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The impact of drug policy on
children and young people in
Eastern and Southern Africa

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SUMMARY

Protecting children and young people from harm has been a key argument in advocacy for prohibitionist, prevention-based drug policy. However, the prevailing trends of drug policy in Eastern and Southern Africa cause a number of harms to children and young people – in particular, health and social harms. Key among these are:

- Restricted access to harm-reduction services
- The exacerbated health risks of drug use
- Greater exposure to drug-related violence
- The negative consequences of imprisonment and criminal convictions
- Exposure to police brutality, abuse and corruption

Youth populations are often excluded from data collection and research into drug markets, either as participants or designers of research projects. Youth voices are not always heard in drug-policy discussions.

Provisions relating to children and young people have begun to be included in international drug-policy frameworks in recent years, and youth have been identified as a vulnerable group to be given focused support. However, evidence suggests that some of the harms caused by drug markets and repressive drug policies are associated especially with young people. The inclusion of youth voices in policymaking would be a first step towards building a more needs- and evidence-based drug policy.

This paper highlights how prevailing trends in the drug policies of Eastern and Southern Africa are taking their toll on its youth population. It draws together the available evidence, with the aim of giving a voice to a population group that is traditionally excluded from policymaking and bears the brunt of the war on drugs.

INTRODUCTION

*'SADC recognizes that, like the rest of Africa, drug and substance abuse and trafficking is a cause for great concern, because of the many challenges it presents to society, such as family disintegration and slowed economic growth, and is particularly concerned with the proliferation of drugs in schools, colleges and universities, which is affecting young people on whose shoulders the future of the region lies.'*¹

SADC EXECUTIVE SECRETARY, HE DR STERGOMENA LAWRENCE TAX, ON THE COMMEMORATION OF INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLICIT TRAFFICKING, 26 JUNE 2019

The statement above is typical of the rhetoric used by policymakers when addressing the issue of youth and drugs, and highlights the lofty aim of shielding children from harm. Children and young people are more at risk of certain drug-related harms than adults. For example, young people who use drugs are often at higher risk of health harms and longer-term dependence; and those involved in illegal drug markets may be more exposed to drug-related violence. In a similar vein, imprisonment, violence and health harms associated with parents and guardians who use drugs can have a long-term impact on the children in their care.

While the impact of drugs on children and young people has always been at the forefront of political concerns about the drug trade in Eastern and Southern Africa, as well as around the world, the emotive discourse on 'protecting' young people from the 'threat' of drugs does not mirror the effectiveness of the policies that are adopted.² The so-called war on drugs is often justified on the grounds that it protects children and young people, but it is used to condone the abuse of power, as well as extreme policies that criminalize people who use drugs.³ While the data is fragmentary, available evidence makes it clear that, far from protecting young people, repressive policies actually cause them greater harm. In addition, policies and legal frameworks that specifically address the needs of children and young people, and tailor interventions to their needs, have been slow to develop.

The need to reconsider drug policy approaches for young people is perhaps more pressing in Eastern and Southern Africa than elsewhere. Children under the age of 18 make up almost half the total population of the region,⁴ and many of its countries suffer from very high youth unemployment. Data from the World Bank shows that South Africa, at 55.7%, has the highest reported unemployment rate among young people in the world, while three other Southern African countries – Namibia, eSwatini and Botswana – are also in the top 10.⁵ This heightens the risk that young people may be drawn into the drug trade and associated criminal activities. HIV prevalence is also high in Eastern and Southern Africa, with young people who use drugs being identified as a particularly high-risk group.

