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EAST AFRICAN COMMUNITY REGIONAL POLICY ON PREVENTION, MANAGEMENT AND CONTROL OF ALCOHOL, DRUGS AND OTHER SUBSTANCE USE

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EAC Secretariat
Arusha, Tanzania
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ACKNOWLEDGEMENTS

The **EAC Regional Policy on Prevention, Management, and Control of Alcohol, Drugs and Other Substance Use** is a result of decisions and directives of the Sectoral Council of Ministers Responsible for Health, to develop a comprehensive policy that can help to bridge the gaps in policies, programmes and practices that aim to reduce the adverse health, social and economic consequences of the irrational use of drugs and other psychoactive substances.

In 2016, the EAC Secretariat with support from the Global Fund through KANCO under the HIV and Harm Reduction Regional Project for Eastern Africa, and the EAC Partner States commenced the process of developing the Policy. The EAC Secretariat appreciates KANCO for providing the financial support required to undertake the policy development process. The Secretariat also appreciates the role of the International Drug Policy Consortium (IDPC) for providing initial technical support in the formulation of the draft EAC Regional Policy on Prevention, Management, and Control of Alcohol, Drug and Other Substance Use.

The EAC Secretariat further applauds the consultative process of developing this policy that has navigated various stages both at regional; and national levels. This includes the literature review and data collection involved in drafting a comprehensive situational analysis; the formulation of the draft policy document, country consultations, experts' meetings, peer review consideration and validation of the final draft. Numerous parties and individuals including Experts from the EAC Partner States, Experts from regional and international organizational including KANCO, IDPC, OSIEA, UNODC, UNAIDS, WHO, and the technical experts from the EAC Secretariat HIV and AIDS unit who contributed to the development of this policy.

Particular acknowledgement goes to Dr. Michael J. Katende, the Principal Health Officer, from the EAC Secretariat for the commitment, contribution and leadership in the coordination and development of the EAC policy document, and all staff including under the HIV and AIDs Unit. Special thanks also go to Mr. Allan Ragi, the Executive Director, KANCO for the commitment in logistical and technical support in the development of this policy. Our most gratitude goes to all the respondents and contributors for their active participation; without their time and contributions, this policy would not be ready.

The process involved the hierarchical decision-making structures of the East African Community. A session of Senior Officials followed by a session of Permanent Secretaries and the Sectoral Council of Ministers responsible for Health were involved in sanctioning the policy. We therefore wish to acknowledge the contribution of the Senior Officials representing the Partner States namely; Burundi, Rwanda, Uganda, South Sudan, United Republic of Tanzania and Kenya. We also wish to acknowledge the swift consideration of the EAC Regional Policy on Prevention, Management, and Control of Alcohol, Drug and Other Substance Use by the Permanent Secretaries of the Partner States. The Policy would not be complete without the decision-making power of the Sectoral Council therefore we finally acknowledge the timely approval of the Policy by the EAC sectoral Council of Ministers.

On behalf, of the EAC, I would like to express my gratitude to the Partner States; the regional and international bodies namely; KANCO, International Drug Policy Consortium (IDPC), EANNASO, the Eastern Africa Harm Reduction Network (EAHRN), OSIEA, UNODC, UNAIDS, WHO, and the technical experts who contributed to the development of this policy Regional Policy on Alcohol, Drug and Other Substance use would not be complete without the guidance and support from the Sectoral Council therefore I finally acknowledge the timely approval of the Policy by the EAC Council of Ministers.

FOREWORD

The EAC has over time noted the increasing trends in alcohol, drugs and other substances use and their implications on the health and socio-economic status of the affected populations across the region. Consequently, basing on the EAC's emphasis to strengthen regional and national programs targeting key and vulnerable populations as enshrined in its HIV & AIDS, TB and STI multi-sectoral strategic plan and implementation framework 2015-2020 which is anchored on the EAC Health Policy, the EAC secretariat following a directive of the EAC Ministers of Health in their 6th Ordinary meeting embarked on development of a comprehensive policy to cover prevention, control and management of alcohol, drugs and other substances use in the region.

The EAC Regional Policy on Prevention, Management and Control of Alcohol, Drugs and Other Substance use recognizes that alcohol, drugs and other substance use or consumption is associated problems arising from the complex relationship between the individual consumer of alcohol, drugs and other substances and the broader cultural, political, social, economic and physical environment. Therefore, this policy provides broad framework within which all stakeholders in the region will contribute to the reduction of the negative consequences caused by Alcohol, drugs, and other substances use in the EAC region with specific emphasis on comprehensive prevention, control and management of the harmful effects of alcohol and drug use including provision for strategies for the rehabilitation of persons with alcohol, drugs and other substance use disorders.

With the aims of the policy anchored on; prevention of the youth from initiating alcohol and drug use; control the production supply and distribution of illicit and licit alcohol as well as narcotic drugs in the region, and management of alcohol and drug related harmful effects including, Harm reduction for those that are already dependent on drugs. This policy also promotes and protects the health well-being of the citizens of the East African Community.

The EAC Secretariat is committed to creating an enabling environment to make it possible for all stakeholders to execute their roles. The EAC Secretariat will coordinate the overall implementation of the policy across Partner States and will develop relevant strategic tools to facilitate adoption and implementation of the policy at Partner State level in anticipation that all the initiatives within the policy pave way for a healthy and prosperous East African Community thereby supporting the achievement of the Sustainable Development Goals.

