while there has been a welcome increase in attention given to the health consequences of drug use in recent years, a strong case can be made that there remains a preoccupation with scale and flows rather than a more nuanced focus on harm, including those that are generated by drug policies. Such a consideration is particularly relevant when, and in view of this year's focus on projected figures for African drug use, drug policy is considered within the context of achievement of the Sustainable Development Goals (SDGs) and UN human rights norms more generally.

Importantly, while drug use estimates in Africa are useful for awareness raising and decision-making, the figures can be unhelpful in optimising drug policy since they do not distinguish between types of substances used and between problematic and non-problematic drug use. Given the tendency to conflate drug use in Africa (and elsewhere) with harms, while ignoring its social and health benefits especially for marginalised youth on the continent, estimates that fails to adequately capture the nuances and complexity of drug use could easily be used to bolster support for failed drug policies.

Introduction

As in previous years, the *2021 World Drug Report*,[1] published by the UNODC provides a comprehensive analysis of different aspects of what is referred to as the 'world drug problem'. In some ways building on the *2019 Report*,[2] the *Report* deems the impact of COVID-19 on drug markets, which it says will be felt for a while, as an issue worthy of special attention. Following the overall summary provided in Booklet 1, Booklet 2 offers an 'overview of the global demand for and supply of drugs'. This includes the extent of drug use and its health impacts, trends in 'drug use disorders', drug treatment demand, and, on the supply side, the extent of illicit crop cultivation, and trends in drug production and trafficking, including over the internet. Booklet 3 provides an overview of the cannabis and opioids markets, including an intriguing highlight on the concomitance of increase in the potency of cannabis and low perception of risk among adolescents. Booklet 4 then provides an analysis of the cocaine and Amphetamine-Type Stimulants (ATS) markets, including their manufacture and trafficking at global and regional levels.

After roughly two years of grappling with the wide-ranging impacts of COVID-19, it is now possible to undertake at least an initial assessment of its impact on drug markets. Booklet 5, therefore, offers an analysis of the impact of the pandemic on drug production, trafficking, retail distribution, and drug supply on the internet. It highlights the resilience of drug markets and how they have recovered from the impacts of the pandemic as well as the implications of containment measures on the patterns and health effects of drug use, particularly cannabis and sedatives. The Booklet also offers insight into the provision and uptake of drug prevention and treatment services during the pandemic as well as innovations in service delivery spurred by COVID-19. These include the use of telemedicine, dispensing of sterile injecting equipment and opioid agonist medication via vending machines, and the provision of take-home doses covering extended periods. These innovations added a positive twist to a sombre analysis.

An interesting feature of the *2021 Report,* is the 'Special Points of Interest' section within Booklet 1. Among a range of issues given prominence in this section is drug use in Africa, specifically the findings that – simply because of demographic changes – the number of people who use drugs in the region is projected to rise by an astonishing 40% by 2030. As is afforded top line billing in Booklet 1 and unpacked in more detail elsewhere, particularly in Booklet 2, this equates to a projected increase in the estimated number of people (age 15-64) who use drugs in Africa from 60 million in 2018 to a staggering 86 million. The UNODC explains that 'Although a rise in people who use drugs is predicted across the world, it is likely to be particularly pronounced in Africa because the population is younger, and drug use is higher among young people than old people'. 'Moreover', it continues, 'the population of Africa is projected to grow more quickly than that of other regions'; a projection influenced, among other things, by its low-income status and related upward trends in urbanisation. Here, in exploring the UNODC's analysis of trends of drug use in Africa, we focus on the uncertainty surrounding the data upon which projections are based and the related policy implications.

Projections and associated factors

The *Report* notes in general terms how increases in populations most at risk of drug use is highest in World Bank-defined low-income countries (with a projected increase of 43%).[3] The positive correlation between urban growth and drug use is put down to several underlying factors. Specifically, that 'an increase in drug use may not necessarily result from urbanization in itself, but rather from widespread poverty, unemployment or criminality, which may be associated with some urban areas'.[4] Moreover, with UN research showing that expected growth in the urban population is projected to be 'significantly higher in low-income countries than in high income countries',[5] Africa understandably becomes an increasing point of concern. Consequently, the *Report* concludes, a combination of factors including age structure (what has been termed elsewhere a 'Youthquake'[6]), the trend towards convergence in prevalence of drug use among men and women, income levels and urbanisation make the region particularly vulnerable to an increase in the number of people who use drugs by the end of this decade.

