

ETHIOPIA NATIONAL DRUG CONTROL MASTER PLAN
2017-2022

**Ethiopian Food, Medicines and Health Care Administration
and Control Authority**

Ministry of Health

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NATIONAL DRUG CONTROL MASTER PLAN 2017-2022

Foreword by the Director General

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANS	Anti-Narcotics Service
AOD	Alcohol and Other Drugs
CBO	Community Based Organization
CID	Criminal Investigation Department
CSA	Central Statistical Agency
DACA	Drug Administration and Control Authority of Ethiopia
EHNRI	Ethiopian Health and Nutrition Research Institute
EPHI	Ethiopian Public Health Institute
ERCA	Ethiopian Revenue and Customs Authority
EFMHACA	Ethiopia Food, Medicine and Health Care Administration and Control Authority
FBO	Faith-Based Organization
FMoH	Federal Ministry of Health
GDP	Gross Domestic Product
GP	General Practitioner
GNI	Gross National Income
HAPCO	HIV and AIDS Prevention and Control Office
HDI	Human Development Index
HEWs	Health Extension Workers
HIV	Human Immunodeficiency Virus
HSEP	Health Service Extension Programme
HDI	Human Development Index
HSDP	Health Sector Development Programme

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IBBS	Integrated Behavioural and Biological Surveillance
IDU	Injecting Drug Use
IEC	Information, Education and Communication
IMCC	Inter-Ministerial Coordination Committee
IMR	Infant Mortality Rate
INCB	International Narcotics Control Board
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MoE	Ministry of Education
MoLSA	Ministry of Labour & Social Affairs
NDCMP	National Drug Control MasterPlan
NGO	Non-Governmental Organization
NISS	National Intelligence and Security Service
NPS	Narcotic Drugs and Psychotropic Substances
PASDEP	Plan for Accelerated and Sustained Development to end Poverty
PWUD	People Who Use Drugs
PWID	People Who Inject Drugs
RHB	Regional Health Bureaus
SPDRP	Sustainable Development and Poverty Reduction Programme
SNNPR	Southern Nations Nationalities and Peoples Region
STI	sexually Transmitted Infection
TGE	Transitional Government of Ethiopia
TVET	Technical & Vocational Education & Training
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Executive Summary

Ethiopia is embarking on the implementation of its National Drug Control Master Plan 2017 - 2022 putting the health, safety, security and development of its people at the heart of its national drug control policy. This is in recognition of the country's growing drug use and trafficking problem and the need to mount a multi-sectoral response to address it comprehensively and effectively.

This Master Plan embraces both the drug supply reduction and drug demand reduction aspects, as well as acknowledging a need to respond to a new threat to public health posed to the new pattern of injecting drug use through a harm reduction component, the whole within a policy and legislation framework.

The Master Plan further recognizes the essential requirement for institutions, communities and civil society to work together in order to achieve success. It therefore stimulates the synergy between several key government institutions at federal and district levels, while involving communities at the grassroots. This approach is well-articulated within an institutional framework, encompassing the policy, legislation and legal arenas.

On the drug supply reduction side, several law enforcement agencies will work collaboratively for maximal efficiency; while on the drug demand reduction side, the health, education, youth and other sectors will similarly work together to achieve the objectives of the Master Plan.

The Government of Ethiopia is convinced that the NDCMP will provide the necessary framework for all sectors to work with the maximum of success to protect the country and its people from the threat of drug use and trafficking. The country also wants to fulfil its role in the region and at the international levels in order to thwart the danger that the trafficking of illicit drugs and licit narcotics and psychotropic substances and of precursor chemicals pose to peace and security.

CHAPTER 1: INTRODUCTION

1.1 Background

Ethiopia has ratified the international drug control conventions, namely the Single Convention on Narcotic Drugs of 1961, as amended by the 197 Protocol; The Convention on Psychotropic Substances of 1971; and the Convention against illicit trafficking on Narcotic Drugs and Psychotropic Substances of 1988.

In addition Ethiopia has also ratified the WHO Framework Convention on Tobacco Control of 2004 and the Palermo Convention Against Trans-national Organized Crime of 2000.

The United Nations General Assembly Special Session Outcome 2016 Document ‘welcomes the 2030 Agenda for Sustainable Development, and we note that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing.

The Outcome 2016 document further ‘recognizes that successfully addressing and countering the world drug problem requires close cooperation and coordination among domestic authorities at all levels, particularly in the health, education, justice and law enforcement sectors, taking into account their respective areas of competence under national legislation.

The Sustainable Development Goal 3 ‘Ensure healthy lives and promote well-being for all at all ages’ specifically targets ‘ Strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol’.

It is in the specific context of the SDGs and UNGASS 2016 that the Government of Ethiopia has framed the development of its National Drug Control Master Plan 2017-2022.

It is recognized that the use of illicit and licit drugs is increasing in Ethiopia. The main psychoactive substances used in the country are alcohol, tobacco, khat and cannabis. The use and injecting use of heroin and its relationship with HIV and Hepatitis B and C has been documented in the capital city, Addis Ababa in 2015. Bole International Airport in the capital is part of an international UNODC programme called AIRCOP which focuses on the suppression of international drug trafficking. A number of hubs exists in the country regarding drug trafficking.

The United Nations Office on Drugs and Crime (UNODC) defines a National Drug Control Master Plan (NDCMP) as a single document covering all national concerns regarding drug control. It summarizes national policies, defines priorities and allocates responsibility for drug

control efforts across several key sectors. In essence, a drug master plan is a national policy and strategy that guides the operational plans of all institutions and government entities involved in overall coordination and implementation mechanism, drug supply reduction, drug demand reduction and harm reduction in a country.

The National Drug Control Master Plan of Ethiopia is elaborated to respond to the alarming increase in drug use and its associated problems and to new drug trends in the country. It reflects the country's responses to the drug use and trafficking problem in line with the recommendations of United Nations and other international Conventions. The NDCMP enables cooperation between government institutions and key stakeholders in the fields of drug use prevention, drug use disorders treatment, rehabilitation and social reintegration, drug supply reduction, and the overall coordination and research.

The NDCMP outlines the role that each institution should play in responding to drug use and trafficking in a coordinated and coherent manner. This document is the expression of a firm commitment taken by the Government of Ethiopia to address drug control holistically and to effectively protect its citizens.

The success of the NDCMP depends on the extent to which the Inter Ministerial Coordination Committee (IMCC) succeeds in providing leadership in coordinating drug control activities and a platform for the effective monitoring of the implementation of the NDCMP by drawing on this document to map its response nationally and to mobilize resources, both from the government core budget and supplemented by funds by development partners.

The Outcome 2016 document 'recognizes, as part of a comprehensive, integrated and balanced approach to addressing and countering the world drug problem, that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a view to promote and protect the health, safety and wellbeing of all humanity.

Drug use cuts across social, racial, cultural, linguistic, religious and gender boundaries. It is recognized as a contributor to poor health, reduced productivity, unemployment, poverty and crime; and it disrupts family life. Injecting drug use with contaminated injecting equipment is related to the increase of blood-borne diseases such as human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and hepatitis B and C.

This Master Plan is the fruit of a collaborative effort of several institutions involved in the response to drug control, namely the Ethiopian Food, Medicines and Health Care Administration and Control Authority, Ministry of Health, Government Communications Affairs Office, Ethiopian Public Health Institute, Ministry of Women and Children Affairs, , Ministry of Education, Ministry of Youth and Sports, Ministry of Labour and Social Affairs, Ministry of Culture and Tourism, Universities, professional associations such as Ethiopian Pharmaceutical Association, Ethiopian Psychiatric Association and Ethiopian Public Health

Association, and Civil Society Organizations. The Federal Police, Federal Attorney General, Ministry of Foreign Affairs, Ministry of Finance and Economic Cooperation, Ministry of Agriculture and Natural Resources, Ministry of Trade, Ministry of Transport, Ministry of Federal, Pastoralist and Development Affairs, and Ethiopian Revenue and Customs Authority are also key partners. In spite of the existence of the NDCMP 2010-2015, an overall coordination of drug control activities is lacking, its implementation is grossly inadequate and there has been no monitoring and evaluation plan to follow the progress of its implementation and no resource mobilization plan was developed.

1.2 Overall National Context

1.2.1 Geography and Climate

Ethiopia is a landlocked country situated in the Horn of Africa, 8.00 North of the equator and 38.00 East with an area of 1.1 million square kilometers. It shares 5,925 kilometres of borders with five countries, namely Djibouti, Eritrea, Kenya, Somalia, Sudan and South Sudan. The country is endowed with diverse topography, climate zones and resources. Its topographic features range from peaks as high as 4620 metres above sea level at Ras Dashen to 110 metres below sea level in the Afar Depression. The Great East African Rift Valley divides the highland into two: the western and northern highlands and the south-eastern. The country has several large rivers, the largest of which is the Blue Nile, or Abay, rises in the northwest and flows in a great semicircle before entering the Sudan. Its main water reservoir, Lake Tana, lies in the northwest.