Amb. Liberat Mfumukeko
Secretary General
East African Community

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Clinic
ART	Anti-retroviral Treatment
ARV	Anti- Retroviral
AU	African Union
BDHS	Burundi Demographic and Health Survey
CSO	Civil Society Organization
EA	East Africa
EAC	East African Community
EANNASO	East African National Networks of AIDS Services Organizations
FSW	Female Sex Workers
GFATM	Global Fund for Fighting AIDS, Tuberculosis and Malaria
HCV	Hepatitis C virus
HIV	Human Immune Virus
HMIS	Health Management Information System
HRI	Harm Reduction International
IBBS	Integrated Bio-Behavioral Surveys
IDPC	International Drug Policy Consortium
IEC	Information, Education and Communication
IGAD	Intergovernmental Authority on Development
KANCO	Kenya AIDS NGOs Consortium
KDHS	Kenya Demographic and Health Survey
KNASP	Kenya National HIV and AIDS Strategic Plan
M&E	Monitoring and Evaluation
MAT	Medically Assisted Therapy
MDAs	Ministries, Departments and Agencies
MoH	Ministry of Health
NAC	National AIDS Council
NGO	Non-Governmental Organization
NSP	Needle Syringe Program
OST	Opioid Substitution Therapy
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RDHS	Rwanda Demographic and Health Survey
SGBV	Sexual and Gender Based Violence
SIDA	Swedish International Development Agency
SMC	Safe Male Circumcision
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
THMIS	Tanzania HIV and AIDS and Malaria Indicator Survey
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UAIS	Uganda AIDS Indicator Survey
UDHS	Uganda Demographic and Health Survey
UHSBS	Uganda HIV Sero-Behavioural Survey
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/ AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNODC	UN Office on Drugs and Crime
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
ZAC	Zanzibar AIDS Commission

DEFINITION OF KEY TERMS

The definitions provided below are aligned with the UNAIDS Terminology Guidelines (2015), or other UN guidance and documents wherever possible.

Alcohol	Alcohol is a volatile flammable liquid which is produced by the natural fermentation of sugars and is the intoxicating constituent of wine, beer, spirits, and other drinks, and is also used as an industrial solvent and as fuel.
Addiction	A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because substances change the brain, its structure and how it works.
Alcohol Addiction	For the purposes of this document Alcohol addiction shall be used to refers to a psychological dependence on alcohol that involves continued, compulsive drinking that does not stop despite adverse consequences.
Alcohol Dependence	Individuals who suffer from alcohol addiction also become physically dependent on the substance and experience severe, sometimes life-threatening, withdrawal symptoms upon quitting.
Alcohol Abuse	For the purposes of this document alcohol abuse shall be used to mean heavy drinking regardless of the consequences. Abusers of alcohol may not drink on a consistent basis. For example, an individual who abuses alcohol may only drink once a week. However, when that individual drinks, he puts himself into risky situations or drinks enough to cause problems, such as alcohol poisoning.
Control	Interventions geared towards regulating the supply and demand for alcohol, drugs and all substances
Demand reduction	Policies or programmes directed at reducing the demand for, and use of, illicit drugs – including, inter alia, drug use prevention and educational, drug treatment, and rehabilitation programmes for people who use drugs (PWUD).
Drugs	For the purposes of this document, drugs are psychoactive substances for which use, possession or supply for non-medical and non-scientific purposes have been prohibited by national laws and/or the international drug control conventions.[1] These are also widely known as 'illicit drugs', 'controlled substances' or 'narcotic drugs". Drugs can be classified as: **Depressants** -alcohol, benzodiazepines, opiates/opioids, cannabis (low dose), solvents or inhalants, New Psychoactive Substances (NPS); **Stimulants** -nicotine, khat, cocaine, amphetamines, methamphetamine, MDMA (ecstasy) and NPS; **Hallucinogens** which include cannabis (high dose), ketamine, Lysergic Acid Diethylamide (LSD), phencyclidine (PCP), MDMA (ecstasy) and NPS
Drug Dependence	For the purposes of this document drug dependence shall mean a "chronic, relapsing medical condition with a physiological and genetic basis" – one that can encompass a wide range of behaviors that include a strong desire to use drugs, difficulty in controlling consumption, and the continued use of a substance despite the physical, mental and social problems being experienced Dependence can be both physiological and psychological
Drug use	Self-administration of a psychoactive drug. This may be for recreational, experimental, medical or survival purposes. However, for the purposes of this Policy, drug use predominantly refers to the illicit use of drugs without prescription.
Harm Reduction	The term 'harm reduction' refers to a comprehensive package of policies, programmes and approaches that seek to reduce the harmful health, social and economic consequences associated with the use of psychoactive substances.[2]

Legal Environment	This refers to the lived experience of persons who consume alcohol and or use drugs with regards to the laws and/or law enforcement practices that affect them.
Management	Deliberate to effort to eliminate, contain or reverse the harmful effects of alcohol, drugs and other substance use
Medically Assisted Therapy (MAT)	For this policy MAT shall be used to refer to any evidence-based drug treatment programme which utilizes a combination of behavioral therapy and medications. This includes replacement therapies whereby synthetic opioid agonists (such as methadone or buprenorphine) for the therapeutic purposes of preventing or substantially reducing the use of illicit opioids, such as heroin.
Needle Syringe Programs (NSP)	For the purposes of this policy NSP shall be used to refer to programs aimed at increasing the availability of sterile injecting equipment for people who inject drugs as well as guidance, education and other public health measures such as naloxone for the prevention of fatal overdose.
People Who Inject Drugs (PWID)	Refers to people who inject substances for non-medical purposes. These include, inter alia, opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens. Injection may be through intravenous, intramuscular, subcutaneous or other routes.[3]
People Who Use Drugs (PWUD)	Refers to people who use psychoactive substances through any route of administration (including injection, oral, inhalation, transmucosal or transdermal).[4]
Prevention	Interventions designed to change the social and environmental determinants of alcohol, drugs and other substances
Substance Use	

1. INTRODUCTION AND BACKGROUND

1.1 Introduction

The East African Community is a regional intergovernmental organization established by a Treaty of 1999, is made up of six (6) Partner States namely: The Republics of Burundi, Kenya, Rwanda, South Sudan, Uganda and the United Republic of Tanzania with its headquarters in Arusha, United Republic of Tanzania - mainland. The EAC has an estimated population of over 150 million people. The region is mainly composed of a young population with up to 64.2% aged 0-24 years[1].

The objectives of the EAC are to develop policies and programs for widening and deepening cooperation among the Partner States in political, economic, social and cultural fields, research and technology, security, legal and judicial affairs for their mutual benefit. In line with the Vision of the EAC Health Policy "A healthy and productive population in the East African Community" the region has prioritized health as one of the pillars essential for the attainment of the above objectives.

With the coming into force of the EAC Common Market Protocol ratified by all Partner States there is increased movement of people goods and services across the region. The increased volume of people crossing from one partner state to another is likely to facilitate the movement of licit and illicit Alcohol, drugs and other substances. This is further compounded by the existence of porous borders across Partner States, non-adherence to existing regulatory mechanisms and inadequate human capacities.