A note on definitions

In this paper, the term 'children' applies to all those below the age of 18 years, as defined by the UN Convention on the Rights of the Child. 'Youth' and 'young people' are terms that are less clearly defined in law. The terms are also applied differently by different advocacy groups, research studies and policymakers. For example, the Youth Empowerment and Transformation Trust, in a wide-ranging study of the hopes and concerns of young people in Zimbabwe, defines young people as those between the ages of 15 and 35.⁶ However, UN agencies generally define young people as those between the ages of 15 and 24, recognizing young people as a distinctive demographic in policymaking. This definition is followed here.⁷

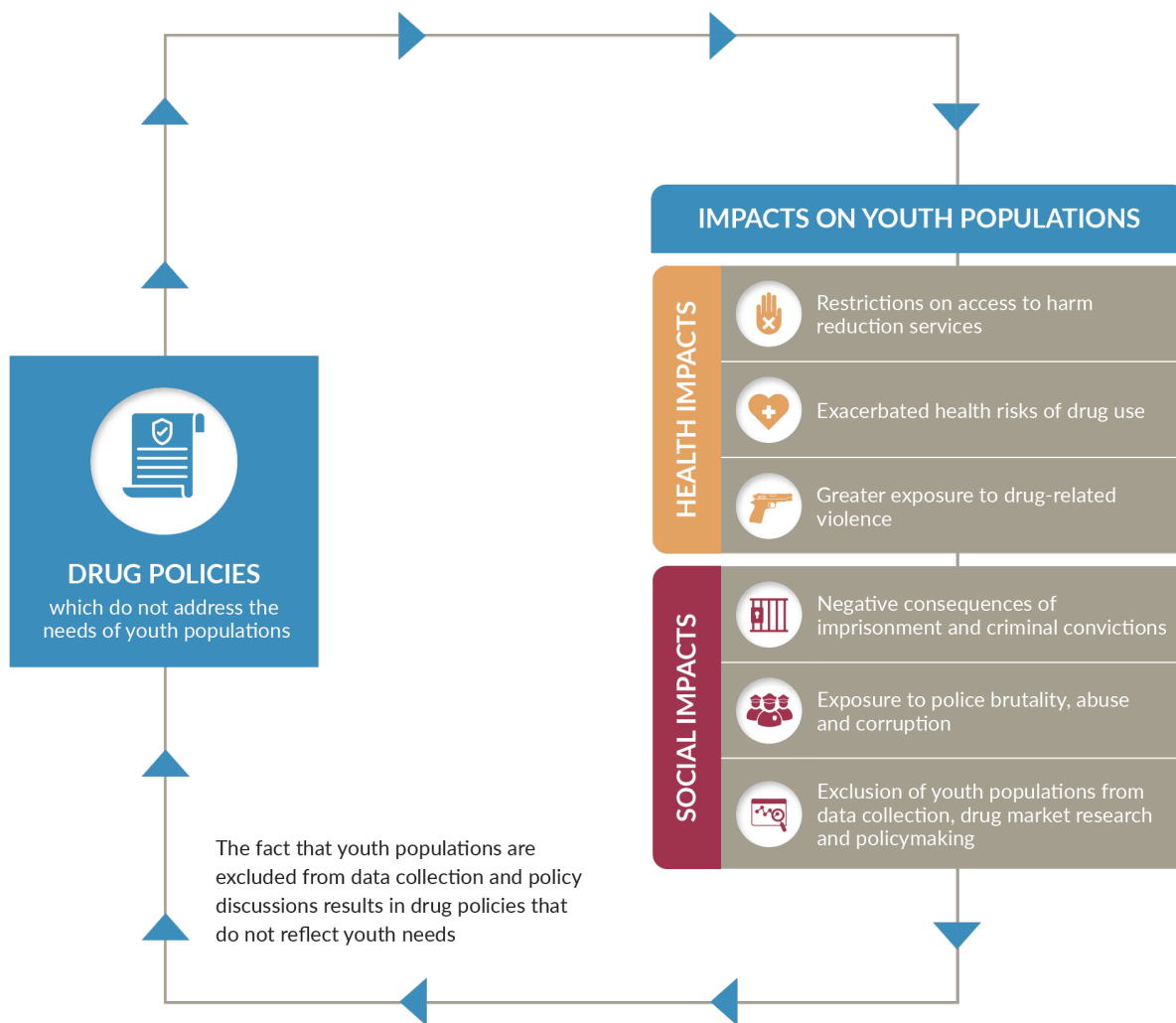


FIGURE 1: Interlinked effects of drug policy on youth populations.