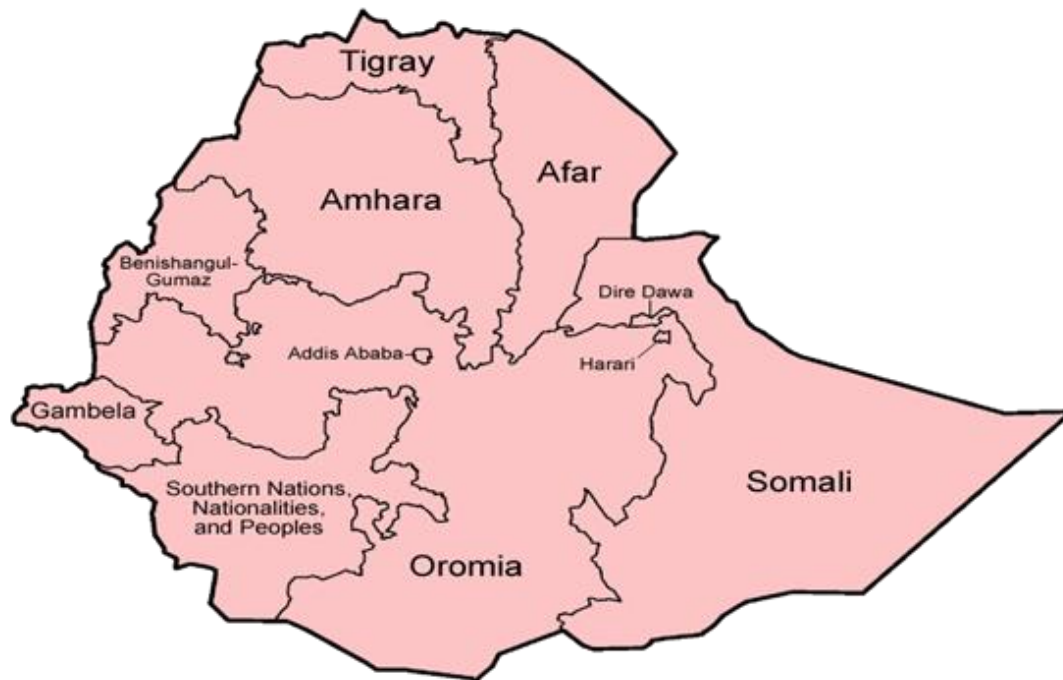


Figure 1: Map of Ethiopia

1.2.2 Demographic Situation

Demographic projections give an estimate of 100 million inhabitants by 2015, making the country the second most populous nation after Nigeria in Africa. Ethiopia is known to be home to more than 80 different ethnic groups which significantly vary in population size. The average size of a household is 4.7. According to the last census, it is one of the least urbanized countries in the world with about 83.64% of the population living in rural areas. The capital Addis Ababa accounts for 3.6% the total population with 3.6 million inhabitants.

The demographic pyramid shows a predominately young population, with 44 % under 15 years of age, 52% between 15 to 65 years, and only 3 % are over the age of 65 years. The ratio between male and female is almost equal; women in the reproductive age group constitute 23.4% of the population. The latest estimate of total fertility shows a decline in fertility from 5.4 births per woman to 4.8 and then decreased further to 4.1 children in 2014. The total fertility rate for the three years preceding the survey is 4.1 children per woman and rural women have twice as many children as urban women. Life expectancy at birth for 2015 was estimated to be 64.58 years (62.66 years for males and 66.59 years for females).

1.2.3 Administrative Set Up

The Ethiopian Government is called a Federal Democratic Republic under Article 1 of the 1995 Constitution. It has two houses: the House of People Representatives, whose members are elected from the regions, zones, Woredas (districts) and Kebeles (administrative unit), and the House of Federation, whose members are designated from the respective Nations, Nationalities and Peoples. At present the country has nine Regional States and two City Administrations namely: Oromiya, Amhara, Southern Nations Nationalities and Peoples Region (SNNPR), Tigray, Somali, Afar, Benshangul Gumuz, Gambella and Harari and two city Administrations councils of Addis Abab and Dire Dawa. The regional states and city administrations are divided into 836 administrative Woredas (districts). The 836 Woredas are further divided into about 16,253 Kebeles. Regions and districts have Regional Health Bureaus (RHB) and district health offices respectively for the management of public health services at their levels. The devolution of power to regional governments has resulted in shift of public service delivery including health care largely under the authority of the regions.

1.2.4 Socio-Economic Context

The country is showing an improvement of several socio-development indicators such as Human Development Index (HDI) of 0.448, primary school enrollment, gender disparity and child and maternal mortality. According to the National Plan Commission Report 2016, the Country achieved an average GDP growth rate of 10.2% (2010/11-2014/15) and the GDP US\$691. Agriculture, Industry and Service sectors have 6.6 %, 20.0%, and 10.7% annual average growth rates respectively (MOFED, 2014). According to Ethiopia poverty assessment, Ethiopian households have experienced a remarkable reduction in poverty rate from 56% of the population living below \$1.25 PPP a day to 31% in 2011.

The Government of Ethiopia has been implementing a comprehensive economic reform programme over the past decade. The Government follows a market-based and agricultural-led industrialization economic policy for the development and management of the economy. Currently the country is exerting utmost effort to ensure its economic transformation from an agricultural-based to a mixed agricultural and industrial-based economy. Several policies have been formulated in this vein, including the privatization of State owned enterprises and the rationalization of government regulation.

1.2.5 Education Status

Access to education is recognized as a basic human right and is a key instrument for socio-economic growth. Ethiopia has given due emphasis to change the education status of its citizen evidenced by massive expansion of primary, secondary and tertiary level educational institutes. There are 21.2 million children attending 30,800 primary and 2,333 secondary schools in 2013/14 academic year (MOE, 2014). As the result net primary school enrolment (Grade 1-6) reached 99% in 2014, a fivefold increase from the 1990 rate of 19%.

In 2014, more than 1.7 million youth were attending higher education in 1312 Technical and Vocational Education and Training (TVETs) and 34 universities. About 3.5 million adults have benefited from adult education programmes and 6.6 million are currently enrolled. The proportion of girls enrolled in primary and secondary education exceeded 45% in 2014 as the result of the government policy to promote women empowerment.

1.2.6 Health Situation

Several reports indicate the overall health status of Ethiopians is steadily improving and that higher educational status is increasing health awareness and health-seeking behavior of the people. The World Health Statistics Report published in 2014 indicated Ethiopia has achieved the Millennium Development Goal (MDG) in health three years earlier than expected by significantly reducing the under-five mortality from the 1990 estimates. The UN Inter Agency Group in Ethiopia in its 2013 mortality estimate reported that Ethiopia's under-five, infant and neonatal mortality rates were 68, 44 and 28 per 1,000 live births, respectively. Good progress has also been registered in maternal mortality reduction compared to 1990 estimate indicating a 69% reduction according to UN estimates, declining from 1,400 per 100,000 live births in 1990 to 420 in 2013. Currently, Ethiopia is providing vaccination against 10 major diseases that affect children in their childhood and later in life.

Morbidity and mortality related to HIV and AIDS, Tuberculosis and Malaria have markedly reduced. There has been no major malaria outbreak during the last decade. HIV new infection has dropped by 90% and mortality cut by more than 50% among adults. Ethiopia is one of the sub-Saharan African countries with 'rapid decline' of HIV burden, with a reduction by 50% of new HIV infections among children between 2009 and 2012. According to the 'HIV related estimates and projections for Ethiopia-2012' published by FMOH and Ethiopian Health and Nutrition Research Institute (EHNRI), the adult HIV prevalence is given as 1.18%, with regional variations. There are 718,500 PLWHIV according to the 2017 projection. Annual rate of AIDS-related deaths has declined from 106,761 deaths in 2002 to 19,743 projected in 2016.

A National Mental Health Strategy is critical to the development of Ethiopia's health system. Mental health is an integral component of any efficient, well-functioning structure of health

care. The National Mental Health Strategy addresses the needs of the chronically mentally ill and those who suffer from common mental disorders and substance abuse. The goal of this strategy addresses the mental health needs of all Ethiopians through quality, culturally competent, evidence-based, equitable and cost-effective care, along with accessibility, the need to protect human rights, efficiency and sustainability, and community involvement and participation, are the principles and values from which this strategy was developed. In Ethiopia, Mental illness comprise of 11% of the total burden of disease. Alcohol problem drinking accounts for 2.2 to 3.7%, alcohol dependence is 1.5%, while cannabis represents 1.5% of the burden of mental illness. Depression, Schizophrenia and bipolar disorders account for a cumulative prevalence of 6% of the total burden.

Ethiopia has achieved its targets set for tuberculosis prevention and control. Mortality and prevalence due to Tuberculosis has declined by more than 50% and incidence rate is falling significantly. Tuberculosis is still among the major communicable diseases with huge public health significance. Close to 70% of Ethiopian population is at risk of malaria. Frequent focal and cyclical epidemics with intervals of 5-8 years are historically observed since 1958 when an estimated 150,000 people died during a widespread epidemic of malaria in the highlands. Malaria admission rates are projected to decrease by 50–75% by 2015 in Ethiopia based on a study in 41 hospitals. Three million malaria cases are treated yearly with few hundreds of deaths making the malaria case fatality rate below 0.01%.

In 2017, the country had a health infrastructure of 237 hospitals, 3553 health centres and 16,563 health posts. The ratio of health personnel to population has steadily improved with doctors to population currently standing at 1:37,996. Major causes of death in 2016 were attributed to cardiovascular diseases (3.5%), respiratory diseases (3.4%), cancers (3.3%), road traffic accidents (2.2%) and diabetes (0.7%).

1.3 Overview of Drug Use and Illicit Trafficking in Ethiopia

The use of psychoactive substances, both licit and illicit, is significantly contributing to the burden of disease and to a worsening socioeconomic problem in Ethiopia. The authorities agreed that khat, alcohol, tobacco, cannabis and inhalants are widely used while the use of heroin and cocaine was less common. Heavy consumption of alcohol when combined with khat and tobacco use continues to inflict a high morbidity and mortality. Khat, alcohol and tobacco are easily available and accessible at a low cost.

There is a long history of cannabis cultivation and use in Ethiopia. There was an upsurge in use with the arrival of the Rastafarians to Ethiopia around 1940s. While the cultivation is mostly for domestic use. Farmers are increasingly resorting to the cultivation of cannabis instead of traditional food crops given its higher financial yields.

A UNODC Report released in 2015 has documented the use of heroin by injection in Addis Ababa and showing a higher prevalence of HIV and Hepatitis B and C among people who inject drugs.

1.3.1 Drugs not under International Control

Khat (*Catha edulis*, family Celastraceae) is a flowering plant native to tropical East Africa. Khat has been grown for centuries in parts of Africa mainly Horn of Africa and the Arabian Peninsula. Its fresh leaves and tops are chewed in order to achieve a state of euphoria and stimulation. The stimulant effect of the plant is attributed to Cathine, Cathinone and Methcathinone. The plant Khat/*Catha edulis* is not controlled under the international drug control Conventions but its main chemical constituents, Cathine, Methcathinone and Cathinone are internationally controlled substances.