1.2 Background

The East African Community HIV & AIDS, TB and STI Multi-Sectoral Strategic Plan and Implementation Framework 2015-2020, which is anchored on the EAC Health Policy, emphasizes the strengthening of regional and national programs targeting key and vulnerable populations. The EAC region notes the increasing trends in drug and substance Use and the need for evidence-based interventions aimed at prevention, s control, management and rehabilitation of the affected populations.

The East African Community (EAC) Council of Ministers is mandated to develop policies for the Community. The Council of Ministers of Health during their 16th ordinary meeting directed the EAC Secretariat to "develop a comprehensive policy to cover prevention, control and management of alcohol and drug use and include strategies for rehabilitation of drug users (EAC/ Health/ SCM16/ Directive 039). This directive followed an earlier one by the 14th Meeting of the Sectoral Council on Health that approved the Terms of Reference for the Development of an EAC Regional Policy and Strategy on Harm Reduction (EAC/ Health/SCM14/ Directive 19).

These Directives were a consequence of the observed gaps in the policies, programmes and practices that aim at reducing the undesirable health, social and economic effects of the use of Alcohol, drugs and other psychoactive substances in the region. Available reports also show that the EAC Partner States are at different levels of formulation and implementation of policies related to prevention, management and control of alcohol, drugs and other substance use but the efforts were not properly coordinated, inadequately funded with no clear strategies for sustainability.

In compliance with the directives, the EAC Secretariat developed a draft Policy on the management, prevention and control of alcohol, drug and other substance use. The draft went through a series of reviews by the Technical working group, consultations at national level and validation at regional level before it was considered by the Sectoral Council of Ministers of Health and subsequent adoption by the EAC Council of Ministers,

1.3 Legal and policy frameworks

This policy conforms to and is guided by existing International, Regional and National legal and regulatory instruments as well as declarations that relate to drugs, alcohol and other substance use. At the international level for instance, the policy has made reference to the recommendations of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS) report 2016, towards National Drug Policy for tackling the drug problem, UNODC 2013 International Standards on Drug Use Prevention, and UNODC 2016 International standards for the treatment of drug use disorders.

At the continental level, authority has been derived from the African Union Plan for Action on Drug Control 2013-2017 in which in responding to emerging challenges associated with drug control a balanced and integrated approach to drug control and solid framework to address both supply and demand reduction is provided.

At the EAC region level, reference has further been made to National partner states level legislations including for instance National Narcotic Drugs and Psychotropic substances acts in which provision

1 EAC Facts and Figures 2016

has been made for having strategies in place for the rehabilitation of persons with alcohol, drugs and other substance use disorders.

Partner States have enshrined the same in their various constitutions and or other legal frameworks. This encompasses the provision, innovation and funding on all matters of health including circumstances surrounding alcohol and drug abuse. They have also prioritized the same both in the EAC treaty, as well as being signatories to other global treaties that impact of their local policies, laws, guidelines and or protocols. Partner states have formed coordination institutions and mechanisms that are mandated to ensure the realization of the provisions of Article 118 of the EAC treaty.

1.4 Rationale

The policy provides a broad framework within which all stakeholders in the region will contribute to the reduction of the negative consequences of drugs, Alcohol and other substances use in the region. Further it is expected that the policy will guide the region on how to cooperate and have appropriate responses to unwanted health, socio-economic impacts arising from use of alcohol and drugs through implementation of prevention, rehabilitative and corrective interventions. Among the unwanted effects identified is the transmission of blood-borne diseases among people in the sub-region and the need for scaling up evidence-based health interventions for this population across East Africa. To ease operationalization, detailed implementation, coordination, monitoring and evaluation frameworks shall be developed.

1.5 Target audience

The policy therefore provides a broad framework within which all stakeholders including EAC organs and institutions government ministries, departments and agencies (MDAs), civil society organizations, faith-based organizations, academia, affected communities, private sectors and development partners.

2. SITUATION ANALYSIS

Worldwide in 2016, more than half (57%, or 3.1 billion people) of the global population aged 15 years and over had abstained from drinking alcohol in the previous 12 months. Some 2.3 billion people are current drinkers. Total alcohol per capita consumption in the world's population over 15 years of age rose from 5.5 litres of pure alcohol in 2005 to 6.4 litres in 2010 and was still at the level of 6.4 litres in 2016.

One quarter (25.5%) of all alcohol consumed worldwide is in the form of unrecorded alcohol – i.e. alcohol that is not accounted for in official statistics on alcohol taxation or sales as it is usually produced, distributed and sold outside the formal channels.

Worldwide, more than a quarter (26.5%) of all 15–19-year-olds are current drinkers, amounting to 155 million adolescents. Results of school surveys indicate that in many countries alcohol use starts before the age of 15 years and prevalence of alcohol use among 15-year-old students can be in the range of 50–70% with remarkably small differences between boys and girls.

The WHO Global Status Report on Alcohol and Health (2018) reports that "Mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes." In 2016 the alcohol-attributable disease burden was highest in low-income and lower middle-income countries when compared to upper-middle-income and high-income countries.

Alcohol use is part of many cultural, religious and social practices, and provides perceived pleasure to many users. This new report shows the other side of alcohol: the lives its harmful use claims, the diseases it triggers, the violence and injuries it causes, and the pain and suffering endured as a result.

The harmful use of alcohol is one of the leading risk factors for population health worldwide and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including those for maternal and child health, infectious diseases (HIV, viral hepatitis, tuberculosis), non-communicable diseases and mental health, injuries and poisonings. It has a negative implication on HIV treatment including; adherence issues, weakening of the immune system due to ARV failure, drug resistance and new HIV infections Alcohol production and consumption is highly relevant to many other goals and targets of the 2030 Agenda for Sustainable Development. Alcohol per capita consumption per year in litres of pure alcohol is one of two indicators for SDG health target 3.5 – "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol".

Globally, alcohol and drug use has been declared as a public health problem. The use of alcohol and psychoactive drugs, in one form or another, is a phenomenon common to almost all societies and cultures of the world, – whether for medicinal, recreational, spiritual or other purposes. An estimated 255 million people around the world used drugs in 2015 – representing around 5 percent of the adult population. Of these individuals, only around one in ten experiences harms associated with their drug use, such as drug dependence. There are an estimated 11.8 million (range: 8.6 to 17.4 million) people who inject drugs (PWID) globally, between 350,000 and 2.16 million PWID in Africa. The picture in Africa, however, is clouded by the lack of data from many countries.