THE DEVELOPMENT OF LEGAL FRAMEWORKS AND POLICIES RELATING TO YOUNG PEOPLE AND DRUGS

Legal frameworks and international policies on young people and drugs have shifted over time. The three major international drug control treaties that originally cemented the concept of the war on drugs – the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 – are largely silent on concerns relating to children and young people.⁸

The advent of the UN Convention on the Rights of the Child in 1989 was hailed as a paradigm shift with regard to the law's perception of the child as a subject of rights rather than an object of laws. The convention, which was established to ensure that the laws and policies applied to children are in concordance with their rights, has provided advocacy groups and human-rights bodies with a framework to analyze traditional prohibitionist drug policies as an infringement of children's rights – from the harms inflicted on them due to the imprisonment of parents and guardians,⁹ to their conviction and detention for drug-related crimes.¹⁰

The UN Committee on the Rights of the Child has subsequently made statements calling for harm-reduction services to be made available to children and young people who use drugs, and has called for the decriminalization of drug use among this subgroup in order to prevent their incarceration.¹¹ The committee has also highlighted how, in many countries, young people who use drugs do not have access to HIV-prevention services.¹² These statements are in keeping with the message of the Convention on the Rights of the Child that the child's best interests should always be placed first.

The outcome document of the 2016 UN General Assembly Special Session (UNGASS) on Drugs – almost 30 years after the adoption of the Convention on the Rights of the Child – included youth as a vulnerable group requiring focused support, and provided what has been described as the 'first-ever negotiated agreed language on youth and drugs at the international level'.¹³ Policy commentary prior to this noted that little work had been done on an international level to counter child involvement in the drug trade.¹⁴ The document's seven pillars included provisions for health services for adolescents during custody or arrest for drug-related offences, the creation of policies to address the specific needs of youth involved in drug-related crimes, and HIV-support services for youth using drugs.

The language contained in the UNGASS outcome document has subsequently been mirrored in regional policy frameworks. The African Union Plan of Action on Drug Control and Crime Prevention (2019–2023) replicates the document's pillars.¹⁵ The AU's plan of action includes provisions on education for youth (to provide them with opportunities for livelihoods other than the drug trade); engagement with civil society; and alternatives to incarceration for youth, pregnant women and women with young children. It also sets specific targets for its member states with regard to youth education and drug-use prevention strategies.

The language contained in multilateral frameworks on youth and drug policy has slowly begun to change. However, advocacy by civil society and testimonies from people who use drugs (PWUD), including young people, show that the harms associated with drug use (and exacerbated by drug policies) continue to have a negative effect on children and young people, and that the gradual shifts in international policies have yet to have a material impact on their lived experience.

Data challenges relating to young people and drug markets, and the inclusion of young PWUD in data collection and policymaking

Data-gathering on illegal drug markets – which, because of their criminalized and stigmatized nature, often remain little understood and under-researched – is more fragmentary in Eastern and Southern Africa than in some other regions. Questions such as the size of drug-using populations, the types of drugs used and how they are used, as well as the economic value of drug markets, are often not addressed through regular, thorough data collection. A useful benchmark of this is the low completion rates by African nations of the United Nations Office on Drugs and Crime (UNODC) Annual Reporting Questionnaire, which underpins the data used in the World Drug Report, the most significant regular international publication on drug policy.

Where data is collected, youth populations are sometimes not disaggregated from the overall data, or not included at all, which makes it difficult to ascertain the impact of drug use and drug policies on youth populations.¹⁶ For example, where data is collected on the prevalence of diseases such as hepatitis C and HIV among people who inject drugs (PWID), populations under the age of 18 are often excluded.¹⁷ A complex set of factors which can exclude under-18s from harm-reduction services – such as legal barriers, the requirement of consent from parents and guardians, ethical concerns and the stigma associated with drug use – can in turn exclude youth populations from surveillance. There is a growing body of literature on youth and drug markets in Eastern and Southern Africa, yet routine surveillance of markets with a youth lens is fragmentary.