Khat use is deeply embedded in the culture and social fabric in the country. Its cultivation, commercialization and export has a major contribution to the economy and has become the second largest export commodity after coffee in Ethiopia. Locally it is a big employer of the working force and mainstay of income for millions of farmers and traders. It is grown almost everywhere in the country, especially in the eastern, western and southern regions and sold to consumers in public and in abundant quantities. Ironically, it benefits the Khat growers, traders and the government, but it is addictive harmful to health, and a threat to young people and the smooth working of the economy. So far, Ethiopia does not have a clear policy on Khat exports and use but its use is being discouraged in various fora.

The magnitude of Khat use and its association with health, nutrition and socio-economic status has been researched and documented in studies conducted in 1994, 1997 and 2002. A large segment of the economically active adult population consumes khat on a regular basis. People in the 15-34 years age-group are the most severely affected.

Alcohol is widely used drugs in Ethiopia. It is widely produced, easily available at a low price and consumed. The most consumed alcoholic drinks among the poor and in rural areas are the “Tella”, “Tej” and “Areqe”.

1.3.2 Drugs under International Control

Ethiopia is classified among the main illicit drug trafficking routes destined to Europe and some Asian countries. It is believed that Ethiopia not only serves as a transit point but that some of the drugs, particularly heroin penetrates the local market. There has also been high seizures of cocaine at Addis Ababa Airport during the last three years, especially on long direct flights from Brazil and West Africa.

Table 1. Arrest and Seizure Statistics of Cannabis, Cocaine, Heroin and Methamphetamine (2011 - April 2017)

Year	Number of Traffickers	Type of Drug	Amount (Kg)
2011	14	Cannabis	26.000
		Cocaine	1.400
		Heroin	7.200
		Methamphetamine	1.700
2012	12	Cannabis	35.400
		Cocaine	2.400
2013	23	Cannabis	112.500
		Cocaine	30.700
		Heroin	11.000
		Methamphetamine	6.300
2014	66	Cocaine	141.300
		Cannabis	30.300
2015	58	Cannabis	18.300
		Cocaine	138.100
		Heroin	2.100
2016	50	Cannabis	821.050
		Cocaine	36.060
2017 (up to 30th April)	19	Cannabis	14.980
		Cocaine	19.4000

Source: Federal Police Commission, Anti-Narcotic Service

While there is no data on the non-prescribed use of licit narcotic drugs and psychotropic substances, anecdotal information reveals that the non-medical use of these drugs mainly pethidine and benzodiazepines is common among health personnel. There is no evidence of the manufacture of controlled substances and illicit drugs and precursor chemicals used can be diverted to illicit use. These precursor chemicals are subjected to strict control measures as mentioned in the EFMHACA's guideline.

Another psychoactive substance which is subsumed under national control system is tobacco in line with WHO FCTC recommendation. Tobacco is usually the drug first used by children, street children and the youth population in Ethiopia. The prevalence of tobacco use in Ethiopia is 4.2% (Males 7.3% and Females 0.4%).

1.4 Health and Socio-Economic Consequences of Drug Use

In the absence of any recent study, it is hard to quantify the direct and indirect costs drug use and its implications in the country. However, the increase in the number of street families, work related and road traffic accidents and reduced productivity are believed to be some of the consequences of drug use. The widespread use of drugs is having debilitating effect both on members of the economically active and also on the school age populations. A considerable proportion of personal income is wasted procuring and consuming drugs and the impact of this on family well-being is considerable.

Drug use is also associated with an array of physical, emotional and mental health conditions, while injecting drug use with contaminated injecting equipment is related to HIV and Hepatitis B and C infections. All of these place a huge burden on health care system. Many drug users suffer reduced productivity at work as well as increased absenteeism and loss of employment and income related to their drug use.

The health consequences arising from the use and misuse of illicit drugs and licit psychoactive substances are wide ranging and vary depending on the nature of the substances. In principle, drug use can contribute to changes in a person's mood and behavior as well as serious distress contributing to mental health problems such as anxiety, psychosis among others.

Frayed familial fabric and disturbed family-life, uncivil behavior and crime contributing to the community crime, homicides, suicides, violence and insecurity in general are other costs to the community and country. Families who live with people who use drugs experience considerable stress and discomfort.

1.5 Policy, Legislation and Legal Framework

The Criminal Penalty Code 1957 has the provision to prosecute and punish drug users as well

as traffickers and has the provision to imprison offenders for a maximum of three months or pay a fine of ETB 20,000. Given that this penalty was viewed to be too lenient, the Government revised the legislation in 1997 (E.C 2004/05) with a harsher penalty with the provision to imprison offenders for a maximum of fifteen years and a fine of up to ETB 100,000. In addition, in aggravated circumstances the punishment is not less than ten years rigorous imprisonment and a fine not exceeding ETB 200,000.

The Health Policy of 1993 mentions in its Information, Education and Communication Strategy to “discouraging the acquisition of harmful habits such as cigarette smoking, alcohol consumption, drug use and irresponsible sexual behaviour”. The Government promulgated The National Drug Policy of 1993 as a follow up to the health policy and commensurate with the Transitional period charter and the economic policy of Ethiopia. This policy provides the power to the then Drug Administration and Control Authority (DACA) of Ethiopia, now Ethiopian Food, Medicines and Health Care Administration and Control Authority (No. 661/2009) provides to make the necessary efforts to deter the illegal manufacturing, distribution and consumption of narcotic and psychotropic drugs and the control of precursor chemicals. In 2013, EFMHACA developed three important guidelines that are being implemented currently. The National Drug Policy 2015 – 2020 reinforces the provisions of the previous one.

Art. 9 (4) of the FDRE Constitution states that “all international agreements ratified by Ethiopia are integral part of the law of the land.” Since Ethiopia has ratified all the three United Nations Conventions on drug control, they are considered as the integral part of the national laws on drug control.

CHAPTER 2: FRAMEWORK FOR ACTION

2.1. VISION

To have a drug-free society in Ethiopia by 2030.

2.2. MISSION

To protect Ethiopians from the harmful effects of drug use and drug trafficking on health and public safety and to mitigate the social and economic costs through a comprehensive approach to drug demand and drug supply reduction consistent with relevant national and international instruments.

2.3 VALUES

The NDCMP's core values are:

- Committed leadership to drug control;
- A drug resilient, productive and economically vibrant society;
- Recognizing drug use disorder is a medical condition;
- Alignment of existing drug control legislation with international conventions.

2.4 GOALS

Goals of the NDCMP

- To provide a national coordination mechanism and an implementation framework aimed at achieving the maximum impact to reduce the supply of and demand for drugs;
- To strengthen the institutional capacity aimed at reducing the entry in and the circulation of drugs and the incidence of related crimes in the country;
- To strengthen the legal and institutional framework for combating the illicit supply and use of drugs;
- To ensure the adoption of best practices and evidence-informed policies;
- To implement strategies and interventions for the prevention of drug use, early identification and human-rights based drug use disorders treatment, rehabilitation and social reintegration; and harm reduction programmes;
- To establish a National Drug Observatory for the optimal monitoring of the Master Plan activities and to facilitate the country to respond to its international reporting obligations.

2.5 NATIONAL PRIORITY AREAS AND STRATEGIC PILLARS

To achieve its aims, the NDCMP has identified four strategic pillars across its nine national priority areas:

- Legal Framework, Crime Prevention and Drug Supply Reduction;
- Drug Demand Reduction encompassing drug use prevention; drug use disorders treatment, rehabilitation, and social reintegration;

- Harm Reduction;
- Coordination Mechanism, Implementation Framework, Monitoring & Evaluation, and Strategic Information;

2.5.1 Legal Framework, Crime Prevention and Drug Supply Reduction

The Ethiopian criminal justice system has adopted a criminal legal framework to prevent and control drug crimes. The Criminal Code of 1997 is cited as one legal document, and under proclamation number 780/2013, enables to forfeit the property of drug dealers and traffickers.

Issues related to drug trafficking and use are encountered at every level of the criminal justice system, from the international trade in drugs and the use of the proceeds of that trade for corrupt ends to drug use and driving under the influence of alcohol or other drugs. Most drug-related crimes result from a variety of factors encompassing the personal, situational, cultural and economic arenas, and the precise relationship between drug **abuse** and crime is therefore hard to determine in the Ethiopian context given the dearth of reliable information.

Drug-related crime, which is committed on both the supply and demand side, falls into the following categories.

- Crime committed by people who use drugs to sustain their drug-taking habit;
- Crime committed under the influence of drugs;
- Crime related to the cultivation, manufacture, possession, trafficking, and sale of drugs.

Objectives of the Legal Framework, Crime Prevention and Drug Supply Reduction

- To ensure effective law enforcement against the trafficking of illicit drugs and of licit narcotic and psychotropic substances;
- To combat drug-related crimes;
- To reduce the level of drug use;
- To advocate for the diversion of offending PWUD from the criminal justice system to the health and social services;

2.5.2 - Drug Demand Reduction encompassing drug use prevention; drug use disorders treatment, rehabilitation, and social reintegration

2.5.2.1 Drug Use Prevention

Drug use prevention is the first line of defense for the protection of Ethiopians from drug use. Factual information on drug use should be accessible to young people and parents, and mechanisms for its dissemination identified and utilized. The role of families, teachers and care givers in protecting young people from drug use must be emphasized. CBOs and FBOs have a crucial role to play as well in this field. Established drug free clubs in schools and youth centers must be strengthened and expanded to ensure they are accessible to all young people in Ethiopia.

Objectives for the priority area

- To prevent and delay the onset of drug use among young people through sports and culture and life-skills and parenting skills strengthening;
- To enable educational institutions to offer effective drug prevention programmes and build the resilience of young learners;
- To mainstream drug use prevention activities in government institutions.
- To fully engage the active participation of young people and communities in the delivery of drug use prevention.

2.5.2.2 Treatment, Rehabilitation and Social Reintegration

The Ministry of Health should use its national infrastructure to bring quality and affordable drug use disorders treatment closer to communities. It should build the capacity of its cadres of professionals to offer a spectrum of treatment services, ranging from Brief Interventions, screening and diagnosis, psychosocial support and pharmacological treatment when indicated.