In addition, 31million persons have drug use disorders, 11 million of these people inject drugs, 1.3 million are living with HIV, 5.5million with Hepatitis C and 1 million with both HIV and Hepatitis C[2]. Although great progress has been made in the global and African HIV response in the past 30 years, PWUD remain at-risk and neglected key population. For instance, People who inject drugs (PWIDs), are 24 times more likely to acquire HIV than adults in the general population, while more than half of PWIDs globally are living with hepatitis C, and the prevalence of tuberculosis among PWIDs is approximately 8 percent (compared to 0.2 percent in the general population). Moreover, the United Nations Office on Drugs and Crime (UNODC) have stated that there were more than 190,000 drug-related deaths globally in 2015 – including overdoses, deaths from HIV and AIDS, hepatitis C, and drug-related accidents.

Overall, in recent years, the continent been experiencing rising incidences of drug use Existing data confirms that in general, Africa has gradually shifted from a transit region to a major consumer of drugs. Alcohol continues to be the major drugs used are alcohol followed closely by cannabis, cocaine, heroin and amphetamine-type stimulants (ATS). Injecting drug use especially heroin is on the rise resulting in increase of blood borne diseases such as HIV and hepatitis, the most affected population being the young people, however whereas drinking in most countries has been predominated by males, there is an alarming upsurge amongst young girls and women.

The emergence of Amphetamine Type Stimulants (ATS) manufactured through diversion of precursor drugs is also on the increase in the continent, while trafficking in drugs continues to lure youth and as in consumption, young girls and women especially from low-income countries.

2 Global status report on Alcohol and Health 2018

Regarding alcohol, the percentage of drinkers has been declining since 2000. The alcohol per capita consumption remained rather stable Current drinkers consume on average 32.8 grams of pure alcohol per day, and this is some 20% higher (40.0 g/day) in the African Region and about 20% lower (26.3 g/day). Prevalence of heavy episodic drinking (HED) (defined as 60 or more grams of pure alcohol on at least one occasion at least once per month) has decreased globally from 22.6% in 2000 to 18.2% in 2016 among the total population, but remains high among drinkers, particularly in in some Sub-Saharan African countries (over 60% among current drinkers).

The East African region recognizes the issue of alcohol and drug use as a heath challenge. Article 118 of the EAC Treaty emphasizes, focused and prioritized aspects that need a coordinated approach with regard to health. Alcohol and drug use in the region has been silently but is steadily growing over the past few decades, with one of the Partner States being classified as one of the countries with highest consumption of alcohol in the world, by the World Health Organization. Available data in the EAC Partner States show varied consumption rates among the residents of East Africa.

Alcohol in the EAC region is the biggest and number one drug problem followed by Cannabis faced by the East Africa Community. Urban slum youth also widely abuse paint thinner and other solvents including petrol. In the recent past, the use of heroin and cocaine has been on the increase in the region that has seen an upsurge in injecting drug use in the Republic of Kenya, the United Republic of Tanzania, the Republic of Burundi, the Republic of Uganda, the Republic of Rwanda and the islands of Zanzibar in the United Republic of Tanzania. This appears to be reversing the gains made in fighting HIV and AIDS. Besides the risk of infection on communicable diseases, excessive consumption of alcohol also causes other harms including increased domestic violence. According to the WHO report on the impact of alcohol in Uganda in 2015, 33% of women in the country reported having been subjected to physical or sexual violence as a result of alcohol abuse.

Partner States have in their own capacities developed their localized policies and guidelines for the management, control and prevention of alcohol and drug use. While at different levels, each Partner State has laws, policies and regulations that provide for the prevention, control and management of the harmful effects of the use of Alcohol and other drugs. Partner states within the EAC share a lot in common with respect to issue of alcohol and drug use. The cross-border interaction and cultural practices that transcend boundaries bring more similarities on how the region responds to Alcohol and drug challenges. The positioning of the EAC block in the international drug trafficking circuit brings to the region a shared burden of increased availability of narcotic drugs in the region. The region has among the highest alcohol per capita consumption in the world averaging 20 liters of pure alcohol consumed per capita though with varying per capita rates among partner states. The increased access of alcohol by young persons below the ages of 18 years and limited or lack of comprehensive service packages for Alcohol and drug use challenges are clear examples of the similarities the region faces.

In acknowledging the magnitude of the alcohol and drug challenge in the region, there are a set of strengths that the region can use to effectively respond to the challenges. While recognizing existing common weaknesses that partner states need to be cognizant of, there are also common opportunities that independently or collectively can exploited to improve on the regional alcohol and drug response while being aware of imminent threats that could derail the response. Following is a presentation of the shared EAC regional strengths, weaknesses, opportunities and threats.

2.1 Regional SWOT

Strengths	Weaknesses
i. All state partners have recognized the right to health in their respective constitutions ii. Every state partner has existing Laws; Policies; Protocols; Guidelines which regulate, prevent, control and or manage the component of alcohol and drug use iii. Existence of implementation mechanism in the Partner States. iv. Availability of services to the persons who use drugs and alcohol v. Existence of service delivery points and units up to the grassroots levels. vi. Existence of community programs vii. Common problems faced with alcohol, drugs and substances.	i. Inadequately scaled up implementation of alcohol, drugs and substance interventions ii. Unclear mandate, fragmented approach, limited capacities of regulatory authorities, and poor coordination iii. Limited allocation of funds to support alcohol and drug use work iv. Limited scope of health care workers where majority are mainly from mental health v. Limited integration of services for alcohol and drug users vi. More young people below the stipulated age of adulthood consuming alcohol, drugs and other substances. vii. Limited financing for alcohol and drug use programs among Partner States viii. Limited capacity to address new emerging alcohol and drug use challenges in and across Partner States ix. Limited or non-availability of data on alcohol, drugs and other substance use across Partner States x. Lack of information on alcohol and drug use in school curriculums xi. Lack of implementation of evidence-based prevention programs in schools at all levels xii. Limited human resources and capacities to manage alcohol and drug use challenges
Opportunities	**Threats**
i. Recognition of alcohol, drugs and other substance use as an issue that needs to be addressed ii. Availability of global treaties and protocols iii. Prevailing political will in the region iv. Strong interest from different stakeholders on alcohol and drug issues. v. Existing stakeholders who can be co-opted into supporting the course of alcohol, drugs and other substance use interventions. vi. There are existing structures at the EAC offer opportunities for the formation of a regional coordinating mechanism.	i. Intensive advertisement on alcoholic drinks ii. Thriving global drug trafficking and organized crime networks iii. Strong cultural norms and practices on use of alcohol and other drugs iv. Unlimited access to cheap un-ethically processed alcohol and other drugs v. Increased regional push by culturally defined communities to legalize some practices promoting the use of alcohol, drugs and other substances vi. Deep rooted perceptions encouraging stigma and discrimination against people who use alcohol, drugs and other substances.