It should come as no surprise that the target date for achieving the SDGs,[7] especially Target 3.5 regarding 'strengthening the prevention and treatment of substance abuse',[8] is selected as the end point of the overall exercise to generate global projections of drug use of which Africa emerges as a key region of concern. With the stated aim of assisting 'drug service providers in different regions to consider the order of magnitude of potential efforts to meet target 3.5', the UNODC points out

the existence of a multitude of factors influencing trends in drug use. With this in mind, the size and composition of the global population are seen to be 'perhaps the only elements that can be easily considered to anticipate the global extent of drug use in the future'. Even here, however, it is stressed that 'while population growth definitely matters, it may not be the main driver of change in the number of people expected to use drugs by 2030'. Other acknowledged contributing factors include changes in legislation and implementation, changes in service provision, as well as changes in youth culture and risk perceptions. The possible impact of COVID-19 is also noted. As a result, within parts of the *Report*, if not explicitly in the 'Special Points of Interest' section or indeed the Executive Director's Preface, readers are quite rightly cautioned to view the analysis and associated estimated figures as a projection rather than an 'accurate forecast of future drug use'. This reflects a welcome trend in recent years for the UNODC to acknowledge the high levels of uncertainty involved in any attempt to fully understand the expanding and increasingly dynamic nature of illicit drug markets.

Data limitations

While this is the case, what remains largely unexplored in the five Booklets comprising the *2021 World Drug Report* is an additional layer of uncertainty that accompanies the foundational figures upon which Africa's eye-catching projected increase in drug use is based. For this, it is necessary to delve into the online Methodological Annex;[9] an often ignored part of the *Report*, particularly in relation to the media-friendly take-home messaging accompanying its launch. As explained in the Annex, while considerable efforts have been made to improve the estimates presented in the *World Drug Report*, 'challenges remain…because of the gaps and varying quality in the available data'. This is particularly so in relation to drug use generally, and within Africa in particular.

Collecting data on 'hidden populations' is highly problematic, even in countries possessing well-resourced and organised data capture systems. Although by no means alone, few African nations fall into this category. Such a reality is reflected in the return and completion rates of the Annual Reports Questionnaire (ARQ), one of the key sources of information upon which the *Report* is based. For example, out of 200 potential respondents for the ARQ for 2019 (including 193 Member States), the UNODC received only 98 replies to the section on the 'Extent and patterns of and trends in drug use'. This compares with the slightly higher figure of 105 for the Questionnaire section on 'drug crop cultivation, manufacturing, and trafficking'. Overall, however, only 23% of African Member States provided ARQ responses in 2019. It is also worth bearing in mind that the quality of information on drug supply is 'slightly better than that of information provided on drug demand' with the completion rates of the two sections differing. The resultant paucity of data in the region is relevant to our understanding of the projected 40% increase in the number of people who use drugs in Africa.

In looking at 'forces of population changes' and analysing 'how these population changes – ceteris paribus [other things being equal] – would affect drug use at the global level in specific regions', it is unsurprisingly – and arguably unavoidably – acknowledged within the Annex that such an endeavour encountered several substantive methodological challenges. Key among these was that while every year the UNODC publishes estimates of drug use by drug and region, for overall drug use 'only a global estimate' has been provided. As we'll see, current calculations for the Africa figure, therefore, rely on a global 'best estimate' of 'some 269 million people' (the equivalent of 5.4% of the world's population) aged 16-64 using drugs at least once in 2018. As can be seen at various points in the *Report*, this figure is accompanied by a generous range of 166 to 373 million, or between 3.3 and 7.5% of the global population.[10]