Objectives for the Treatment, Rehabilitation and Social Reintegration priority area

- To offer affordable and accessible treatment for substance use disorders and improve the quality of life of people who use drugs (PWUD);

- To intervene at the earliest possible point in order to reduce the negative consequences associated to drug use;
- To strengthen the national capacity for the provision of rehabilitation and social reintegration to people who use drugs;
- To ensure the availability of the relevant medication for the treatment of substance use disorders.

2.5.3 Harm Reduction

An Integrated Behavioural and Biological Surveillance (IBBS) Survey was conducted among people who inject drugs (PWID) in Addis Ababa, Ethiopia in 2014-2015. The objective of this survey was to generate strategic information on the magnitude of HIV and other infections, including hepatitis B virus (HBV), hepatitis C virus (HCV) and syphilis, and related risk behaviors among PWID in Addis Ababa, Ethiopia. This survey was carried-out by the United Nations Office on Drugs and Crime (UNODC), in collaboration with the Ethiopian Public Health Institute (EPHI).

A sizable percentages of PWID reported sharing (e.g., they used it after someone else used it) syringes and needles (ever shared: 30%) and other injecting equipment (past six months: 56%) and inject with other people (53%). Thirty eight percent of PWID reported having an HIV test and receiving their test results in the past 12 months.

HIV prevalence was 6%, HBV was 5.1%, HCV 2.9% and Syphilis 5.1% among PWIDs. Five percent of PWID were living with HIV and HBV, 12% were living with HIV an HCV and 27% were living with HIV and Syphilis. Among females who inject drugs, 31% were infected with HIV, whereas, among males who inject drugs, 5% were living with HIV. Among HIV positive PWID, 60% reported having shared a needle the last time they injected.

These findings highlight that injecting drug use in Addis Ababa is a serious emerging issue which calls for the introduction of harm reduction policies, interventions in line with international best practice.

Objectives for the Harm Reduction priority area

- To reduce the harms associated with injecting drug use;
- To offer the core interventions recommended by the United Nations in harm reduction, namely Needle and Syringe Programme, Voluntary Counseling and Testing (VCT), Opioid Substitution Therapy (OST) and Antiretroviral Therapy (ART).

2.5.4 Coordination Mechanism, Implementation Framework, Monitoring & Evaluation, Strategic Information

An effective national body is required for the overall coordination of drug control activities in the country. This body will comprise an implementation framework which will oversee, monitor and evaluate the implementation of the NDCMP and be responsible for the collation of strategic information and generate reports to inform policy makers, partners and the population on the drug situation in the country.

Objectives of this priority area

- To provide the leadership on drug control activities in the country;
- To provide an effective coordination of drug control activities under the NDCMP, its implementation framework, the monitoring and evaluation of the activities envisaged under the Master Plan;
- To coordinate the collection, analysis and reporting on the drug situation on a periodic basis; to disseminate this information and use it to use it to inform policies, strategies and programming.

The establishment of the National Drug Observatory will enable the country to constantly monitor the drug situation as well as emerging trends while also providing valuable information on the success of interventions and programmes, in the dissemination of factual information to the citizens and assist the country to fulfill its international reporting obligations.

2.5.5 International Liaison

Ethiopia fulfills its role and contribute to the efforts of the international community to address illicit drug trafficking. The country also participates in the global decision- making on solving the drug problem by playing its role in international fora such as the United Nations General Assembly Special Session on the world drug problem leading to the Outcome 2016 document, the United Nations Commission on Narcotic Drugs, Interpol, the World Customs Organization among others. Ethiopia also engages in bilateral cooperation in fighting the drug problem.

The government places a high priority on the fulfillment of its obligations under international drug control instruments and is a state party to the three UN conventions. Ethiopia has ratified the World Health Organization Frame Work Convention on Tobacco Control in 2014 and the Palermo convention against Transnational Organized Crime in 2000.

UNODC supported the country to develop a National Drug Control Master Plan 2010-2015 in the framework of its regional programme on Promoting the Rule of Law and Human Security

in Eastern Africa (2009-2012).

Ethiopia participated to the technical segment and the ministerial conference on Promoting Rule of Law and Human Security in Eastern Africa held in Nairobi, Kenya, on 25th September 2015, under the auspices of the United Nations Office on Drugs and Crime (UNODC) and endorsed a five-year Regional Programme 2016-2021.

Ethiopia's legislation provides the necessary framework and support for the implementation of the different international drug control conventions.

Objectives for the international liaison priority area

- To effectively interdict drug trafficking at its borders, especially at Bole International Airport and land borders;
- To monitor trends in the international environment regarding drug trafficking;
- To communicate the government's policy on multilateral and bilateral issues related to drug use and trafficking;
- To forge cooperation with neighbouring and other countries in fighting illicit drug trafficking.

2.5.7 Capacity Building

There is a pressing need for the training of doctors, nurses, psychologists, social workers, pharmacists, and health extension workers and youth officers on evidence-informed drug use disorders treatment in a humane, rights-based, needs-based and in a non-judgmental way. University students, peer educators, in school and out of school club members, youth volunteers, teachers, social workers, young people and media also need capacity building in evidence-based drug use prevention methodologies.

Professionals from other sectors, such as the police, customs, immigration, lawyers, prosecutors, judges, the prison authorities and trade sector require training to understand, recognize and advocate for drug use as a health condition; and on the latest interdiction, collection of evidence and prosecution techniques.

Specific training modules will be developed based on existing evidence-based materials and methodologies, and tailored to meet the specific needs of the different cadres. Given the size of the country and its huge population, a Training-of-Trainers approach will be privileged in order for the capacity building strategy percolates down to the grass-roots and community level.

Objectives for the capacity building priority area

- To provide all social service, health and legal practitioners with information on drugs, screening and diagnosis, basic counseling, psychosocial support and substance use disorders treatment;
- To produce, disseminate IEC materials to inform communities and create awareness on the dangers of drug use;
- To build the capacity of the Judiciary, law enforcement sector, the prison authorities and trade sector on human rights of PWUD and on interdiction and profiling techniques.

2.5.8 Populations at higher Risk to Drug Use (Youth and other Vulnerable Groups)

The youth of Ethiopia have been accorded priority attention since the advent of the new democracy. Ethiopia has ratified the United Nations Convention on the Rights of the Child and is committed itself to the principle of the “First Call for youth and children” in all areas. The specific vulnerability of young people, street children, in and out of school youth and university students, women and other groups at higher risk for drug use must be recognized.

Addiction to drugs affects people from diverse cultural, ethnic and socioeconomic backgrounds. Specific occupational groups that seem to be especially at risk include artists, musicians, medical personnel, farm workers, sex workers, daily labourers and transport industry workers, especially long-distance truck drivers. Further research is required to determine the extent of drug use among these groups and to plan intervention strategies that take their needs into account.

Objectives for the Populations at Higher Risk priority area

- To ensure that occupational groups that are vulnerable and that use or become dependent on drugs have increased access to a range of advice, counseling and treatment services
- To create awareness among the occupational groups at risk on issues related to drug use;
- Encourage rehabilitated persons to educate new entrants into these occupations and civilians on predisposing factors to and the dangers of drug use and on treatment service points.

2.5.9 Availability, Rational Use and Control of licit NPS for medical purposes

In accordance with the international conventions, strategies and national legal instruments, Ethiopia should strengthen the existing control mechanism that covers the entire life cycle management including production, registration, distribution, inspection, surveillance, use and disposal of Narcotic and Psychotropic Substances (NPS). The Ethiopian Food, Medicine and Health Care Administration and Control Authority exerts a strict control on these drugs, promotes their rational prescription and ensures they are available for medical and scientific purposes only.

Objectives for the Availability, Rational Use and Control of licit NPS for medical and scientific purposes priority area

- To ensure the rational use of the narcotic drugs and psychotropic substances
- To restrict their use for medical, scientific and research purposes only
- To ensure the availability of NPS for medical research purposes
- To conduct ongoing research on the use of the drugs and their abuse statistics

CHAPTER 3: INSTITUTIONAL FRAMEWORK

Drug use and trafficking are highly complex problems which require a multi-sectoral and coordinated response on both the supply and demand side. Government and communities have to work hand-in-hand, complementing each other based on their respective comparative advantages at national level, in the framework of regional and international cooperation.

3.1 Inter-Ministerial Coordination Committee

Drug control is a multi-sectoral problem which calls for multi-sectoral response and cooperation. The Inter-Ministerial Coordination Committee (IMCC), was established to provide overall coordination of all drug related activities in the fields of drug use prevention and drug use disorders treatment, education, community action, legislation and law enforcement and policy making.

The IMCC is chaired by the Ministry of Health, with the Federal Police as deputy chair (rotating role). The Ethiopia Food, Medicine and Health Care Administration and Control Authority acts as the Secretariat with membership of different ministries and institutions. The following heads of Ministries/organizations are members of the IMCC.

- Ministry of Health
- Ministry of Education
- Ministry of Labor and Social Affairs
- Ministry of Foreign Affairs
- Ministry of Agriculture and Resource Management
- Ministry of Trade
- Federal Attorney General
- Ministry of Transport
- Ministry of Federal and Pastoralist Development Affairs
- Ministry of Women and Children Affairs
- Ministry of Youth and Sport
- Government Communication Affairs Office
- Federal Police Commission.
- Ethiopian Revenue and Customs Authority
- Ethiopia Food, Medicine and Health Care Administration and Control Authority
- National Intelligence and Security Service
- Ethiopian Public Health Institution.

It is suggested that Ministry of Culture and Tourism, Court and Federal Planning Commission are included as members in the IMCC and that representatives of research institutions, professional associations, entrepreneurship and food security agency, civil society organizations and faith based organizations are also to be considered for membership.