Civil-society organizations, including those developed and run by PWUD, have argued for years that drug-related research and drug-policy development should be undertaken with the meaningful involvement of PWUD.¹⁸ The AIDS & Rights Alliance for Southern Africa, for example, has driven this point home with the publication of 'Don't treat us as outsiders', an analysis of drug policy and the lived experience of PWUD, drawing on input from users across the region.¹⁹ Only by including PWUD in decision-making processes can policies be formed that protect their rights and aspirations, and accurately reflect the realities of how drugs affect society.

The barriers that keep PWUD from participating in research and policymaking – such as stigma, criminalization and marginalization – are even more acute when it comes to the involvement of young people who use drugs. Initiatives to include young people in health research on substance use have documented the practical and social barriers that preclude them from participating in these discussions,²⁰ as have peacebuilding initiatives that have aimed to include young people in conflict resolution on drug-related violence.²¹ With regard to policymaking, civil-society youth groups may not have the economic or political capital needed to engage in policy discussions and make their voices heard.²²

At the most recent session of the UN Commission on Narcotic Drugs, in April 2021, the need to include young people in the creation of drug policy was voiced by groups across the political spectrum. The UNODC Youth Forum made a statement calling on member states to include youth in a meaningful way in policymaking decisions.²³ Youth groups such as the Students for Sustainable Drug Policy also engaged in the debates, arguing that 'protecting the interests of young people' has often been used by states as a means to double down on prohibitionist drug policy.²⁴

HARMS CAUSED BY DRUG POLICIES TO YOUNG PEOPLE IN EASTERN AND SOUTHERN AFRICA

In broad terms, countries in Eastern and Southern Africa take a prohibitionist approach to drug policy: they all criminalize possession of drugs for personal use (with the exception of several countries, including South Africa, with respect to cannabis).²⁵ Health interventions focusing on harm reduction for PWUD are also scarce. According to the latest analysis on harm-reduction interventions by Harm Reduction International, Mauritius, South Africa, Kenya and Tanzania are the only countries in the region where both needle and syringe programmes and opioid substitution treatments are available to PWUD – before even taking into account the practical availability of treatments in these countries.²⁶ These prevailing policies can be correlated to the drug-related harms experienced daily by young people.

Exacerbating the risks of drug use

'Stigmatization, criminalization and discrimination are all public-health issues because they contribute to negative health outcomes for individuals and communities by pushing people to the margins. People who use drugs experience stigma [and] hostile laws, and in many instances are criminalized. As a result, their access to essential health goods, services and facilities is not guaranteed, which may lead to abuses of the right to health and the impairment of the enjoyment of other human rights.'

DR TLALENG MOFOKENG, UN SPECIAL RAPPORTEUR, ON THE RIGHT TO HEALTH

The fact that criminalization of drug use maximizes its risks – for example, the risk of overdose and the risk of diseases such as HIV associated with injecting drugs – has been widely documented.²⁷ As summarized by Mofokeng, criminalization pushes drug use into unsafe channels, pushing up health risks, and undermines education and information sharing about safe drug-using behaviors.

This is a particular issue for children and young people because drug-use behaviors are often developed in adolescence.²⁸ Much of the evidence across Eastern and Southern Africa suggests that drug use is concentrated in youth populations – and the increased health harms associated with criminalized drug use are therefore also most severe in these groups.

For example, a study in Nairobi, Kenya, in which 306 women who inject drugs were interviewed, found that most of them were introduced to drugs between the ages of 11 and 17.²⁹ The monitoring of drug-use behaviour in Mozambique has also found use to be concentrated in youth populations. In Mauritius, which has seen a dramatic rise in the trafficking and use of synthetic cannabinoids since 2015, the use of these cannabinoids is most prevalent among its youth.³⁰ In 2019, 57% of drug-related admissions to public-health institutions in the country were for patients under the age of 29.³¹

Health harms – exacerbated by the criminalization of drug use – are particularly acute for children and young people. Drug use in adolescence is more likely to lead to longer-term dependence.³² Young people may also engage in risky drug-taking behaviour. For instance, the Kenyan study on women who inject drugs found that they were often dependent on male partners who introduced them to these drugs.³³ Their (often volatile) relationships were a key factor in their continued drug use. This made them more likely to share needles and engage in commercial sex work, often without protection, to support a drug habit. The stigma related to their work and drug use made them less likely to participate in needle-exchange and drug-treatment programmes, leaving them more at risk for HIV infections.