3. VISION, MISSION AND GOAL

3.1 Vision

A healthy and prosperous East African Community.

3.2 Mission

Provide a framework for comprehensive prevention, management and control of the harmful effects of alcohol, drug and substance use.

3.3 Goal

An East African Community free from the harmful effects of alcohol, drugs and other substances.

3.4 Guiding Principles

i. **Respect for diversity** recognizes that partner states are autonomous and consist of people of diverse cultures regions, ethnicities and are at different developmental levels

ii. **Public Health Approach:** recognizes the need to provide affordable accessible and quality health care, while ensuring safety and well-being for the maximum benefit for the largest number of people

iii. **Equity:** the quality of being fair and impartial in the distribution of resources and services

iv. **Respect of Human Rights:** These basic universal rights are based on shared values like dignity, fairness, equality, respect and independence.

v. **Evidence Based Interventions:** are treatments that have been proven effective (to some degree) through outcome evaluations and are likely to be effective in changing target behavior if implemented with integrity.

vi. **Meaningful engagement and involvement:** Individuals and communities must be able to actively participate in decisions that affect their health, including but not limited to planning, organization and implementation.

vii. **Equality and Non-Discrimination:** The principle recognizes that **Health** a fundamental human right and should be made accessible to all without discrimination on account of health status, race, ethnicity, age, sex, sexuality, disability, language, religion, national origin, income, or social status

3.5 Policy Priorities

i. Standardization of implementation approaches

Based on the SWOT analysis, it is clear that the EAC Partner States' legal environment which focuses more on punishing alcohol, drug and substance use hinders effective delivery of services targeting affected populations. For effective implementation of this policy, the Ministry of Health in collaboration with bodies responsible for drugs and narcotics control, and other relevant stakeholders in the EAC Partner States, shall spearhead the enactment and or amendment of existing laws, policies and regulations to protect the populations at risk,

ii. System Strengthening

The policy prioritizes supportive system strengthening focusing on Human, Infrastructural, and Finance resources in addition to **commodity security in all relevant Ministries Departments and Agencies (MDAs).**

iii. **Comprehensive service delivery**

The policy aims to provides comprehensive services for Alcohol drugs and Substance use on primary, prevention, management, control, rehabilitation and social reintegration of affected populations. This will include management of harm effects of alcohol drugs and Substance use.

iv. Partnership and coordination

The policy aims to reinforce partnerships, collaboration, networking among state and non-state actors, affected communities, development partners, while ensuring a well-coordinated response. This will be achieved at national, regional and cross border levels.

v. Monitoring, Evaluation and Learning

This policy aims to document, share and replicate best practices across the region, with emphasis on data collection, management and use.

vi. Evidence based, Research and innovation

The Policy aims to build the capacity of the region to conduct research and generate scientific evidence, and utilize the to inform policy, practice and innovation.

vii. Supply reduction and security

This policy aims to build the capacity of Partner states to monitor, track and counter trafficking of illicit drugs to ensure supply reduction and enforced human security[3].

viii. Mobilization of financial, technical and other resources

Efficient and sustainable operationalization of this policy will require collaborative efforts of governments (MDAs), multilateral and bilateral development partners, private and non-public actors to undertake the following:

a) Formulation of networking and coordination platform for resource mobilization
b) Undertake resource needs assessment of the Partner States
c) Undertake resource utilization monitoring framework in line with country fiduciary mechanisms (financial management, budgeting and audit procedures)
d) Advocate for increased government allocation to ensure sustainable implementation of the policy

3 African Union plan of Action on Drug Control (2013 – 2019)

4 POLICY OBJECTIVES

4.1 Objective 1: To prevent and reduce consumption of alcohol, drugs and other substances among young people and other vulnerable populations

In the East Africa region, the uptake of Alcohol drugs and other substances has significantly increased in the recent past. This is according to various reports by (WHO, UNAIDS UNODC).

Alcohol and drug use are associated with adverse health, social and economic consequences. Moreover, early initiation of alcohol and drug use is associated with higher lifetime consumption, more[4] risky patterns of use and a higher level of severity and dependency[5]. Around 75 percent of people who develop a substance use disorder or dependence will normally do so by the age of 25[6].

There has been an increase in in social and economic factors which make people especially the young more vulnerable and likely to engage in Alcohol and drug use and drug related risk-taking behavior. These risks include high rates of violence and injury, unprotected sex, mental health problems, suicide, poorer educational outcomes and problem drinking and use of drugs later in life[7].

The East Africa region faces similar challenges with an average alcohol consumption per capita of about 20%. There is also available evidence the production distribution and consumption of drugs and other substances in on the increase in the region. The has been noted as one of the largest producers of some substances like Khat and Cannabis[8].

4

5 DeWit, David J., et al. *"Age at first alcohol use: a risk factor for the development of alcohol disorders."* American Journal of Psychiatry 157.5 (2000): 745-750.

6 Ibid

7 UN declaration on the guiding principles of drug demand reduction

8 Kasirye, Rodgers. "Drug abuse Trends, Magnitude and Response in eastern Africa region". (2009)

Policy Statement

To prevent and reduce the uptake of alcohol, drugs and other substances among young people and other vulnerable populations including women and children in order to allow them realize their full potential.

Policy directions

4.1.1 Control of supply

This policy takes cognizance of the magnitude and complexity of new trends of drug trafficking through the region and resultant health, social, economic, and security impact. The policy give attention to supply reduction and proposes to restore the balance between health and other social consequences of drug use while not neglecting Law enforcement approaches.

EAC Secretariat shall:

a) Provide a platform to increase accountability among partner states on efforts to control reduce access and consumption to Alcohol, drugs and other substances.