3.2 Key Government and Other Institutions

Several institutions have been identified to play a critical role in drug control. They are as follows:

3.2.1 Ethiopia Food, Medicine and Health Care Administration and Control Authority

The Ethiopia Food, Medicine and Health Care Administration and Control Authority (EFMHACA) is the lead institution in drug control in general and specifically in the campaign on drug use prevention and control. The administration and control of narcotic drugs, psychotropic substances and precursor chemicals are carried out by the Authority based on the Drug Policy of 1993, the proclamation to provide for Food, Medicine and Health Care Administration number 661/2009. It issues guidelines to control and promote proper use of narcotic drugs, psychotropic substances and precursor chemicals including their prescription papers. The authority is also mandated for the control of tobacco.

3.2.2 Ethiopian Federal Police Commission

The Anti-Narcotics Service (ANS) embraced in the Federal Police commission was created in 1993 and is the main narcotics law enforcement unit. It is a specialized unit within the Criminal Investigation Department (CID) for the purpose of fighting drug trafficking and related crimes. The functions of the ANS include the following:

- Investigating drug offences; in partnership with CID;
- Detection, control and seizures of drugs at airports, vulnerable border stations etc;
- Apprehension and prosecution of drug offenders; in partnership with CID;
- Gathering, analyzing and disseminating drug intelligence;
- Maintaining data on drug cases;
- Detect and destroy cultivated and produced drugs; in partnership with CID;
- Prevention of drug use through awareness creation.

The ANS is a lead agent of the Bole International Airport Inter Agency Coordination and the Coordination have a cadre of officers proficient in profiling and searching suspected drug couriers and containers at airports. The ANS, ERCA and EFMHACA also cover airports, vulnerable border points and urban towns with increased incidence of drug crime.

3.2.3 Ethiopian Revenue and Customs Authority

The Ethiopian Revenue and Customs Authority (ERCA) is mandated to control the cross-border movement of goods, including the movement of prohibited and restricted goods such as illicit drugs. The ERCA is strategically situated to counter drug smuggling through control of imports and exports. The authority has branches in the regions and airports and other entry

points to the country.

An Inter-Agency Task Force involving Police and Customs, has been established with the support of UNODC. They cooperate at airports and other sensitive and vulnerable border stations. It is recommended that a Drug Control Unit be established at ERCA.

3.2.4 Ethiopian Financial Intelligence Centre (FIC)

The Ethiopian Financial Intelligence Center was set up to implement the Anti-Money Laundering and Counter Terrorism Financing Proclamation No.680/2013. It is responsible for investigating cases of money laundering, financing of terrorism and other offences and passing on promptly to the relevant law enforcement organ, any drug and crime-related information it receives from banks and other institutions. It is recommended that stricter supervision be enacted for foreigners transiting in the country for a period of time.

3.2.5 National Intelligence and Security Service

National Intelligence and Security Service (NISS) has in its docket the Department for Immigration and Nationality Affairs. It is responsible for controlling the movements of persons, including human trafficking and the smuggling of migrants, in and out of the country. The ongoing computerization of immigration desks at entry and exit points is a useful step in improving monitoring of suspected traffickers. It is recommended that NISS establishes an Anti-Drug Unit and includes drug trafficking in its mandates.

3.2.6 Ministry of Agriculture and Natural Resources

The Ministry of Agriculture has a strong bond with farmer associations and woreda councils in undertaking its development activities and has easy access to what goes in all corners of the rural areas. The ministry has to look after the cultivation of drugs and exchange information with relevant law enforcement agents. It can also cooperate in the training of kebeles and woreda councils and agriculture extension workers and others on drug **abuse**.

Under the aegis of the NDCMP, the Ministry will establish a drug control unit which will facilitate the detection of illicit crop production and the pursuit of viable alternative crops production by farmers through its network of offices in the country.

It is also presumed that the ministry embraces the Ethiopian wildlife service, which may have equipment and capacity to map out illegal crop cultivation. Such capacity needs to be utilized

to identify for instance cannabis cultivation in the country. Other possible areas of cooperation in drug control include training and sensitization seminars for the wildlife staff, inter-agency communication links and sharing of resources with other relevant Government offices in the rural areas.

3.2.7 Ministry of Education

The proclamation of 471/2005 by Federal Government defines the duties and responsibilities of Ministries. The Ministry of Education has under its purview to set education and training standards and ensure their implementation. The Ministry of Education signed agreements to be part of National efforts related to drug and substance use prevention and education. In this vein, the Ministry has collaborated with UNODC on life-skills programmes on drug prevention and incorporated drug use prevention matters in the school curriculum to a certain extent. In the ministry's education sector development plan V (2015/16-2019/20), drug prevention has been included as a cross cutting issue.

The Ministry of Education (MOE) is directly responsible for the educational system, inclusive of the pre-primary, primary, secondary, TVET and higher education and adult and non-formal education. These different avenues of education provide huge opportunities for the inclusion of drug prevention education for teachers and students at all levels. Anecdotal data suggest that both in-school and out-of-school are exposed and vulnerable to drug use.

Drug use prevention has been infused in the school curriculum, especially in the life orientation learning area, with a view to provide young people with the necessary skills to make the right choice in risky situations. Guidelines for drug use prevention have to be developed and distributed to all schools in the country.

In addition the role of higher education institutions in performing different research activities in highlighting drug use problems should be recognized. Moreover the universities should be involved in capacity building programmes and initiating and strengthening treatment and rehabilitation centers in university hospitals.

The NDCMP provides an excellent platform for the MOE and its partners to develop a comprehensive drug use prevention strategy and to strengthen an anti-drug unit to coordinate its activities.

3.2.8 Ministry of Federal Pastoralist and Development Affairs

The Ministry of Federal and Pastoralist Affairs assists the regional states through training of

regional leaders on policy matters and educating the population at large. It has an important role in maintaining peace and promoting development, managing conflict, and raising public awareness on social and environmental issues. It has a key role to create awareness in the regions on drug use prevention and illicit trafficking.

3.2.9 Ministry of Foreign Affairs

The Ministry of Foreign Affairs has the following responsibilities.

- To facilitate conditions for Ethiopia to enter into bilateral and multilateral agreements for the effective management of drug use;
- To ensure Ethiopia's compliance with its international obligations as a state party to the following instruments:
 - Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol
 - Convention on Psychotic Substances of 1971
 - United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988
 - WHO Frame Work Convention on Tobacco Control;
 - The Palermo Convention against Transnational Organized Crime 2000.
- To ensure Ethiopia's adherence to the general rules of international law on combating drug use;
- To enable Ethiopia to promote and enhance regional and international cooperation in the combating of drug use, illicit trafficking in drugs and transnational organized crime;
- To advise all national stakeholders on Ethiopia's international obligations with respect to international instruments on drug control.

3.2.10 Ministry of Health

The Ministry of Health (MOH) is responsible for reducing the demand for drugs and the harm they cause by enacting appropriate legislation and policy guidelines for the treatment of drug use disorders and harm reduction. It appoints medical personnel to provide treatment and is

responsible for their training and supervision. It also collaborates with other institutions on raising awareness on drug related matters through national campaigns.

The Ministry has an extensive network of 'health extension workers' who interface with communities daily at the household level. They constitute a formidable cadre of health educators who can be deployed for effective drug use prevention, referral of serious cases for treatment and provide follow-up after treatment, provided that they are provided with minimal training in case identification and basic counselling.

This NDCMP will ensure that treatment and rehabilitation centres are decentralized to specialized and general hospitals and integrated in the services of primary health care.

3.2.11 Federal Attorney General

The Federal Attorney General should help to reduce the supply and demand for drugs in the country and in communities.

In terms of demand and supply reduction, the Federal Attorney General, in collaboration with the relevant justice organs through the criminal justice system, should divert young and non-violent offenders who are involved in the drug using offence to treatment and rehabilitation services instead of punishment. The Attorney General, in collaboration with other relevant institutions, should ensure that prosecutors receive specific training on drugs and drug-related legislation.

Finally, The Federal Attorney General should work on prosecution of offenders involved in the drug related crime and focus on drug-related organized crime through forfeiture of the gains/property (asset forfeiture) ensuing from crime as well as through deterrent sentences in the courts. Efforts should also be made by the FAG to educate the nation about the drug and related crime legislation.

3.2.12 Courts

The Courts have an important role to play in the diversion of drug use offenders through the criminal justice system to substance use disorders treatment services on conditional suspension of sentencing, pre-trial release, correctional supervision and on dealing expeditiously with such cases. Specifically, once the court is satisfied that the offender does not pose any danger to society, it can recommend treatment in the community on an out-patient basis. Based on the Law, the courts also ensure that the appropriate punishment is given to those involved in drug trafficking related-crimes. It is proposed that Courts should

work on the confiscation of the proceeds of drug-related crime.

3.2.13 Ministry of Labour and Social Affairs

The Ministry of Labour and Social Affairs regulates employment in the country and protects the rights of employees in the workplace. It draws up workplace policies on drug use in the workplace and implements interventions.

The Ministry of Labour and Social Affairs should also be one of the lead institutions in the campaign against drug use. It is responsible for developing programmes on prevention, early intervention and treatment for drug use. It also engages in advocacy to increase access to treatment for people who use drugs in line with its social protection policy.

3.2.14 Ministry of Women and Children Affairs

The government of the Federal Democratic Republic of Ethiopia is aggressively promoting women and children empowerment in its quest for people-centered and result-oriented programmes.

The Ministry and its regional counterparts are responsible to safeguard the right of children and women including protecting them from unhealthy habits such as possession and use of drugs, and the use of tobacco, khat and alcohol. They are the major stakeholders in the effective implementation of this NDCMP especially in addressing children and women in and out of schools in collaboration with federal and regional women associations. They are expected to work closely and in collaboration with MOE, MOH, EFMHACA, MOYS, MOLSA, agencies and regional counterparts, women associations in providing education on drug use and its serious consequences. They plan to engage in advocacy and in the protection of minors, children and women from drug use. The Ministry will establish an Anti-Narcotics Unit under this NDCMP.

3.2.15 Ministry of Youth and Sport

The Ministry of Youth and Sports, in collaboration with its counterparts in the Regional States, is responsible for raising the awareness of young people in the community on the impact of drug use and related issues. The Ministry is also responsible to ensure the availability and services of youth development in sports interest during the implementation of NDCMP. This Ministry is expected to work collaboratively with MOE, MOCT, MOH, EFMHACA, MOLSA,

agencies, regional counterparts, and youth associations in engaging in advocacy and educating and protecting on drug use and its grave consequences; in monitoring activities as regards the protection of minors, youth and adults from substance use.