Other research has also documented high levels of drug use among marginalized and highly vulnerable young people, including street children in Kenya³⁴ and Zimbabwe,³⁵ as well as young homeless people. The stigma associated with drug use makes it all the more difficult for these marginalized groups to access harm-reduction services.

Global studies have suggested that harsh drug laws do not lead to lessening rates of adolescent use, and that the health of young PWUD has therefore been needlessly jeopardized without any evidence of deterrent effect on other young people.³⁶

Restricting access to harm-reduction services

*'Heroin consumption and injection is rising in Eastern and Southern Africa, resulting (in the absence of the necessary health services) in high transmission rates of HIV and hepatitis among people who inject drugs, particularly women and young people.'*³⁷

AFRICAN UNION PLAN OF ACTION ON DRUG CONTROL AND CRIME PREVENTION, 2019-2023

In addition to marginalizing PWUD and pushing them into contexts where they are more likely to come to harm, the criminalization of drug use also makes it more difficult for them to access harm-reduction services. A civil-society consultation on SADC's progress on the pillars of HIV prevention concluded that the region is not improving sufficiently when it comes to PWUD, as well as incarcerated and trans people.³⁸

This negative outcome of drug policy is a particular challenge for Eastern and Southern Africa, especially with regard to children and young people. According to data from UNICEF, Eastern and Southern Africa is the region carrying the largest share of the global burden of HIV. It is home to more than 60% of the children and adolescents in the world who are living with HIV – an estimated 1.8 million in 2018.³⁹ The use of injected drugs is one factor contributing to this high figure.

Civil-society organizations that work in public health and harm reduction have argued that children and young people face more barriers than adults to accessing services such as needle-exchange programmes.⁴⁰ These include legal barriers that prevent organizations from working with children,⁴¹ societal barriers such as stigma, and policies that grant young people access to harm-reduction services only if they have parental or guardian permission.⁴² Interventions tailored to young PWUD have been described as a 'forgotten component of the global response to illegal drugs and their link with HIV infection'.⁴³

Research in Mozambique shows that, despite the barriers young PWUD face in accessing health services, their needs are not reflected in policymaking. Mozambique has one of the highest HIV rates globally, particularly among PWID. Nearly half of PWID surveyed in 2013 had their first contact with drugs when they were 18 to 24 years of age. However, the National Harm Reduction Plan that was developed following this survey did not explicitly address the reduction of high-risk behaviours among young PWID.⁴⁴ The research concluded that young people in Mozambique face tremendous challenges when it comes to accessing HIV and sexual-health services, including discrimination, exclusion and violence. Without targeted interventions for young PWUD, these challenges will continue.

Drug policy-related restrictions on access to health services are not limited to harm-reduction programmes and HIV services. Drug-control enforcement has also reduced access to essential medicines – in particular, prescription opioids for pain relief – across Africa.⁴⁵ It has been estimated that less than 0.5% of morphine-equivalent opioids are distributed to low-income countries. As a result, young people are unable to access pain relief, and supporting family members are deprived of these medications.⁴⁶

Impact of imprisonment and criminal convictions on young people

*'It is like religion. Those with criminal records cannot work so they join the gang and survive. You can do anything as part of the gang: rob, sell drugs, kill people. You join the gang and you survive. There is no choice. You can do anything as a member of a gang. Youth join gangs because they have no food, no clothing, no job, no education.'*⁴⁷

25-YEAR-OLD FORMER MEMBER OF THE MONGRELS STREET GANG, INTERVIEWED IN CAPE TOWN, SOUTH AFRICA, JULY 2020

The criminalization of drugs and drug use has led law-enforcement and judicial structures in Eastern and Southern Africa to respond to rising drug use by arresting, incarcerating and convicting large numbers of people – including children and young people – for drug-related crimes. Many of these convictions are for low-level and non-violent crimes, including possession for personal use.