Partner States shall:

a) Enact, enhance and or amend legislation and strengthen the enforcement of legal frameworks to respond to changing environments and new technologies targeting production, packaging and distribution;

b) Establish systems, infrastructure and capacity to effectively detect substances in foods and beverages to prevent access to ADOs through edible products;

c) Establish or / and strengthen regulatory systems to monitor the supply of licit and illicit drugs.

d) Strengthen capacity of law enforcement agencies at entry points to detect illicit drugs / products.

e) Strength capacity of law enforcement and regulatory agencies to enforce implementation of legal and policy frame works on production and distribution of illicit drugs especially at the community level.

f) Strength capacity of law enforcement and regulatory agencies to reduce illicit drug use, trafficking and associated crimes in accordance with human rights principals and the rule of law.

g) Strengthen capacity of leaders to enforce adherence to stipulated standards for alcohol and drug production, packaging and distribution in the region

h) Regulate the distribution of alcoholic products including drinking hours and age limitation in the region.

4.1.2 Demand reduction

Demand for Alcohol, drugs and other substances is influenced by many factors and therefore its reduction will require multifaceted implementation of interventions.

Partner States shall:

a) Establish educational programs to improve access to knowledge about alcohol and drug use and related dangers to influence adoption of positive behavior among target audiences;

b) Establish/ strengthen mechanisms for detection of alcohol and psychoactive substances in schools, recreation areas and other places where young people usually congregate;

c) Strengthen system to support the implementation of existing regulatory policies and laws on the use of Alcohol, Drugs and Other Substances

d) Institute and strengthen legal and policy frameworks to deter the establishment of ADOs in and or around social and educational institutions eg schools

e) Establish / strengthen community structures including networks to support implementation of initiatives aimed at preventing use and supply of AODs.

f) Regulate advertising, promotion and sponsorship of Alcohol products and other Substances including betting and gambling, casinos…

g) Control consumption, sales and distribution of Alcohol, drugs and Other substances

h) Sensitize and capacity build stakeholders including policy makers, Law enforcers, community and religious leaders to provide an enabling environment for service delivery in the region

i) Institute deterrent taxation and pricing policies on licit Alcohol.

4.2 Objective 2: Increase access to comprehensive health and hiv/aids, legal and social services among alcohol, drugs and other substance users in the EAC region

Available evidence indicates progress in the provision of services for people engaged in use of alcohol, drugs and other substances in the region. However, challenges still exist and gaps identified in the provision of affordable, accessible, tailored and quality health and other services. The existing services are erratic, fragmented, sub optimally coordinated among different providers with limited capacity and infrastructure. To facilitate a substantial provision of services to affected population, there is an imperative need for an overarching supportive policy environment. This policy guidance provides for the adoption and provision of a comprehensive package of services for the affected population.

Policy Statement

Enhance universal access to health and HIV/AIDS, legal and social services to all communities affected by alcohol, drugs and other substance use in the EAC region

Policy directions

To achieve this policy objective, Partner states shall:

a) Set standards for provision of comprehensive services for persons with disorders, complications and challenges related alcohol, drugs and other substances use;

b) Build capacity of services providers (health, social and law enforcers) on the comprehensive provision services to persons with disorders, complications and challenges related alcohol, drugs and other substances use

c) Build capacity of services providers to implement evidence-based treatment models including abstinence-based treatment and harm reduction interventions;

d) Establish and scale up treatment services including management of poly-drug use, co-morbidities, pre-existing conditions, NCDs, rehabilitation, for alcohol, drugs and substance use support programmes;

e) Establish and scale up legal aid;

f) Establish and scale up social protection, rehabilitation, reintegration and sustainable livelihood services;

g) Monitor and coordinate health, social and legal services provision; and

h) Generate, synthesis, Monitor and report on implementation of programmes for populations affected by alcohol, drugs and other substances.

To achieve this policy objective, the EAC secretariat shall:

a) Develop frameworks to guide implementation of cross border comprehensive services for populations affected by alcohol, drugs and other substances;

b) Monitor implementation of comprehensive services for persons with disorders, complications and challenges related alcohol, drugs and other substances use in the region.

c) Facilitate documentation and sharing of best practices, innovations and lessons learnt at regional level

d) Create a framework to facilitate cross learning and capacity building initiatives on harm reduction programs in the region

4.3 Policy objective 3: to establish and scale up harm reduction programmes in the EAC Partner States

Access to harm reduction services, ensures reduction of drug related harms including HIV and other blood bone diseases and their effects. This approach also complements abstinence-based drug treatment programmes. The affected populations are reached with tailored harm reduction services. The policy provides a framework for the adoption and provision of a comprehensive package of services comprising of the WHO, UNAIDS and UNODC[9] nine core interventions. The principles of harm reduction provide affected population with knowledge and tools to stay healthy and alive to help them achieve abstinence, based on the hierarchy of harm reduction.

9 WHO/ UNODC/UNAIDS comprehensive package of services for the prevention of HIV among people who Inject Drugs

Policy Statement

To ensure access to harm reduction services for persons who use psychoactive substances in the EAC region*

Policy directions

To achieve this policy objective, Partner states shall:

a) Adopt, customize and strengthen the comprehensive package of HIV prevention services for people who use drugs;

b) Design and implement the harm reduction programmes;

c) Review the national legal and policy frameworks to facilitate effective implementation of harm reduction programmes;

d) Establish relevant structures to operationalize harm reduction programmes based on the hierarchy of harm reduction

e) Build infrastructure, financial, human resource capacities of the relevant sectors in Harm Reduction programs

f) Mobilize funds and mainstream budgetary allocation to support harm reduction service delivery to the required scale and in line with international best practices

g) Ensure adequate and un-interrupted supply of harm reduction commodities

h) Generate, synthesize, Monitor and report on implementation of harm reduction programmes.

i) Establishing National Drug observatory to collect data on alcohol, drugs and other substance to inform policy.