Among the major policies issue of the National Youth Policy formulated in 2004 is to protect young people from drug use and other social evils, and create a favourable environment for youth to participate in efforts to prevent and reduce the use of cigarettes, khat, alcohol, and licit and illicit psychoactive drugs, thereby contributing to their optimal physical and mental development.

The Ministry has promulgated a new national youth strategy and revised the previous youth development package in 2017. This legal framework gives great attention for the prevention of drug use and the adoption harmful behaviours as well as the revitalization of youth personality development centers. This package includes prevention and control of drug use materials and that under the NDCMP, the youth multipurpose centres will provide drug use prevention activities, as well as basic counselling and referral if needed to health institutions in the same locality. The centres can also be used to train focal points through ToT sessions for their deployment in these multipurpose centres.

3.2.16 Ministry of Trade

The Ministry of Trade is responsible for the regulation and development of competition based trade system as well as for promotion and expansion of trade in the country. It is tasked with the responsibility to create the right environment conducive to trade development. It ensures that trading in alcohol, khat and tobacco are conducted within the parameters of the law and provides information to other ministries, agencies and consumers to thwart any attempt to conduct trading activities in an illegal manner.

3.2.17 Ministry of Transport

The Ministry of Transport in consultation with other law enforcement institutions should ensure that drivers driving under the influence of drugs and alcohol are tested and enforcement is increased so that every person involved in an accident is tested for alcohol and other drugs. The Ministry should consider mandatory testing of drivers in all accidents involving alcohol and other drugs. All these interventions should be well documented in terms of their effectiveness so that best practices can be identified and used as benchmarks for service delivery. The Ministry and its regional counterparts should play a major role in advocacy and monitoring drug-free public conveyances including air-plane, train, motor

vehicles and other transportation services. They should also include drugs and its grave consequence in the driving licensing training curriculum; educating drivers and passengers on drugs through various means; and collaboratively working with EFMHACA, line ministries, and agencies and their regional counterparts. They should develop and implement strategic intervention and monitor and evaluate the effect of the intervention.

3.2.18 Government Communication Affairs Office

Government Communication Affairs Office has the responsibility for image building of the country and national consensus by the dissemination of information to the public. It collaborates with regions, city administration and federal government institutions in developing effective communication strategies on drug use-related matters in the country and is a key partner to vehicle the NDCMP to the public while also contributing to drug use prevention efforts to inform the public on the dangers of drug use and to adopt healthy lifestyles.

3.2.19 Ministry of Finance and Economic Cooperation

The Ministry and its regional counterparts should regularly review increment the taxation on drugs raw and finished products, namely khat, and ensure enforcement of taxation, ban duty-free sales of drugs namely alcoholic beverages and ban their discounted sales. The Ministry and its regional counterparts should play vital roles in advocacy, monitoring and enforcement of drug-free policies in sectoral offices. They should also allocate and mobilize and prioritize financial resources for the implementation of this NDCMP. The Ministry and its regional counterparts should ensure sustainable funding for effective prevention, control, treatment and rehabilitation in the area of drug use and collaborate in the implementation, monitoring and evaluation of this Plan.

3.2.20 Ministry of Culture and Tourism

The Ministry engages with indigenous communities and encourages their cultural parenting styles as regards to promoting drug use prevention and the adoption of healthy lifestyles and the protection from the uptake of harmful practices.

3.2.21 Ethiopian Public Health Institute

The institute is mandated to coordinate any research activities in the country related to drug control. It conducts basic, operational research on the nature, extent and pattern of licit and illicit drugs in the country, and on drug related socioeconomic problems. It generates information on the situation of the supply and demand of drugs and conducting surveillance drugs throughout the country.

4.3 Professional Associations

Professional associations such as The Ethiopian Pharmaceutical Association, Public Health Association and Psychiatric Association have to play their prominent role in providing their knowledge and expertise when standards, guidelines or policies related to drug control are formulated. They should also promote rational drug use and control among their member professionals as well as the society. In addition, they should support the government in the process of establishing systems related to prevention, treatment and rehabilitation of drug related problems with in the society. Moreover, they should initiate among their professional members about research and research activities including data generation, synthesis and information dissemination related to drug control and drug use.

4.4 Civil Society

The non-government sector have an important role to play in drug demand reduction and harm reduction activities. Community-based organizations (CBOs), Faith-based organizations (FBOs) and private institutions are expected to work in synergy and support the efforts of the government in the context of the implementation of this NDCMP, especially in drug use prevention and education, drug use disorders treatment, harm reduction, community development and research.

4.5 Regional States

It is incumbent on Regional States in the country to operate are all public services in their respective regions. By the same logic, they will be responsible for the delivery of prevention, treatment and rehabilitation services, harm reduction activities where indicated and drug control through law enforcement and the Judiciary, under the overall coordination of the IMCC. Regional States will also share information and intelligence with each other for the effective interdiction and suppression of drug cultivation and supply.

4.6 Regional and International Cooperation

Ethiopia has ratified the three international Drug Conventions and is a signatory to UNODC ROEA Regional Programme 2016-2021 'Promoting the Rule of Law and Human Security in Eastern Africa', thereby signifying its clear commitment to promote regional and international cooperation in drug control. It collaborates with several international organizations such as UNODC and WHO in drug control.

CHAPTER 6: HUMAN RIGHTS AND GENDER CONSIDERATIONS

The development and implementation of this NDCMP is underpinned on the universal principles of human rights as enshrined under several international conventions. Its planning, implementation and evaluation will be carried out with a strict observance of the respect of gender specificities and consideration at all phases.

CHAPTER 7: CONCLUSION

The human and social capital of a country are its most precious assets which need to be protected, educated and nurtured. Drug use constitutes a serious threat that may undermine it, thereby impacting negatively on its development and on socioeconomic progress. It is expected this NDCMP will create the right legal and administrative framework and the trained cadres for its implementation to be carried out in a conducive environment to its success with a focus on efficiency, impact and results. It is envisaged that it will provide the necessary stimulus so that drug control assumes its rightful place high on the national political agenda. The Inter-Ministerial Coordination Committee is expected to play its role fully in the overall coordination and implementation of planned activities to be conducted under this NDCMP as well as its monitoring and evaluation.

The multitude of stakeholders are expected to play their respective roles as defined in this NDCMP so that their combined efforts and dedication create the synergy to holistically address the identified four pillars of the NDCMP. These prerequisites are required in order for the people of Ethiopia, especially its youth, families and communities, to be protected from the problems engendered by drug use and are empowered to fulfill their full potential for their benefit and those of the country.

LOG FRAME

Strategic Pillar 1: Legal Framework, Crime Prevention and Drug Supply Reduction

Strategic Pillar 1: Legal Framework, Crime Prevention and Drug Supply Reduction				
Strategic Objective 1.1: To establish a strong Legal Framework for the country to effectively address the dynamic nature of drug use and trafficking.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget (US\$)
1.1.1. A strong Legal Framework effectively addresses the reduction of the health, social, economic and political impact of drug use and trafficking on the Ethiopian society.	- Dynamic and comprehensive laws reviewed and enacted to protect the Ethiopian society from drug use and trafficking.	- Legal framework reviewed, amended and strengthened; - Dynamic and comprehensive laws enacted;	- EFMHACA/FA G, Police, ERCA, MoFec, Ministry of Trade, Ministry of Education, Ministry of Health, Ministry of Foreign Affairs	US\$ 120,000
Activities				
1.1.1.1. To conduct a review of the Legal framework regarding drug control laws and make the necessary amendments;				
Strategic Objective 1.2: To reduce the cultivation and production of illicit drugs in the country.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Year 1/ (T:/I:) Indicative Budget (US\$)
1.2.1. Reduced cultivation of cannabis and production of illicit drugs in the	- Changed attitude of farmers to stop or reduce	- Larger of farmers stopping cannabis cultivation	- Police/FAG, EFMHACA, FAG, police, ERCA, Ministry of Trade,	US\$ 60,000

country.	cannabis cultivation; - Increased number of arrests and seizures related to drug trafficking.	and reduced acreage of cannabis cultivation; - Increased arrests and seizures related to drug trafficking; - Increased Law Enforcement in criminal cases related to drug trafficking and prosecution in court; - Increased assets forfeiture related to proceeds of drug trafficking.	Ministry of Agriculture, Ministry of Education and Ministry of Health.	
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Activities

- 1.2.1.1. To educate farmers to stop cannabis cultivation and to revert to food crops cultivation;
- 1.2.1.2. To collect quality intelligence data to track drug movements and cannabis cultivation acreage;
- 1.2.1.3. To conduct more interdiction operations to track drug traffickers;
- 1.2.1.4. To make larger number and volumes of drug seizures;
- 1.2.1.5. To train investigators, prosecutors and magistrates in drug-related crimes and asset-forfeitures;
- 1.2.1.6. To prosecute more drug traffickers resulting in conviction.

Strategic Objective 1.3: To strengthen the prevention and control mechanism for the smuggling, circulation and distribution of drugs in the country.

Outcome	Output	Target/ Indicators	Lead Agency/ Partnering	Operational Plan Year 1/ (T:/I:) Indicative Budget
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		(T:/I:)	Agencies	(US\$)
1.3.1. Strong interdiction mechanisms to prevent and control drug smuggling, circulation and distribution into and in the country.	- Well structured, manned and coordinated border control system (airport dry docks and land border points) and in-country policing.	- Border control and in-country policing systems function well; - Increased number of arrests and seizures at airport and land borders.	- Police/ERCA, Immigration	US \$60,000
Activities				
1.3.1.1. To allocate more core government resources to Police/Anti-Narcotics, ERCA and Immigration;				
1.3.1.2. To establish well-functioning drug control systems;				
1.3.1.3. To train and strengthen Police/Anti-Narcotics, ERCA and Immigration officers in drug control techniques;				
Strategic Objective 1.4: To develop a holistic, dynamic and coordinated institutional drug supply reduction strategy				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
1.4.1. A formal MOU between the Anti-Narcotic Police Service, ERCA, Immigration, and Ethiopian Airport Enterprise signed, for greater operational cooperation, efficiency and effectiveness at airports and land	- Efficient inter-agency mechanism and operations to control drug supply in the country	- MOU is signed; - Improved inter agency operations recorded.	- ANPS/ERCA, Immigration, EAE.	US\$ 10,000

border points.				
Activities 1.4.1.1. To organize a high-level inter-agency meeting to get support and agreement for the Memorandum of Understanding; 1.4.1.2. To draft, legally clear and sign the MOU; 1.4.1.3. To conduct joint operations at airport and land border points.				