Methodological considerations

These figures are based on several methodological components. Since a strong positive correlation between cannabis use and overall drug use has been identified, the first is predicated on the average proportion of the total population that used cannabis, as 'reported by a number of countries in their national surveys'. The second draws on the aggregate number of people using each of five drug groups (cannabis, opioids, cocaine, amphetamines and ecstasy) 'from a select number of countries'. In this case, the not unreasonable assumption is made that a 'significant' number of people who use drugs consume more than one drug and that these five populations overlap. As is explained, the 'global lower estimate was the lower of the two values obtained from the two approaches, while the upper estimates were the upper value derived from the two approaches'. The 'best estimate' is then calculated from the average of the two values'.[11]

Regarding both components, however, it is important not to overlook the fact that the UNODC is necessarily forced to rely on very limited data to generate the ranges and ultimately calculate the 269 million figures. Indeed, although tucked away in the Annex, it is striking that the calculations rely on household surveys from only 29 countries globally. Of these, two are from Africa: Algeria and Nigeria. As the UNODC notes in the Annex in relation to the lower and upper ranges, the 'estimate is obviously tentative given the limited number of countries upon which the data informing' the methodological approaches are based.

With this in mind, the next step in deconstructing 'the global number of drug users to estimates at the regional level', including Africa, relies on the assumption 'that such a breakdown basically followed the distribution of cannabis users at the global level'.[12] Consequently, based on regional estimates for 2018, forecast population growth rates from that year to 2030 were applied to estimate the 'likely regional numbers'. As noted earlier, the assumption is made that current prevalence rates will remain static and that increases in the overall number of people who use drugs would be 'merely due to demographic changes'. This is entirely reasonable considering the already complex nature of the exercise. That said, when looking at the calculation of the foundational global figure it is important not to underestimate its fragility and the limited data upon which it is based. As the UNODC points out, 'Ranges have been produced to reflect the considerable uncertainty that arise when data are either extrapolated or imputed'.[13] That is to say, the use of statistical methods to infer unknown values from trends in known data and determine and assign replacement values for missing, invalid or inconsistent data.

Further, it is worth highlighting that the UNODC's analysis of likely changes in the distribution of African people who use drugs by age group due to demographic change is also hampered by a lack of information. In the absence of published baseline data concerning the likely number of people who use drugs by age group in Africa, analysis is forced to rely on the region's most populous country, Nigeria. Here, based on the nation's first ever nationwide drug use survey in 2018,[14] UNODC research provides a detailed distribution of cannabis use by age. This reveals that Nigeria accounted for '15 per cent of Africa's total population or around a fifth' of the region's 'total number of cannabis users in 2018'. With cannabis found to be used by 75% of all people who use drugs in the country, it is 'assumed' by the UNODC that the distribution of use of the drug by age was a 'fair reflection of the overall distribution of drug use by age'. From that position, a decision is made 'that this distribution of drug use by age was also a rather good proxy for overall distribution of drug use by age in Africa'. Once again, therefore, while not questioning the general trend, figures around age distribution need to be considered with some caution due to a reliance on limited data from countries that may not be representative of others in the region and, admittedly necessary, statistical techniques and the use of proxies.

From the arcane to the policy relevant

From some perspectives the preceding discussion may be regarded as somewhat arcane. Both the headline figures – global and those relating specifically to Africa – and the underlying methodological challenges do, nevertheless, raise several important inter-related and policy relevant issues worthy of close attention.

The need for better and different data

It is difficult to argue with the UNODC's ongoing requests to Member States for an improvement in data capture and reporting. The relative ease of quantifying the cultivation of drug crops has, in close cooperation with the Office, admittedly led to an improvement in national monitoring systems in some countries. These states have seen the development of what the UNODC regards as 'impressive monitoring systems designed to identify the extent of, and trends in, the cultivation' of what are referred to as 'narcotic plants'.[15] Yet, as noted 'there remains significant data limitations on the demand side'. 'Despite commendable progress made in several Member states', the Annex continues, 'far more remains to be done to provide a truly reliable basis for trend and policy analysis and needs assessments'.[16] At a more basic level, it is also probably fair to conclude that ARQ return and completion rates for both drug 'demand' and 'supply' could be improved enormously if states engaged with the ARQ process more diligently than is currently the case.