According to a 2019 report from Mauritius, 92% of all drug-related crime convictions in the country were for drug possession or consumption.⁴⁸ An analysis by the Global Initiative against Transnational Organized Crime (GI-TOC) of cases brought before a single magistrate's court in Cape Town, South Africa, found that, over a five-month period, 99.3% of all drug-related cases were for possession offences.⁴⁹ The high numbers from Mauritius and South Africa are indicative of wider trends. Often, these trends are driven by arrest targets – because one of the simplest ways the police can boost their arrest figures is to target and arrest predominantly people for the possession of drugs. Young men from poor socioeconomic backgrounds are the most common demographic targeted in these operations.

The increase in drug-related arrests has led to overburdened prisons across the region. According to the World Prison Brief, the Seychelles, Lesotho, Reunion and Namibia are the only countries in Eastern and Southern Africa where prisons are not at over 100% capacity.⁵⁰ This includes overcrowding at a rate of 190.5% in Kenya, 237.4% in Madagascar, 200.9% in Malawi and 303.3% in Zambia (as of 2017).⁵¹ This has resulted in deteriorating conditions for young prisoners, reduced access to health and education services, and increased risk of inhumane conditions and abuse.⁵²

The incarceration of parents and guardians of dependent children has an impact on the children involved. Women are most commonly convicted of low-level drug offences – and, because they are most likely to be primary caregivers, their incarceration causes their children to suffer as well.⁵³ Research in Latin America has documented the high toll that parent and guardian imprisonment has on children and adolescents: 'Children suffer from many forms of harm when their parents are imprisoned, including the psychological effects of separation, the risk of severing relationships or the difficulty faced when attempting to preserve them, exposure to neglect, and the financial hardships that place [them] in positions of greater vulnerability in the face of abuse, among others.'⁵⁴

Thousands of young people in Eastern and Southern Africa are marginalized because they have been convicted of drug-related crimes, including use and possession for personal use. Young people across the region already face the challenge of high youth-unemployment rates – and this is exacerbated for those who use drugs or have criminal convictions.⁵⁵ Unemployment, in turn, can drive young people towards criminality.

The social and economic exclusion of young people following conviction and incarceration can push them towards becoming part of a gang or criminal network. This can be a way to earn a living as well as find the sense of belonging that the stigma of criminalized drug use denies them.⁵⁶

Exposure to police brutality, abuse and corruption

'While growing up in Mukuru Kwa Njenga, I decided to grow dreadlocks, but had a lot of fear in me. I had seen how my friends got arrested for simply having dreadlocks: they were framed for possessing bhang (marijuana) or

*wrongfully accused of being criminals. The negative profiling by the police was so bad that even the community started to believe that if you [had] dreadlocks you were using drugs or were a dangerous criminal.*⁵⁷

MINOO KYAA ON THE CRIMINALIZATION OF YOUNG WORKING-CLASS PEOPLE IN KENYA

Young people, poor communities and PWUD are all population groups at higher risk than others of being targeted by police in cases of corruption and police brutality. This may range from biased criminal profiling – as described by Kyaa in the quote above – to harassment, extortion and violence. Drug policy plays a part in how police can exercise illegitimate power over these communities.

In Kenya, civil-society activists have described police brutality as an ‘endemic’ problem with a deep-rooted history.⁵⁸ Missing Voices, a civil-society organization, has been documenting disappearances and killings by police in Kenya since 2007. The organization has (at the time of writing) identified 756 cases of people who have been killed or reported missing. The majority were young men, the majority were shot dead, and only 28 were ever charged with a crime.⁵⁹

The killings were concentrated in poor and historically marginalized communities,⁶⁰ such as Mathare, Nairobi, where the Mathare Social Justice Centre (MSJM) has been leading the documentation of killings and human-rights abuses by the police for years. In 2016, in a landmark report on police killings in Kenya, the MSJC found that the average age of victims was 20, with some being as young as 13.⁶¹

Analysis of the factors underlying these killings has argued that they are systemic: a dysfunctional criminal-justice system, poor police accountability mechanisms and official policy that allows targeted killings of suspected criminals. This has created a system in which the police act with impunity and counter crime by killing suspects rather than arresting them.⁶² Victims are presented as ‘suspected criminals’ as a way of justifying this violence.⁶³

This problem goes far beyond drug policy; it is a matter of historic injustice, with entire communities being governed in a militaristic, punitive fashion.⁶⁴ Yet repressive drug policy contributes to the problem – because it gives corrupt law enforcement a tool with which to abuse and criminalize huge swathes of the population, particularly the young, the poor and those who use drugs.

