

The war on drugs is a war on us - young people who use drugs and the fight for harm reduction in the Global South

MJ Stowe Rita Gatonye Ruby Lawlor Tom Hassett
Ishwor Mahajan Seyi Kehinde Sidarth Arya
Jorge Herrera Valderrábano Angela McBride Florian Scheibei
Emmy Kageha Igonya Danya Fast

2023-11-18

In the Global South, young people who use drugs (YPWUD) are exposed to multiple interconnected social and health harms, with many low- and middle-income countries enforcing racist, prohibitionist-based drug policies that generate physical and structural violence and oppression. While harm reduction coverage for YPWUD is suboptimal globally, in low- and middle-income countries youth-focused harm reduction services are particularly lacking. Harm reduction programs in these countries are often powerfully shaped by global health funding regimes that restrict progressive programming and reach. In this commentary we highlight the efforts of young people, activists, allies, and organisations across some Global South settings to enact programs such as those focused on peer-to-peer information sharing and advocacy, overdose monitoring and response, and drug checking. We draw on our experiential knowledge and expertise to identify and discuss key challenges, opportunities, and recommendations for youth harm reduction movements, programs and practices in low- to middle-income countries and beyond, focusing on the need for youth-driven interventions. We conclude this commentary with several calls to action to advance harm reduction for YPWUD within and across Global South settings.

1 Introduction

In the Global South, young people are often exposed to multiple interconnected social and health harms as a result of the war on drugs (Stockings et al. 2016; Degenhardt et al. 2016;

Kimmel et al. 2020), with many low- and middle-income countries imposing racist, classist, and prohibitionist drug policies through a continuum of violence that encompasses physical and structural assaults (Tinasti 2018; Duarte, Salas-Hernández, and Griffin 2020). Young people who use drugs (YPWUD) in the context of various intersections of age, race, class, gender, sexuality, mental health challenges, and involvement in criminalized income generation activities such as sex work often experience heightened violence and oppression and worse health and social outcomes (Jacobs et al. 2020; Torre-Luque, Ozeylem, and Essau 2021; Tinasti 2018; Krug, Hildebrand, and Sun 2015). Despite increasing global coverage of harm reduction services, there remains a lack of youth-focused harm reduction services, especially in low- and middle-income countries (Colledge-Frisby et al. 2023). In general, across these settings, public health systems are often characterized by systemic under investment and deteriorating infrastructures, human resource crises, and corruption (Serebryakova, Cook, and Davies, n.d.a). Conflicting public health, international donor funding, and law enforcement agendas impede the implementation of many evidence-based harm reduction programs. The criminalization and moralization of drugs and the people who use them powerfully undermines access to those harm reduction services that do exist (Wodak 2012; Toumbourou et al. 2007). In places where it is possible to access harm reduction programs (usually run by non-governmental organizations), YPWUD are disproportionately underserved relative to older populations in these contexts (Ogundipe et al. 2018).

Across the Global South, the war on drugs is too often a violent, racist, and classist war on YPWUD in the context of multiple and intersecting forms of oppression and limited access to care (Daniels et al. 2021). Yet, YPWUD as well as youth-led and youth-inclusive organizations in these settings are actively pioneering harm reduction programs to meet their needs and the needs of their communities. This commentary is authored by YPWUD – past and present – from countries throughout the Global South, alongside academic and community allies from low- and middle-income countries as well as higher income countries. We are a heterogeneous group, yet each of us embraces harm reduction as a set of ideological principles and pragmatic strategies rooted in social and health justice and a commitment to human rights, including the right to health for all people [Pauly (2008)]. We believe that harm reduction is characterised by an absence of judgement towards drug use and respect for an individual’s choice to use drugs (Zampini 2018). Since 2009, the World Health Organisation has provided a list of harm reduction interventions for the prevention, treatment and care of people who inject drugs and are living with or at risk of HIV, including needle distribution and exchange programs, opioid agonist therapy, and HIV testing and treatment programs (World Health Organization et al. 2009). However, we argue that harm reduction programming for people who use drugs, including YPWUD, must extend beyond HIV prevention, testing and treatment. Programming must include interventions such as the distribution of a range of supplies (not just needles – for example, safer smoking kits), take-home naloxone (the opioid overdose antidote) programs, drug checking services, drug consumption spaces, and peer-led information sharing, support, and advocacy. Unfortunately, across many Global South settings, donor funding has been insufficient to support this kind of comprehensive harm reduction programming, including for YPWUD [Serebryakova, Cook, and Davies (n.d.b)]. We have therefore taken matters into

our own hands, in some cases despite tremendous risks to our safety and the safety of our communities.