Where Africa is concerned, and as is given prominence in the 'Findings and Conclusions & Policy Implications' of Booklet 1, 'the projected increase in drug use and the continued dynamism of drug markets' are seen to 'demand *regular monitoring* of the drug situation' (original emphasis). More specifically, it is argued that 'States need a major *continental mobilization* to help them define and apply innovative and cost-effective monitoring and as-

sessment systems' (emphasis added). 'This', the Office continues, 'will allow them to produce and use data on drug demand and supply and ensure that national authorities have the information they need to detect emerging trends while they can still be prevented'.[17]

This is a valid point, and one to which we will return. Nevertheless, without reprising detailed arguments made elsewhere including in various IDPC publications, it is also apposite to reflect on the *type* of data being collected. Even considering the revised and much improved ARQ, questions remain around which aspects of drug markets the UNODC encourages Member States to examine and measure. While there has in recent years been a welcome increase in attention given to the health consequences of drug use, it can be argued that there remains a preoccupation with scale and flows rather than a more nuanced focus on harm, including that generated by some drug policies themselves. Such a consideration is particularly relevant when, as is the case with the Office's focus this year on projected figures for African drug use, drug policy is considered within the context of achievement of the SDGs and UN human rights norms more generally. As argued by the International Expert Group on Drug Policy Metrics in 2018, 'aligning the way we measure and evaluate drug policies with the 2030 Agenda for Sustainable Development will have two clear benefits: 1. It will help overcome many of the limitations of effective drug policies resulting from suboptimal metrics for measuring their impact; and 2. It will help make sure that drug policies enhance rather than hinder, efforts to achieve the SDGs'.[18]

Acknowledging uncertainty

Although presented in most of the *Report* as a 'best estimate' and accompanied – as is statistically appropriate – by the associated ranges (in terms of both numbers of people and percentage of global population aged 15-64) it can be argued that the UNODC should consistently include cautionary details alongside the foundational 269 million figure, or more recent variations thereof. For instance, having opened her Preface with the somewhat reductive phrase 'Drugs cost lives', the UNODC Executive Director, Ms. Ghada Waly, is keen to stress that 'Despite the proven dangers, drug use persists and, in some contexts, proliferates'. 'Over the past year', she continues, '*around* 275 million people have used drugs' (emphasis added). Eye-catching as this is, one might ask whether the qualifier 'around' genuinely captures the degree of uncertainty accompanying the figure. Similarly, while the 40% increase figure for drug use in Africa is presented in Booklet 1 as a projection representing a possible high estimate (it is accompanied by the phrase 'as much as') uncertainty around the figures upon which it is built means that this should also be considered with some caution. To be sure, it is only when diligent readers engage with other parts of the *Report*, specifically Booklet 2 and the Annex,[19] that the true nature of the figure becomes clear. For instance, as is noted in Booklet 2, 'On the basis of the assumption of an unchanged overall prevalence of drug use in Africa, population growth alone would result in an increase of 38 per cent in the number of people who use drugs over the period 2018-2030 in the region, to reach a projected 83 million (*range: 49 million-112 million*) in 2030' (emphasis added).[20] When considering the need for impactful messaging and related media accessibility, it is understandable why the UNODC chooses to present digestible and rounded figures within the Preface and Executive Summary; the latter almost certainly being the most read section of the publication. Nonetheless, this approach is accompanied by the risk that the figures take on a life of their own and in many ways, especially after several rounds of media reporting, come to be regarded as fact rather than complicated and ambiguous estimates.

It is known on the basis of extensive research that media representations are capable of producing such effects. Issues are not simply presented in the media; they are 'framed'.[21] In other words, they are presented in ways that not only reduce the complexity of an issue but also resonate with existing underlying schemas among media audiences. In relation to the projected population of people who use drugs, its framing in the media – i.e., the reduction of the complexity of the issue in order to make it more accessible to the audience – may not only contribute to absolutizing a figure that was only an estimate, but could also influence drug policy in terms of 'agenda setting'. Such a situation is reminiscent of the UNODC's effort to put a figure on the worth of the global retail market for illicit drugs. Presented in the *World Drug Report 2005* as US$ 320 billion, the figure grew in the years that followed to be seen by many, particularly journalists, as definitive rather than speculative.[22] This, in what appeared to be an attempt to sustain political and – crucially – financial support for the Office, may well have been the intention of the former UNODC Executive Director. Writing in the 2005 Report's Preface, Mr Antonio Maria Costa, noted that 'For all the caveats that one may put on such a figure, and the text [of the *Report*] notes them,

it is still larger than the individual GDPs of nearly 90% of the countries in the world. This is not a small enemy against which we struggle. It is a monster'.[23]