Strategic Pillar 2: Drug Demand Reduction/Prevention

Strategic Pillar 2: Drug Demand Reduction/ Prevention				
Strategic Objective 2.1: To prevent and reduce drug use through a comprehensive national prevention strategy and programme.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Y1/ Indicative Budget US\$
2.1.1. A multi-sectoral Task Force on drug use prevention set up.	<ul style="list-style-type: none"> - Ministries nominate their Task Force representative; - The multi-sectoral Task Force on drug use prevention established; - Quarterly meetings of the Task Force held - National drug use prevention strategy developed. 	<ul style="list-style-type: none"> - Task Force members nominated; - Task Force operational - Records of Quarterly meetings; - The National prevention strategy available; 	EFMHACA/Drug use prevention members of the NDCMPCC	1 st quarter of 2018 US\$ 5,000 US\$ 10,000
Activities: 2.1.1.1. To nominate senior officials by Ministries to be members of the Task Force on drug use prevention; 2.1.1.2. To develop a multi-sectoral National drug use prevention strategy in line with this NDCMP; 2.1.1.3. To organize quarterly meetings to plan, implement, coordinate and monitor the NDCMP drug use prevention strategy				

and activities and report to the NDCMP;

2.1.1.4. To establish or revitalize the national multi-sectoral task force in drug use prevention;

2.1.1.5. To prepare an action plan for the multi sectoral task force on drug use prevention.

Output	Outcome	Target/Indicator	Leading Agency	Operational Plan Y1/ Indicative Budget US\$
2.1.2. A skilled workforce in drug use prevention	- Several cadres of drug use prevention workers skilled to work in different settings, in schools, communities, and youth centers.	- Number of people trained (T:360 /I: 360) - Number of TOT training workshops organized (T:12/ I: 12)	EFMHACA/ MOWCA, MOYS, MOE, MOH, HPAs, FPC, FAG,MOCT,MOT,O GCA,MANRM	- Number of people trained (T:80 /I: 80) - Number of TOT training workshops organized (T:2/ I: 2)
	- Cadres at federal and regional levels, including CBOs and FBOs, skilled in drug use prevention through training cascade; - Tangible drug use prevention programmes implemented.	- Number of people trained: (T:2000 /I: 2000) - Number of workshops organized: (T:40/ I: 40) - Number of drug use prevention programmes delivered (I 1000 /T 1000)	EFMHACA/ MOWCA, MOYS, MOE, MOH, HPAs, FPC, FAG,MOCT,MOT,O GCA,MANRM	US\$: 20,000

Activities:

2.1.2.1. To prepare and adapt training manuals, guidelines and standards on drug use prevention;

2.1.2.2. To recruit consultant to conduct the ToT training workshops;

2.1.2.3. To select participants from core institutions, youth and women organizations and other stakeholders for ToT workshops;

2.1.2.4. To organize the drug use prevention training workshops;

2.1.2.5. To select trainers from the pool of trainees to cascade the training at federal and regional levels for both government and civil society.

2.1.2.6. To provide financial and technical support for the regional ToTs trainees to cascade the training at grassroots level

2.1.2.7.

Output	Outcome	Indicator	Leading Agency	Operational Plan Y1/ Indicative Budget US\$
2.1.3. Raised awareness on	- Schools and communities	- Number of multi-channel awareness sessions	EFMHACA, MOWCA, MOYS,	\$ 120,000

<p>the dangers of drug use and on drug use prevention in schools and communities across the country leading to reduced drug use.</p>	<p>across the country reached with drug use prevention information;</p> <ul style="list-style-type: none"> - Availability of IECs in the schools and communities; - Behavioral change on drug use in schools and communities documented. 	<p>conducted for schools and communities;</p> <ul style="list-style-type: none"> - Number of IEC and BCC materials, radio and tv spots produced and disseminated; - Number of Drug Free Clubs set up in schools and youth centres; - Number of school curricula strengthened with civics, ethical education; - Number of parents educated on parenting skills; - Number of vulnerable women and youth inculcated with life skills. - Number of campaigns held, panel discussions organized, talk shows held and the celebration of International Day Against Drug Abuse and Illicit Trafficking, 26th June. 	<p>MOE, MOH, HPAs, MOCT, MOT, OGCA, MANRM, CSOs, FBOs.</p>	
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Activities:

- 2.1.3.1. To prepare IEC, BCC materials and standard training manual on drug use prevention for in and out of schools and communities, including radio and television spots;
- 2.1.3.2. To organize sensitization session on drug use prevention across the country;
- 2.1.3.3. To conduct media panels, dramas, dialogues and talk shows related to drug prevention and control;
- 2.1.3.4. To scale up Drug Free Clubs in schools, youth clubs and youth centres;
- 2.1.3.5. To improve the civics and ethical education, biology, English and social studies of the educational curriculum for schools;
- 2.1.3.6. To improve parenting skills of vulnerable women and life skills of youth.

Strategic Pillar 3: Drug Demand Reduction and Harm Reduction/ Drug Use Disorders Treatment

Strategic Pillar 3: Drug Demand Reduction/ Treatment and Harm Reduction				
Strategic Objective 3.1: To provide evidence-based Drug Use Disorders Treatment, Rehabilitation and Social Reintegration of People Who Use Drugs (PWUD)				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Year 1/ (T:/I:) Indicative Budget (USD)
3.1.1. National standards, guidelines for drug use disorders (DUD) treatment developed and list of drugs for DUD treatment and recovery services established.	<ul style="list-style-type: none"> - National treatment standards/ guidelines document developed and distributed to health facilities; - List of medicines for treatment of drug use disorders approved. 	<ul style="list-style-type: none"> - Standards/Guidelines document in place - (T 1/I 1) - Number of the treatment guidelines distributed to health facilities (T 5000/I 5000); - Availability of the prepared list of medicines. 	MOH/ MOLSA,EFMHACA UNODC, WHO, University Hospitals, Development partners	Manual in place (T 1/I 1) Number of the treatment guideline distributed to health facilities (T 1000/I 1000) <div style="text-align: right;">\$30,000</div>
Activities				
3.1.1.1. To recruit consultant to develop treatment standards and guidelines;				
3.1.1.2. To hold a consultative meeting to develop the treatment standards/guidelines for treatment of drug use disorder;				
3.1.1.3. To finalize, print and distribute the document;				
3.1.1.4. To prepare a list of required medicines for drug use disorders				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget

				USD
3.2.2. Outpatient and residential treatment services for drug dependent persons established in existing health facilities. (Refer to Outcomes 2.2.1 and 2.2.4)	<ul style="list-style-type: none"> - Standards set for the selection of health facilities - Existing health facilities selected to provide treatment services for - Drug dependent persons - The existing health service facilities strengthened 	<ul style="list-style-type: none"> - (T1:/I1:) Standard document for selection of health facilities available; - Number of health facilities providing treatment services for drug dependent persons selected; - Number of strengthened health service facilities (T6/I6); - Number of beneficiaries who received treatment (T:/I:) 	MOH/ MOLSA EFMHACA, UNODC, WHO, Development partners	<ul style="list-style-type: none"> - (T:/I:) Standard document for selection of health facilities available; - Number of health facilities providing treatment services for drug dependent persons (T4/I 4) - Number of beneficiaries received treatment (T 200/I 200) - Number of strengthened existing health service facilities (T 2/I 2) <p style="text-align: right;">US\$ 60,000</p>

Activities:

- 3.2.2.1. To select health facilities based on the set standards to be included in drug use disorders treatment network;
- 3.2.2.2. To upgrade the selected health facilities;
- 3.2.2.3. To provide Drug use disorders treatment at the selected health facilities.

Outcome	Output	Target/Indicators	Lead Agency/	Operational Plan
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		(T:/I:)	Partnering Agencies	Year 1/ (T:/I:) Indicative Budget
3.2.3. Rehabilitation services provided at Community based rehabilitation Centres for PWUD	- Community based rehabilitation Centres for PWUD operational;	- Number of rehabilitation Centres for PWUD (T 5/I 5)	MOH/ MOLSA EFMHACA, UNODC, WHO, Development partners	- Number of rehabilitation Centres (T1/I1) US\$30,000

Activities:

- 3.2.3.1. To establish community based rehabilitation facilities at the level of existing community health centres and community health outposts;
3.2.3.2. To provide rehabilitation services in these community health centres and outpost.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.2.4. Capacity of drug and substance abuse care givers and service providers improved.	- Training programmes developed and delivered for all levels of care givers - TOT Training workshops organized for different cadres of care givers.	- Number of training workshops held (T20/I 20) - -Number of care givers trained (T 1000/I 1000)	MOH/HAPCO, EFMHACA, WHO, UNODC, Development partners, MOE, Universities	Training workshops held ((T2/I 2) Number of care givers trained (T80/I80) US\$: 30,000

Activities:

- 3.2.4.1. To recruit a consultant to develop and deliver the TOT training;
3.2.4.2. To select health professionals and para-medical staff to be trained;
3.2.4.3. To organize the training workshops.