The purpose of this commentary is to further ignite much needed conversations about YPWUD and harm reduction in the Global South. It centres the diverse efforts of young people, activists, allies, and organisations across numerous Global South settings to enact programs such as those focused on peer-to-peer information sharing and advocacy, overdose monitoring and response, and drug checking. This is by no means a comprehensive overview of what is happening when it comes to YPWUD and harm reduction in the Global South. So many success stories are missing from what follows, in part because we struggled to connect – and stay connected with – young drug user activists and harm reduction practitioners across the globe. These young people are oftentimes overworked, overwhelmed, and under compensated as they attempt to keep themselves and their communities safe while under the weight of poverty, the drug war, and other forms of oppression. They may be completely new to these kinds of scholarly outputs, and lack access to mentors who are able assist with the challenging work of writing (often in a second language). The timeline of this kind of work can also be frustrating; a large investment of time and energy is required, but the rewards of contributing are unclear, especially as time passes and a publication has still not come to fruition. Sharing a number of the harm reduction success stories that we were able to collect, we draw on our experiential knowledge and expertise to identify and discuss key challenges, opportunities, and recommendations for youth harm movements, programs and practices in low- to middle-income countries and beyond, focusing on the need for youth-driven healthcare and harm reduction interventions.

2 A note on language

There are major limitations to the language of both “young people who use drugs (YPWUD)” and the “Global South” that we employ throughout this commentary. Both terms may ultimately obscure more than they reveal, because they often seem to place finite boundaries around what in reality are much messier social and geographic categories. Definitions of “young people” and “youth” – and lived experiences of these categories – vary widely across settings and contexts, where intersections of age, gender, sexual orientation, class, race, human immunodeficiency virus (HIV) status, and other dimensions of positionality are mediated by particular configurations of power and political economy to shape these social categories and lived experiences (Duarte, Salas-Hernández, and Griffin 2020). Does it make sense to talk about young people and youth as those under twenty-four or twenty-nine years of age, when many individuals continue to strongly identify with these categories – and with youth drug user activism and movements – well into their thirties, often due to entrenched, shared circumstances of precarity as well as shared visions for possible solutions (Canêdo et al. 2022; Stowe et al. 2022)? Conversely, do age-definitions of young people and youth make sense when referring to those for whom poverty, lack of education, unemployment, violence, migration, HIV, and other difficulties have forced them to move directly from childhood to adulthood, without the possibility of experiencing youth as a period of transition or activism and power

(D’Ambruoso et al. 2022)? Similarly, it may not make sense to talk about a Global South composed of countries and regions in Africa, Latin America, and parts of Asia that meet certain criteria according to the World Bank income-per-capita index, when many so-called “Global North” settings are home to populations experiencing similar levels of entrenched poverty and structural oppression, also as a result of historical and ongoing processes of colonialism and capitalism (Buxton 2020). Recognizing the limitations of this language, in this commentary we have chosen to use the term Global South (rather than listing out a number of discrete countries and regions in various instances) in order to emphasize some of the common and disproportionate impacts of the war on drugs on YPWUD across low- and middle-income countries (Buxton 2020). We use the term young people to mark ourselves out as a unique demographic with specific harm reduction priorities, needs, and desires that is simultaneously characterized by fluidity of meaning and association not necessarily determined by numerical age.

3 Shared Challenges

There is a severe lack of data on the situation of YPWUD in the Global South (Doyle et al. 2022). What we do know is that those between the ages of 14 and 34 account for more than one third of the population in low-income countries, and rates of substance use are high and climbing among this age range (Jumbe et al. 2021; David, Wegner, and Majee 2023). YPWUD in the Global South are vulnerable to a myriad of social and health harms (exacerbated by the COVID-19 pandemic), including blood-borne infections (e.g. HIV, HCV), fatal and non-fatal opioid involved overdose, skin and soft tissue infections, police violence and extrajudicial murder and mass incarceration (Jumbe et al. 2021; Degenhardt et al. 2016; Hall et al. 2016; Scheim et al. 2020).

Global coverage of harm reduction interventions is suboptimal, but this is particularly the case in lower- and middle-income countries (Colledge-Frisby et al. 2023). For example, the Global State of Harm Reduction Report (Harm Reduction International 2020) highlights that only fourteen out of twenty-five countries or regions in these parts of the world have existing needle exchange programs. Countries or regions that do have needle exchange programs generally also provide opioid agonist therapy, such as methadone. However, even in these settings, life-saving interventions such as drug consumption spaces and take-home naloxone programs remain largely unavailable.