The testimonies of young PWUD and other young people in Kenya,⁶⁵ Uganda,⁶⁶ Mozambique⁶⁷ and South Africa⁶⁸ all recount the phenomenon of police using PWUD as a source of illicit income, essentially extorting them for bribes under threat of arrest for drug possession, use or low-level dealing. The criminalization of drug use and possession therefore creates an incentive and opportunity for corruption.⁶⁹

In Tanzania, research has documented the abuse by police of PWUD. This includes rape and assault, as well as the denial of services when seeking assistance.⁷⁰ Similar testimonies have been given of sexual abuse by the Zimbabwean police.⁷¹ Since Human Rights Watch first highlighted these issues in 2017, Tanzania’s former president John Magufuli re-energized the country’s war on drugs.⁷²

The roles young people play in the networks that service illegal drug markets tend to be those that expose them to police brutality and abuse. For example, GI-TOC research into drug markets in Johannesburg, South Africa, found that the Tanzanian networks that control most of the city’s heroin retail markets typically use young dealers, in their teens and early 20s, to occupy street corners. ‘The bosses like to put boys on the street because the police don’t like beating and arresting boys, they just take our money and drugs,’ says a 21-year-old Tanzanian dealer.⁷³ These young people bear the greatest risk of participating in the illegal market.

Direct impact of drug market violence

*'In the end, it's the children ... you see, it's the children that suffer here because it's either the children get killed because of bullets hitting them, or the children get killed because they got addicted to tik that the gangs gave them, or the children joined the gangs and started shooting and so now they got shot dead.'*⁷⁴

COMMUNITY LEADER IN ROCKLANDS, CAPE TOWN, 7 JUNE 2020

Just as they are exposed to police violence, children and young people are also victims of violence within drug markets. This is worsened by militarized responses to these markets. Young people are recruited into drug networks, where they are at risk of becoming part of inter-group violence or being caught in the crossfire.

This trend is exemplified in the Cape Flats, South Africa, where GI-TOC have, for some years, been researching the impact on these communities of drug-related gang violence. The Cape Flats drug wars have claimed the lives of many. It is common for gangs to fight openly on the streets, using weapons. Firearms have become an increasing feature of these inter-gang battles,⁷⁵ and many adults, young people and children have been killed by stray bullets.⁷⁶

Children are recruited into these gangs at a young age, often while still at school. A series of 25 interviews with former and current gang members on their history of gang involvement was conducted in July 2020. Of those interviewed, the average age at which they first joined a gang was just under 16, with an age range of between 12 and 21.⁷⁷ Interviewees described how they were attracted to joining because of promises of wealth, excitement and a sense of belonging – as well as the lack of other opportunities in their communities. Many also discussed how the Cape Flats gangs have become more violent and better armed over the years.

Young recruits are often used as shooters, as a way of proving their loyalty to the gang – and as a way for gang leaders to place their more junior members in the most risky positions.⁷⁸ Young children are also used as lookouts, to transport contraband and to smuggle guns without being detected.⁷⁹

Testimony of a former child gang recruit

'I was ... just really a junior when I joined the gangs at school. I didn't really know anything other than the fact that I wanted to be an Americans gang member. They all had guns and plus they had cool teeth and all the best clothing and the best shoes. Some of them had the newest Ford with the spoilers and the cool rims, and I knew that when I become an American then I would be able to also get those things. So, when I started, I was maybe nine years old and they gave me a knife and I poked this other kid at school that was always looking for shit with me. From then, nobody messed with me, they gave me a gun when I was 12 years old and I shot some people. I became the leader of the junior Americans gang here in Heideveld, but I also spent a lot time in reformatory and in prison for shooting and hurting other people. But I can tell you, I have no regrets, because you see me, I got a lot of respect here in Heideveld ... people fear me and I do want I want ... I am not scared of the police or to go to jail. This is my life and I accept this destiny. I am an American until I die.'