The utility of drug use data

Putting aside issues around the scarcity of data and resultant uncertainty, it is pertinent to ask, what do drug use figures in Africa actually tell us? There is much to be said for the UNODC's view that '…there will be an increasing number of people who use drugs in countries where there are fewer resources available for drug prevention or comprehensive drug treatment responses'.[24] Yet, while unquestionably useful for raising awareness and alerting national authorities within the region to increasing resource pressures on health-oriented drug policies and interventions, a strong case can be made that such a blunt figure can also be unhelpful to the goal of optimizing drug policy. The category 'drug use', as has been noted elsewhere, 'includes a variety of different consumption behaviours (from the one-time user to dependent daily users)…does not make a distinction between the substances consumed… nor does it make a distinction between problematic and non-problematic use'.[25] Moreover, although in no way suggesting that cannabis is innocuous, questions around individual drug-related harm are perhaps especially relevant to discussions around projected drug use in Africa because the substance plays such a critical role in the construction of the final estimated figure.

On this point it is worthwhile recalling the work of Neil Carrier and Gernot Klantschnig. Writing in *Africa and the War on Drugs* in 2012, they ask 'How much harm is being wreaked on African societies by drugs?' In answering, the authors suggest that 'Aside from the lack of data to convincingly show that per capita drug use in Africa is rising, one should be cautious when generalising about their harms: substances such as khat and cannabis have been consumed for centuries in Africa, and while patterns have changed and elders lamented the growing use by youth, their consumption poses a relatively low risk'. 'The war on drugs rhetoric that holds sway at this moment in history', they continue 'builds on the notion that all drug use is inherently problematic, and so assumes that if a "drug" is being used, harm is occurring. But clearly this is not necessarily so'.[26] Moreover, it is stressed, '…little evidence exists to suggest that drugs are the source of widespread harm for African youth, or that their problematic consumption is the cause of societal harm, rather than a symptom of wider social problems'.[27]

The above arguments are corroborated by recent qualitative studies that used in-depth interviews to explore the views of Nigerian youths regarding their drug use and experiences of harms. The accounts of drug use offered by youths in these studies emphasized the benefits of drug use while situating harms within conditions of social marginalisation and exclusion which shape their drug use patterns. Such nuanced perspectives trouble the kinds of generalisation about drug harms in Africa that Neil Carrier and Gernot Klantschnig referred to above. For example, one study[28] found that drug use served as a means of empowerment and stress relief for street-involved youths who labour in the urban informal sector to meet survival needs in a depressed economy. In another study,[29] young women involved in street sex work consumed cannabis to medicate the traumatic effects of multiple and overlapping social and material disadvantages. On the other hand, the use of drugs in search of social and health benefits led some to use in ways that increased the risk of dependence and harms. This indicates that drug-related harms are due more to the social and material conditions that shape drug use patterns, than to drug use per se. Such findings call for caution in generalising, especially when made on the basis of blunt estimate figures, and highlight a need to privilege the complexity and nuances of drug use and related harms on the continent.

In his recent book *The Urge: Our History of Addiction,* the psychiatrist and former person dependent on drugs Carl Fischer makes a similar point and powerfully cautions against conflating drug use with drug dependence or even harm.[30] Similarly, Cameron Duff, after noting that '(c)ontemporary drug policies make a problem of almost all forms of drug use', called for policy responses that recognise that drug use practices are not always problematic, but instead some may fit within users' 'broader effort to promote or maintain their health'.[31] Indeed, the UNODC itself has long tacitly accepted that drug use and harms are not coterminous when it has noted the distinction between people who use drugs and what are currently referred to as people suffering from 'drug use disorders'. Specifically, it is noted this year that 'Among the estimated 275 million past-year users of any drug, approximately 36.3 million (range: 19.6 million to 53.0 million), or almost 13 percent, are estimated to suffer from drug use disorders, meaning that their drug use is harmful to the point where they may experience drug dependence and/or require treatment'.[32] What the UNODC seems not to have recognised is the fact that some drug use practices actually contribute to the pro-

motion of health and well-being, instead of only harming them as it is often thought. Acknowledging variations in drug use practices and the health benefits that sometimes underpin them would have important implications for drug policy in Africa, a continent where inequitable access to formal health services has compelled many to rely on various alternatives, including self-medication.