	- Advocacy	- Number of	MOH/EFMHACA/ MPs,	
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3.2.5. Drug Use Disorders (DUD) recognized as a medical condition by the legislators and the Judiciary.	sessions conducted with key stakeholders, including Members of Parliament and Federal Attorney General Office.	advocacy sessions conducted (T4/I 4)	FAG/Gov. Communication Affairs	
Activities:				
3.2.5.1. To conduct advocacy sessions with multiple key stakeholders to change their understanding and negative perceptions of drug use disorders.				
3.2.6. Medicines required for the treatment of drug use disorders procured, available and used	- Medicines registration for new medicines obtained.	- Number of new registered medicines registered;	MOH/EFMHACA, PFSA, Pharmaceutical importers and suppliers	
Activities:				
3.2.6.1. To identify and register the new medicines; 3.2.6.2. To procure and distribute the medicines to treatment centres.				
3.2.7. Social and professional reintegration programmes for PWUD to improve their quality of life and reduce stigma and discrimination operational	- Social and professional reintegration programmes for PWUD set up in community health centres	- Number of programmes established - Number of clients socially and professionally reintegrated	MOH/MOLSA, MOE, MoWCA, Development partners	US\$ 60,000
Activities:				
3.2.7.1. To set up community rehabilitation programmes in existing community health centres and health outposts 3.2.7.2. To run rehabilitation programmes for PWUD by providing vocational training and recreational activities.				

3.2.8. Rational prescribing guidelines of licit narcotic and psychotropic drugs developed, adopted, printed and disseminated.		<ul style="list-style-type: none"> - Rational prescribing guidelines available, printed, disseminated; - ToT workshop held - Cascading workshops held 	MOH/EFMHACA, UNODC, WHO
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Activities:

- 3.2.8.1. To recruit a consultant to develop the rational prescribing guidelines;
- 3.2.8.2. To print and disseminate the prescribing guidelines document;
- 3.2.8.3. To organize a 1-day ToT workshop to train prescribers;
- 3.2.8.4. To cascade 1-day training workshops by the trained trainers around the country for prescribers.

3.2.9. A national policy on the cultivation and use of Khat adopted.	<p>A policy dialogue on khat held.</p> <ul style="list-style-type: none"> - A consensus reached on the subject; -The Policy is adopted by the Government. 	<ul style="list-style-type: none"> -Government assent to the Policy obtained; -The national policy document developed printed and disseminated 	MOH/EFMHACA, UNODC, WHO
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Activities:

- 3.2.9.1. To organize a national consultative workshop to build a consensus on the subject;
- 3.2.9.2. To get Cabinet and/or Parliament approval on the Khat policy;
- 3.2.9.3. To develop, print and disseminate the Policy Document.

Strategic Pillar 3: Drug Demand Reduction and Harm Reduction/Harm Reduction

Strategic Pillar 3: Harm Reduction

Strategic Objective 3.3: To Reduce the Harms Induced by Injecting Drug Use (HIV, Hepatitis B & C)

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T:/I:) Indicative Budget
3.3.1. National strategic information on injecting drug use and related HIV and Hepatitis B and C generated to inform policy and programmes and care givers trained;	<ul style="list-style-type: none"> - Data on the prevalence and impact of injecting drug use in the community generated; - Pertinent policy, strategy and programme documents prepared; - Training on harm reduction prevention workers and care givers 	<ul style="list-style-type: none"> - Report on the prevalence and impact of injecting drug use in the community; (T:1/I:1); - Policy, strategy and programmes document available; (T: 2/I:2); - Training of prevention workers and care givers in harm reduction delivered; (T:20/I:20); 	MOH/FMHACA, MOLSA, MoWCA, Development partners	US\$ 120,000

Activities:

3.3.1.1. To recruit a consultant and a team to conduct an assessment on the prevalence and impact of injecting drug use in the community;

3.3.1.2. To recruit a consultant to prepare the policy, strategy and programme documents;

3.3.1.3. To recruit a consultant to deliver trainings on harm reduction to care givers,

3.3.1.4. To organize training workshops.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Operational Plan Year 1/ (T/I) Indicative Budget
3.3.2. Best practices on harm reduction policies and programming adopted	<ul style="list-style-type: none"> - Adoption of best practices in harm reduction 	<ul style="list-style-type: none"> - Number of harm reduction best practices adopted. (T:4/I:4) 	MOH/FMHACA, NGOs, UNODC, UNAIDS, WHO	US\$30,000

and implemented in line with the UN recommended core package in Ethiopia;	through a 2-day consultation - Implementation of selected best practices	- Number of harm reduction best practices implemented. (T:8/I:8)		
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Activities

- 3.3.2.1. To recruit a facilitator to conduct a 2-day workshop to adopt best practices in harm reduction;
- 3.3.2.2. To organize a 2-day consultation to adapt and adopt best practices in harm reduction;
- 3.3.2.3. To train implementing partners on harm reduction interventions;
- 3.3.2.4. To deliver harm reduction interventions by implementing partners in line with universal best practices.

3.3.3. PWU/ID access evidence-informed harm reduction services on a rights-based approach without any stigma and discrimination.	- PWU/ID rights are respected and stigma and discrimination towards them reduced.	- Advocacy meetings (T2/I2)	MOH/FMHACA/FAG/ UNODC/UNAIDS/ International Partners	\$ 20,000
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Activities

- 3.3.3.1. To select key partners, including PWU/ID and develop a coalition for advocacy;
- 3.3.3.2. To organize advocacy meetings with key stakeholders;
- 3.3.3.3. To develop, print and disseminate advocacy materials.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Year 1/ (T/I) Indicative Budget
3.3.4. The rights for PWU/ID to access evidence-informed services are	- The rights of PWIDs are recognized and stigma and discrimination towards them	- Advocacy meetings (T2 /I2)	MOH/FMHACA/FAG/ UNODC/UNAIDS/ International Partners	

respected.	reduced.			
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Activities

- 3.3.4.1. To select key partners and develop coalition for advocacy;
- 3.3.4.2. To hold advocacy meetings;
- 3.3.4.3. To design, print and disseminate advocacy materials.

Strategic Pillar 4: Coordination Mechanism, Implementation Framework, Monitoring & Evaluation and Strategic Information

Strategic Pillar 4: Coordination Mechanism, Implementation Framework, Monitoring & Evaluation and Strategic Information				
Strategic Objective 4.1: To establish a strong and efficient National Master Plan Coordination Committee and an Implementation Framework.				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Y1 OP Targets/ Indicative Budget
4.1.1. A strong and efficient National Drug Control Master Plan Coordination Committee set up	- Existing administrative arrangement to set up National Master Plan Coordinating Committee	- Administrative arrangement is activated - National Drug Control Master Plan Coordinating Committee established	- EFMHACA Lead & Secretariat)/ All Members of Coordinating Committee	NDCMP Coordinating Committee operational US\$ 5,000

<p>Activities</p> <p>4.1.1.1. To activate the existing Administrative Arrangement by EFMHACA/MoH to set up NDCMP Coordinating Committee (NDCMPCC);</p> <p>4.1.1.2. To nominate a Focal Point and an Alternate by Member Ministries to sit on NDCMPCC;</p> <p>4.1.1.3. To organize NDCMPCC meeting every quarter;</p> <p>4.1.1.4. To hold NDCMPCC meetings, and planning, implementation and monitoring of NDCMP done.</p>				
<p>Strategic Objective 4.2: To establish an effective and functional National Drug Observatory</p>				
Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Y1 OP Targets/ Indicative Budget
4.2.1 Strategic Information generated to inform policy, programmes and interventions.	- A National Drug Observatory (NDO) is established.	<ul style="list-style-type: none"> - Reports submitted by from several partners on a quarterly basis; - National Drug Observatory operational; - A quarterly bulletin with updated information prepared and disseminated; - An annual report prepared and disseminated to partners; 	- EFMHACA/ All Implementing Institutions	NDO operational US\$ 20,000
<p>Activities</p> <p>4.2.1.1. To identify institution to host the NDO;</p> <p>4.2.1.2. To select consultant to set up the NDO and train NDO focal points;</p> <p>4.2.1.3. To train NDO host institution and NDO Focal Point in each participating institution on NDO methodology and data collection tools;</p>				

4.2.1.4. To collect data by NDO host institution from all participating institutions on a quarterly basis;

4.2.1.5. To conduct data analysis and preparation of a Quarterly Bulletin and an Annual NDO Report and its dissemination.

Strategic Objective 4.3: To generate strategic information on drug use, injecting drug use and related HIV in Ethiopia.

Outcome	Output	Target/Indicators (T:/I:)	Lead Agency/ Partnering Agencies	Y1 OP Targets/ Indicative Budget
4.3.1.A Report on the prevalence nature, extent, patterns and trends on drug use Ethiopia, including a mapping of institutional capacity to provide services to PWUD.	- A Study on the prevalence, nature, extent, patterns and trends on drug use in Ethiopia and the institutional capacity to provide services to PWUD.	- A Study Report is produced, published and disseminated.	- EPHI/ EFHMACA	One Report published; Dissemination meetings held. US\$ 150,000

Activities

4.3.1.1. To recruit a consultant to train the research team and supervise the conduct the study;

4.3.1.2. To map sampling sites;

4.3.1.3. To develop the study methodology, sample size, stratification and get ethical clearance;

4.3.1.4. To train the research team in each research site;

4.3.1.5. To conduct the study, draft the report and submit to the authorities;

4.3.1.6. To validate the report, print it and disseminate the findings.

4.3.1.7. To utilize the report findings to inform policy and programming and for advocacy.

Outcome	Output	Target/Indicators	Lead Agency/	Y1 OP
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		(T:/I:)	Partnering Agencies	Targets/ Indicative Budget
4.3.1. A Study on the impact of Khat Use by pregnant women on their offspring.	- A Study on the impact of Khat Use by pregnant women in Ethiopia conducted.	- A Study Report is produced and disseminated.	- MoH/EPHI	One Report published; Dissemination meeting held <i>US\$ 20,000</i>
<p>Activities</p> <p>4.3.2.1. To recruit a consultant to conduct the study;</p> <p>4.3.2.2. To map sampling sites;</p> <p>4.3.2.3. To develop the study methodology, sample size, stratification and get ethical clearance;</p> <p>4.3.2.4. To train the research team in each research site;</p> <p>4.3.2.5. To conduct the study, draft the report and submit to the authorities;</p> <p>4.3.2.6. To validate the report, print it and disseminate the findings.</p>				

ANNEX I - References

- Agenda item 9* Preparations for the special session of the General Assembly on the world drug problem to be held in 2016
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