Across Global South settings, YPWUD and the organizations they are a part of face particularly dire challenges in implementing much needed harm reduction services due to hostile and militarized governments, systemic corruption, violent policing, punitive laws and forced treatment or rehabilitation models, precarious and conditional state and international funding, and entrenched stigma and oppression (D’Ambruoso et al. 2022; Des Jarlais et al. 2013; Krug, n.d.). High levels of unemployment, poverty, and homelessness often combine with the criminalization of drug use (in some cases via the death penalty and extrajudicial killings),

sex work, and sexual and gender identities to produce egregious human rights violations and make harm reduction organising and action difficult, and sometimes impossible (D’Ambruoso et al. 2022; DeBeck et al. 2017; Rekart 2005). In a system of prohibition, the Global South is also disproportionately impacted by the various negative effects of the global demand for illicit drugs, which particularly impacts countries in Latin America, South East Asia and the Middle East and North Africa, as well as in transit regions such as West Africa. (“WDR 2022_Booklet 2,” n.d.)

4 Success Stories

While significant challenges remain for implementing comprehensive harm reduction programming for YPWUD across Global South settings, several of us are actively involved in implementing various harm reduction programs in our countries. We share these examples here with the goal of inspiring youth drug user activism and movements and meaningful policy and programming change across lower- and middle-income settings globally.

5 East Africa

5.1 Empowering young women who use drugs in East Africa through online networking and peer support

A majority of empowerment efforts directed towards women who use drugs are under-resourced, patriarchal, or fail to consider how complex intersections of age, gender, class, cultural, and geographic contexts shape drug use (Lambdin et al. 2013). In 2022, the community-led organization Women in Response to HIV/AIDS and Drug Addiction (WRADA) set out to build a network of young women who use drugs in Kenya, Uganda and Tanzania with support from the International Network of People who use Drugs. This multi-year community initiative involves bi-monthly online peer support forums using Zoom. Young women meet on Zoom to discuss and document regional harm reduction challenges and emerging trends in drug use and sex work and develop sexual and reproductive health and harm reduction information tailored to their communities. The project fosters empowerment by increasing the knowledge, skills and capacities of participants, growing grassroots harm reduction research and advocacy, developing context-driven approaches to promoting human rights, and providing peer mental health support. Despite challenges with internet connectivity and technological know-how among participants, the project has resulted in improved relationships between young women who use drugs and local harm reduction programs across East Africa, greater advocacy for adoption of best practices through a peer-to-peer learning model, the generation of more robust evidence for regional harm reduction and drug policy reform, and increased visibility of young women who use drugs in East Africa.

6 South Africa

6.1 Distributing take-home naloxone kits and overdose education in South Africa

In South Africa, YPWUD are an underserved population frequently exposed to the social and health harms of poverty, unstable housing and homelessness, and multiple forms of physical and structural violence (D’Ambruso et al. 2022; Peltzer and Phaswana-Mafuya 2018). Heroin use and overdose are increasingly common among youth (Harker et al. 2020). While South Africa’s essential medicines list includes naloxone for the management of overdose, to date no state-sponsored naloxone distribution programmes exist (Scheibe, Shelly, and Versfeld 2020). To improve access to this lifesaving overdose antidote among YPWUD and others, in 2021 the South African Network of People Who Use Drugs (SANPUD) piloted the country’s first (and to date only) take-home naloxone (THN) program. The program was piloted in Cape Town, Tshwane, and eThekweni, with two workshops held in each city over a two-week period. It involved peer-delivered overdose education, including practical training on the administration of naloxone. Participants received a naloxone kit with four ampoules of naloxone (0.4mg/1ml) and required medical equipment, as well as a step-by-step guide to responding to and managing opioid overdoses. The design of these materials was informed by several community advisory groups that included youth-led and -focused groups. During the pilot, three opioid overdoses were successfully reversed. Unfortunately, lack of state funding and political buy-in has halted the continuation and expansion of the program. However, the success of the pilot represents an important moment in the fight against racist and violent drug policies that continue to criminalize and disproportionately burden YPWUD, and in particular Black and Brown YPWUD. The successful co-design and delivery of a youth-led THN program underscores growing calls for non-restrictive state and NGO funding that can be used to support evidence-based interventions beyond a narrow set of prescriptive interventions and programs (e.g., HIV prevention programs focused on people who inject drugs) (Scheibe, Shelly, and Versfeld 2020).