Uneven emphasis

When considering the *Report* as a whole, readers might question the UNODC's choice of issues to highlight. Within the context of demographic change and often related trends in urbanisation, top-line billing for drug use in Africa seems reasonable. From there, however, one wonders why certain issues are given prominence over others within discussion of the region. For example, although acknowledging the consequences of increases of the number of people who use drugs in low-income countries, particularly Africa, for prevention and treatment programmes, the UNODC is especially keen to draw attention to the possible impact on the behaviour of criminal groups. Not unreasonably, it is stressed how there is a possibility that 'criminal profits generated by drug trafficking, which are usually highest at the end of the supply chain, in consumer countries, may shift from high-income to low-income countries where resources for combating drug trafficking and money laundering may be more limited'. Such countries, it is noted, may also be 'particularly vulnerable to criminal infiltration and corruption'.[33] It is no coincidence that this perspective neatly dovetails with the UNODC's recently published *Strategic Vision for Africa 2030*.[34] This is offered in Booklet 1 as a supporting mechanism for a '*continental response*…empowering African societies as they develop sustainable solutions to drug-related challenges' (emphasis added).[35] More specifically, the *Strategic Vision* frames 'how UNODC and Member States will strengthen Africa's responses to drug control, transnational organized crime, terrorism, corruption and illicit flows in order to accelerate Africa's progress towards the 17 Sustainable Development Goals (SDGs) and the aspirations of the Africa Union's Agenda 2063: The Africa We Want'.[36]

Set up in this way, it is worth noting that of the five investment areas laid out in the *Strategic Vision*, three relate directly to crime.[37] The disproportionate focus on crime is very telling, not least because of the reference to 'balanced drug control' in the very first investment area. In some ways, this reflects an institutionalised approach that is centred on criminal justice and wherein public health measures, though increasingly recognised, remain marginal. Of the two that do not (with the other focusing on 'Protecting Africa's Resources and Livelihoods'), 'Promoting People's Health Through Balanced Drug Control', among other things, includes the welcome recommendation to provide 'people who inject drugs with access to a comprehensive and essential package of HIV prevention services'. This language is also repeated, among other places within the *Report*, notably in Booklet 1, and is clearly a positive inclusion, including in relation to people in prisons and closed settings. Indeed, it echoes language used in the 2012 *WHO/UNODC/UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*.[38] It will be recalled how, among other things, the *Technical Guide*'s 'comprehensive package' includes 'needle and syringe programmes' and 'opioid substitution therapy'. The choice of phraseology, however, reflects the UNODC's worrisome ongoing reluctance to explicitly use the term 'harm reduction' in high-profile publications. Deployment of proxy phrases has long been a favoured tactic, especially when the harm reduction approach remained controversial for many member states, significantly the United States of America, and the UNODC sought to use what it deemed to be politically acceptable language when referring to specific interventions concerning injecting drug use. The continuation of such an approach in 2021 though seems somewhat incongruous within the context of the more widely accepted and largely uncontroversial status of harm reduction within UN fora, including in Vienna.[39] This is especially the case considering use of the term, albeit caveated,[40] by the UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters, of which the UNODC is the lead agency.[41] Considering the UNODC's support for human rights-based approaches and legitimate concerns regarding 'HIV prevention, treatment and care' in Africa, it is unfortunate that harm reduction is not given more prominence within the UNODC's discussion of projected increases of drug use in the region. Furthermore, it should be recalled that the term 'harm reduction' encompasses a much wider range of health interventions that go well beyond HIV prevention, treatment and care, such as overdose prevention, hepatitis C prevention, treatment and care, pill testing, and many more – all of which are ignored here with the UNODC's choice of terminology.