36-YEAR-OLD MEMBER OF THE AMERICANS GANG, CAPE TOWN⁸⁰

Violence between gangs has a knock-on effect on their communities. Families lose gang members, as well as parents, guardians and children caught in the crossfire. Violence leads to the social and economic breakdown of communities, which can then become a vicious cycle.⁸¹ The psychological impact, and the impact on the life chances of the children living in these communities, is long-lasting. GI-TOC research in South Africa and Kenya found that COVID-19 lockdowns worsened the recruitment of children and young people into gangs due to increased economic precarity and school shutdowns.⁸²

Undermining schooling and education – the opportunity cost of repressive drug policy

*'We study hard to ready ourselves for the world of work. However, when we graduate we find there are no jobs. This makes us hopeless and many turn to drugs and alcohol in despair.'*⁸³

A PERSON WHO USES DRUGS SPEAKING TO ARASA IN ZIMBABWE

Lack of educational and employment-related opportunities, and social exclusion are widely cited as key drivers of drug use among children and young people. They are also drivers of the recruitment of young people into drug-trafficking networks, gangs and criminal groups.

According to Aids and Rights Alliance for Southern Africa (ARASA), drawing on interviews and focus groups with PWUD in Zimbabwe, the country's economic crisis and high unemployment rate has led many young people to turn to drug use to cope with the situation. Young people also find that selling drugs can provide them with a way of earning an income.⁸⁴ Participants highlighted the decline of youth-development services as another aggravating factor.

In large-scale surveys of young people in Zimbabwe, on the main challenges they see for their futures, 66% reported that they were affected by 'drugs and substance abuse'. This was attributed to unemployment and the absence of other opportunities. Young people from Harare reported that the demand for drugs had resulted in the growth of a network of drug suppliers. In other areas, some young people reported that substance use was being driven by a desire to cope with the stresses and violence associated with employment sectors such as artisanal mining.⁸⁵

Similar issues have been highlighted by communities in the Cape Flats in South Africa. Community members and activists have long advocated for youth development and have identified the lack of opportunities available to young people as a key driver of gang violence.⁸⁶

The importance of educational opportunities for youth as part of effective drug policy is acknowledged in the latest African Union Action Plan on Drugs, 2019–2023.⁸⁷ The plan highlights unemployment – in particular, among youth – as a key challenge to responding to the drug market. It also highlights the need for the inclusion of life-skills training for children and young people in demand-reduction strategies, as well as the need for the creation of alternative livelihoods for at-risk population groups, including young people and women.

The aims outlined in this background paper – and the solutions that civil-society groups across the region have proposed – are not reflected in the approaches currently being taken by countries across Eastern and Southern Africa. Vast resources are being invested in drug policing and the criminalizing of drug markets. These funds could rather be used for social support and policies that would provide young people with meaningful life chances, or to remove the drivers of drug use and discourage young people's involvement in drug-related crime. Globally, according to estimates from Harm Reduction International, US\$100 billion is spent on drug-related law enforcement every year, but just US\$188 million is spent on harm reduction.⁸⁸ Current policy approaches are a huge opportunity cost, undermining strategies that could provide genuine and lasting opportunities for young people.

CONCLUSION

The threat political leaders profess to be concerned about when addressing the issue of youth and drugs has been made into a far greater issue by misguided and actively harmful drug policies that infringe on young people's human rights.

Some of the gravest harms caused by the war on drugs fall most heavily on children and young people. These harms intersect with social and economic marginalization, as well as gender inequalities, and exacerbate other injustices. The problems caused by current drug policy approaches cut across healthcare, social care, criminal justice and education, and have long-lasting implications for young people well into adulthood.

The need to reshape drug policy is strongest in Eastern and Southern Africa, where the region's youthful population (already economically precarious, often excluded from political decision-making, and bearing the highest cost of the COVID-19 pandemic in terms of its future economic prospects) is being marginalized because of the current repressive approach.

Notes

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