To achieve this policy objective, EAC secretariat shall:

a) Develop frameworks to guide implementation of cross border harm reduction interventions;

b) Monitor implementation of harm reduction programmes in the region

c) Facilitate documentation and sharing of best practices, innovations and lessons learnt at regional level

d) Create a framework to facilitate cross learning and capacity building initiatives on harm reduction programs in the region

4.4 Objective 4: to improve the management of harmful effects due to alcohol and drug use including rehabilitation of those who are drug dependent

Use of alcohol, drugs tobacco and other substances including tobacco, is associated with a wide range of negative health consequences. This ranges from injuries, accidents and violence to chronic health problems, such as dependence, cardiovascular diseases, HIV, Hepatitis C, NCDs and various cancers. Beyond these physical and psychosocial consequences, there are significant social, educational, criminal justice, high health-care costs, and lost-productivity, all of which take a very significant economic toll on communities and societies.

Drug dependence is associated with Sexual and Gender based Violence, biological birth defects, malnutrition; mental disorders (anxiety stress depression, dependence; Direct social effects include loss of income, loss of employment, family neglect, stigma and discrimination, break up of families, incarcerations.

This policy provides a framework to establish and strengthen capacities for Management of consequences, effects and complications arising from alcohol and drug dependence.

Policy Statement

To mitigate against harmful effects due to alcohol drug and other substance use

Policy directions

To achieve this policy objective, Partner States shall:

a) Establish and or strengthen existing infrastructures for prevention, control, care, treatment and rehabilitation of alcohol, drug addiction and related complications

b) Develop standards to guide service delivery to respond to the harmful effects arising from use of alcohol, drug addiction and related complications in the all related sectors

c) Build capacity of service providers in the various sectors including and not limited to health social and legal to respond to the harmful effects of alcohol and drug addiction;

d) Establish multi-sectoral collaborations for linkages and referral mechanisms for treatment and rehabilitation of persons with alcohol drug and other substances dependence

e) Prioritize and allocate adequate resources for service delivery in line with international best practices

f) Strengthen programmes on prevention and management of emerging physical, medical, social and psychological conditions associated with alcohol drugs and other substance use

g) Strengthen programs on Psycho social support including programs on stigma and discrimination, social reintegration to address the harmful effects of alcohol, drug and substance dependence

h) Design, strengthen and Implement programmes that address structural barriers including violence, stigma and discrimination, cultural and religious practices among others

To achieve this policy objective, EAC secretariat shall:

a) Provide a high-level advocacy for support and buy in by the sectoral council, summit of heads of states and other EAC structures;

b) Coordinate resources mobilization to address regional barriers and threats to initiatives addressing harmful effects of alcohol, drug and other substances;

c) Advocate for the establishment of regional centers of excellence to provide specialized management of alcohol, drugs and other substance use

d) Provide technical support to regional centers of excellence for skilling services providers in provision of services to address harmful effects of alcohol, drug and other substances; and

e) Develop harm reduction services delivery models and SOPs to guide regional programmes addressing harmful effects of alcohol, drug and other substances.

4.5 Objective 5: to improve coordination of the implementation of policies, strategies and guidelines on prevention, control and management of alcohol, drug and substance use in the eac partner states

The East Africa Community Partner States have a lot in common in terms of political, economic, and social fabrics. The implication of this close social fabric is an increased cross border activity through formal and informal trade, among other interactions. This implies that not only legally approved goods are traded across the borders but some illicit substances including alcohol and other drugs that can easily be shifted from one country to another.

It is noted that there is inadequate coordination and absence of a comprehensive harmonized mechanism to control the movement of illicit alcohol and other drugs and substances within the EAC Partner States. Therefore, there is need for coordinated efforts among the EAC Partner States to share best practices, provide platforms for planning, implementation, support and reporting on joint cross border programmes on alcohol, drug and substance use in the region.

Policy Statement

To put in place a comprehensive framework to enhance coordination of all institutions involved prevention, management and control of alcohol, drug and substance use.

Policy directions

To achieve this objective Partner States shall:

a) Promotion of programmatic research and best practices to inform evidence-based interventions and innovations

b) Establish and or Strengthen Knowledge management and experience sharing platforms on alcohol, drug and substance use

c) Develop a comprehensive and integrated M&E and Learning framework for periodic assessment and monitoring of the policy implementation status

d) Institute a sustainable resource mobilization mechanisms and efficient allocation and utilization of resources in the implementation of Alcohol, drug and substance use initiatives.

To achieve this objective EAC Secretariat shall

a) institute resource tracking mechanisms and provide technical assistance to partner states to undertake resource tracking in line with country fiduciary mechanisms (financial management, budgeting and audit procedures)

a) Establish a regional comprehensive and integrated framework / platform to coordinate cross border monitoring of the movement of illicit alcohol, drugs and other substances;

b) Strengthen Knowledge Management and experience sharing platforms on alcohol, drug and substance use in the region

c) Develop a comprehensive and integrated M&E and Learning framework for periodic assessment and monitoring of the policy implementation status for the region

5 IMPLEMENTATION, MONITORING AND EVALUATION

The EAC Secretariat, in collaboration with the other relevant EAC Organs and Institutions shall facilitate and enhance the implementation of the EAC policy. The following sections outline how the EAC Policy on Prevention Management and Control of Alcohol Drug and other substance Use shall be implemented.

5.1 Leadership, governance and coordination

The implementation of the policy will entail strong commitment and leadership with requisite governance structures. Further the implementation will require a multifaceted approach and engagement of different stakeholders at both the regional and partner state levels. Hence the need for a well-coordinated mechanism and approach. This policy proposes the Ministries of Health to be the conveners and lead in the implementation of the policy. The Ministries of Health shall establish operational inter-sectorial drug coordinating committees, develop and implement detailed national plans of action with clear objectives, milestones, indicators, roles and responsibilities of all the stakeholders and development partners, Partner States shall observe the rule of law, equity, meaningful engagement of all key stakeholders and ensure people centered approaches in the implementation of Alcohol, drugs and other substance interventions. Partner states will ensure that all the relevant structures and legal instruments to support implementation of the policy are established following the due process of the law including the approval, adoption and gazettement where applicable.

The EAC Secretariat shall facilitate the development of a coordination mechanism to bring together the different stakeholders, regional partners and partner states that are required to ensure the success of this Policy – to provide synergy and complementarity among state and non-state actors.