Similarly, and mindful of the potential of African countries to learn policy lessons from other parts of the world before illicit markets mature, it seems that an opportunity has been missed to highlight the positive outcomes of decriminalisation of the possession of drugs for personal use. Again, this is a policy approach recommended by the UN System Common Position on drug-related matters and of the Task Team in its 2019 *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug related matters.*[42] The lack of direct and overt engagement with both evidence-based policy approaches in this context appears to be a legacy of the *UNODC Strategy 2021-25*, a document that underpins the *Strategic Position for Africa*. As IDPC has discussed elsewhere, the *Strategy* does not acknowledge the Common Position, and – perhaps unsurprisingly therefore – fails to adequately engage with either harm reduction or decriminalisation as effective policy choices.[43]

Summary and conclusions

As captured in the Report, the population of people who use drugs in Africa is projected to increase from 60 million in 2018 to 83 million in 2030 based on population growth and urbanisation trends. The projection, which is based on limited and uncertain data, has implications for drug policy on the continent. This remains the case, notwithstanding the caution to view the estimated figures as a projection rather than as an 'accurate forecast of future drug use', partly because of the tendency for the uncertainty of the data to be obscured through media effects.

In our analysis, we have highlighted the need not only for better quality data, but also for a more nuanced focus on harms, including those generated by enforcement-based policies. Crucially, we have shown that estimate figures can be unhelpful in optimising drug policy, because they do not distinguish between types of substances used and between drug use and drug dependence among other considerations. Given the tendency to conflate drug use and harms in Africa, figures that do not account for nuances and complexity could easily be used to bolster support for failed drug policies.

On the above, and considering the high levels of uncertainty surrounding the data upon which the projections are based, it is unfortunate that more attention is not given to policy approaches that are supported by good evidence base (i.e., certainty). The Task Team report is, after all, called 'What we have learned'. It is only reasonable to expect these lessons to be translated into practice in terms of implementing policies that are known on the basis of solid evidence to be effective in reducing drug-related harms, instead of those that would generate another layer of harms.

While headline figures are useful for grabbing attention, they need to be accompanied by more sophisticated analysis that captures the complexity of the African continent. Such analysis could inform tailored responses that address the unique problems of different countries, instead of the 'continental response' called for in the *Strategic Vision for Africa*. It should also be noted that there is a difference in the presented data – Booklet 1 (p. 11) shows Africa projected figure as 86 million and Asia 83 million in 2030). In booklet 2 (p. 12) the figures are the other way around. This is no doubt a simple editing error, but use of the 86 million in booklet 1 may prove useful in generating interest.

It is important to emphasize the fact that if drug use is a simple function of increases in population, as suggested by the projection, then market elimination strategies are inappropriate. Instead, more attention should be focused on reducing harm and market management (in particular harm reduction and decriminalisation). Here African states can learn lessons from elsewhere, instead of simply focusing on enforcement-oriented approaches. As recently observed by Neil Carrier and Gernot Klantschnig, '… there is a danger that drug policy in African countries – so influenced by agendas from elsewhere – may continue to gravitate to prohibition while those of other regions develop different approaches'.[44] More emphasis should, therefore, be given in the World Drug Report to human rights and health approaches on the continent.

The end-point for the projection is the date for the attainment of the SDGs in Africa, possibly to highlight the negative effects of drug use on development. But as Carrier and Klantschnig have pointed out, 'No psychoactive substance – licit or illicit – is entirely unproblematic; of course, substances categorized as "drugs" are not necessarily problematic either, and this holds true for their impact on development in Africa too…'[45] They also argued that, '…little evidence that drugs are a major impediment to African development exists, and drug policy itself, rather than the substances it seeks to control, can be seen as the root cause of many of the development harms such as increased corruption'.[46] Rather than the 'world drug problem' '…the myriad harms surrounding "illicit" drug markets might be better understood as the result of a "world drug policy problem"'.[47]

Acknowledgements

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Endnotes

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In exploring the UNODC's analysis of trends of drug use in Africa, this IDPC/GDPO report focuses on the uncertainty surrounding the data upon which projections are based and the related policy implications.

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