5.2 Stakeholder mapping, roles and responsibilities

Stakeholder	Roles / Responsibilities
EAC Secretariat	i. To guide and coordinate the overall implementation of the policy across Partner States ii. Develop a regional policy action plan for the operationalization of this policy iii. To guide and coordinate development of strategies to ensure access to services for people affected by alcohol, drugs and substance use including stigma and discrimination iv. Create enabling legal and policy environments by strengthening the existing partnerships and mechanisms to support alcohol, drug and substance use interventions. v. Provide oversight on the implementation of this Policy and support to partner states in to institute relevant structures for the implementation structure. vi. Resource mobilization and garner political commitment and support for alcohol, drugs and substance use interventions vii. To strengthen Research and enhance reporting, track progress and analyze trends related to alcohol, drugs and other substance use interventions viii. Develop a knowledge management platform for sharing information and best practices to enhance implementation of the policy

Stakeholder	Roles / Responsibilities
Partner States	i. Review laws and regulations to create an enabling environment for the implementation of alcohol, drugs and substance use programmes ii. Develop sector specific SOPs and guidelines for the implementation of alcohol, drugs and substance use programmes iii. Scale up the delivery of alcohol, drug and substance use comprehensive interventions and approaches in line with this Policy iv. Resource mobilization and allocation for alcohol, drug and substance use programmes v. Strengthen the Multisectoral coordination through the establishment of national inter-sectorial drug control coordinating committees[10]. mechanism on prevention control and management of Alcohol, drugs and other substance use. vi. Establish and strengthen collaboration, partnerships and networking among private sector, civil society and Government for better implementation of the policy. vii. Monitoring the implementation of the policy at the national and sub-national level viii. Allocate resources and develop relevant tools to guide the utilization. ix. Establish a surveillance mechanism for Alcohol, drugs and other substance use
Ministries/ Departments/ Agencies	i. Domesticate and Facilitate the establishment of conducive policies, regulations and laws for the provision of alcohol, drugs and other substance use interventions ii. Ensure the provision of comprehensive alcohol, drug and substance use interventions iii. Monitor national progress on the implementation of the policy iv. Create linkages and coordinate the operationalization of the policy with all relevant stakeholders including the law enforcement agencies, national drug control authorities, ministry of education etc v. Support the generation of evidence, including population size estimates vi. Endeavor to create stigma-free services and facilities including youth friendly and rehabilitation services vii. Create Technical Working Groups on alcohol, drug and substance use viii. Advocate and sensitize other key Partner States and non-government departments on issues relating to alcohol, drug and substance use interventions and programmes ix. Promote and advocate for laws and policies that regulate packing and accessibility of alcohol to young people
East African Legislative Assembly (EALA)	i. Enact legislation to Create enabling environments for alcohol, drug and substance use interventions ii. Provide oversight on the implementation of this Policy iii. Support the secretariat in overseeing the implementation of this policy iv. Develop resource appropriation mechanism to ensure allocation of resources for the implementation of this policy v. Advocate for national resource allocation for alcohol, drug and substance use interventions.
Development Partners	i. Provide technical and financial support for the roll out and implementation of this policy

10 National Inter-sectorial Drug Control Coordinating Committees includes members from the criminal justice, health, social, development and law enforcement sectors and NGOs among other stakeholders

Stakeholder	Roles / Responsibilities
Private Sector	i. Adhere and support policies in line with quality assurance, packaging and legal age limit ii. Support the enforcement of alcohol consumption laws and regulations especially those related to the legal age of drinking iii. Support outreach services including the anti-stigma and discrimination campaigns iv. Ensure adherence to the standards and distribution as guided by the relevant authorities v. Strengthen the social corporate responsibility to support prevention, control, rehabilitation and management of Alcohol, drugs and other substance use disorders.
Civil Society Organizations	i. Advocate and Support the implementation of this Policy ii. Ensure access to alcohol, drug and substance use services for the affected communities and populations iii. Generate and share evidence to inform the implementation of alcohol, drug and substance use programmes and interventions in the region iv. Demand creation for services on alcohol, drug and substance use among affected populations and their communities v. Strengthen capacities of affected populations to implement and support alcohol, drug and substance use services Support and advocate for the mobilization and effective allocation of resources for alcohol, drug and substance use interventions vi. Participate and engage in the in-country Technical Working Groups on alcohol, drug and substance use
The members of the communities affected	i. Support and inform the design and implementation of comprehensive evidence-based alcohol, drug and substance use services ii. Support the generation of information and data, such as population size estimates to inform alcohol, drug and substance use programmes and policy development iii. Provide inputs on programme and policy development at the regional, national and sub-national levels iv. Establish community structures that foster networking and partnerships among the various beneficiaries and actors
Academia	i. Support, conduct and disseminate research relating to alcohol, drug and substance use to inform programming ii. Engage in robust policy reviews in partnership with governmental and non-governmental stakeholders iii. Engage in curricula reviews, in partnership with the relevant ministries, departments and agencies

6 COMMUNICATIONS AND DISSEMINATION

Communicating this Policy is essential for increased awareness and ownership and implementation. The EAC Secretariat shall disseminate the policy at regional level and support dissemination at Partner State level.

Partner States shall:

i. Develop and implement country specific advocacy and communication strategies for this policy taking cognizance of existing socio-cultural values of each Partner States.

ii. Monitor and share progress against the communication strategy and document achievements, challenges, lessons learnt and propose the way forward

iii. Use this Policy to initiate dialogue with relevant stakeholders for comprehensive alcohol, drug and substance use prevention interventions in the region.

7 RESOURCE MOBILISATION

To effectively deliver against the goals and objectives of this Policy, all stakeholders – including the EAC Secretariat, Partner States, development partners and civil society – will need to advocate for and mobilize resources for the implementation of this policy.

During the implementation of this policy emphasis will be put on domestic sources of funding and allocation to ensure sustainability and ownership. Partner states will adopt measures that increase allocation using available resources both external and internal.

The EAC Secretariat will play a leading role, in collaboration with partner states and other actors including UN agencies, civil society and the private sector, in mobilizing the additional resources and commitments to implement this ambitious Policy. This includes providing a detailed costing attached to the Implementation Framework.

8 MONITORING AND EVALUATION

The EAC Secretariat shall develop a detailed M&E framework in order to assess implementation and the impact of this implementing this Policy. This framework will be an invaluable tool for ensuring that the required actions are undertaken, and to clarify lines of responsibility for various stakeholders with appropriate timelines. The framework will be adapted at all levels in the Partner States covering all implementation aspects in the monitoring dashboard.

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