7 Nepal

7.1 Training Frontline Workers to Provide Harm Reduction Services to Young People who Inject Drugs in Nepal

In 2019, a government survey revealed that there are over 130,000 people who use drugs in Nepal, with young people (defined as < 30 years of age) accounting for more than two-thirds of this figure (“Human Rights and Drug Policies in Nepal,” n.d.). Young people who inject drugs in this setting are disproportionately vulnerable to various social, health, and legal harms (Bhandari et al. 2021; Kakchapati et al. 2018; “Substance Use by Adolescents in the Western Developmental Region of Nepal,” n.d.). In response, in 2022 five community organizations (YKP Lead, Sathi Samuha, Recovering Nepal, Youth RISE, Youth LEAD) came together to

pilot a new training and service delivery project to better address the needs of young people who inject drugs. As a first step, focus group discussions with youth and in-depth interviews with service providers led to the identification of shared problems and possible healthcare and harm reduction-oriented solutions, including the identification of key areas for outreach throughout the Kathmandu Valley. Using this information, twenty-two service providers from organizations providing harm reduction services in Kathmandu valley were trained to better understand how social, cultural, political, economic, geographic and technological contexts affect the practices and service needs of young people who inject drugs in diverse communities. Context-informed approaches to care were developed, including online and peer-to-peer outreach and counselling, expanded hours of operation for on-the-ground harm reduction service providers, and better referral mechanisms among providers. The findings and recommendations generated by the pilot project were later shared with a national audience of service providers and organizations. The pilot project enhanced awareness and knowledge among service providers and better equipped them with skills they need to adopt and deliver harm reduction to young people who inject drugs.

8 Mexico

8.1 Exchanging Knowledge, Building Advocacy, and Challenging Punitive Drug Policies Among YPWUD in Mexico

In Mexico, young people are increasingly exposed to the negative impacts of the country's militarized and violent approach to addressing drug use and trafficking, resulting in regular human rights violations (Hernández Castillo 2019; Morales et al. 2020). Despite these conditions, international donor funding continues to support "tough on crime" rhetoric and prioritise law enforcement interventions over evidenced-based healthcare and harm reduction approaches. In response, YPWUD have mobilised to hold the now annual Support Don't Punish Festival as a means of regularly engaging with each other, sharing harm reduction knowledge and challenging punitive drug policies. The festival is held each year on June 26th as a community response to commemorate the UN international day against the illicit trafficking and abuse of drugs. It is delivered by Instituto RIA and ReverdeSer Colectivo and provides a safe, non-judgemental space for young people to fight for their human rights. Festival activities include youth-led marches, harm reduction information booths, showcases of youth entrepreneurship, and performances by bands opposed to the oppression of YPWUD. During the COVID-19 pandemic, the festival transitioned to a virtual event, expanding its reach to include multiple countries. Throughout the rest of the year, the festival also organizes other activities around the country, such as collective murals, art exhibits, social media content, and harm reduction information materials, including entertaining videos promoting drug use best practices. The Support Don't Punish Festival has become a vital platform for harm reduction knowledge exchange, advocacy and challenging punitive drug policies among YPWUD in Mexico and beyond.

9 Columbia

9.1 Drug checking services in Colombia

Drug checking services in Colombia have been implemented to decrease exposure to the growing harms associated with an unregulated drug supply. In general, drug checking services have multiple aims: to conduct chemical analysis of substances of submitted directly by the public; to return results to the service user; to provide a platform for tailored (rather than general) information exchange between service users and the service; and to ultimately reduce harms (Barratt and Measham 2022). Although reduction of harm via changes in drug using practices at the point of consumption is key to the success of drug checking, these services are also highly valued for generating real-time information about drug market trends that can be actioned rapidly via text message and social media alerts (Brien et al. 2023). With volunteers and harm reduction experts located in Bogotá, Medellín, and Cali, the non-governmental organization Acción Técnica Social implemented a drug checking service beginning in 2013 through a project entitled *Échele Cabeza Cuando se de en la Cabeza* (EC; translated as *Use Your Head Before It Goes to Your Head*) [Díaz Moreno et al. (2022)]. Since its inception, EC has involved YPWUD and used innovative harm reduction communication strategies to promote self- and community-care: protests, street art, posters, handouts, flyers, videos, memes, and perhaps most importantly, maintaining a significant presence on social media. EC began by offering drug checking services on-site at raves, festivals, and nightlife events; in 2016, fixed-site drug checking services were introduced (Díaz Moreno et al. 2022). Wherever drug checking services are provided, YPWUD are provided with tailored information and support backed by scientific evidence. Based on the testing done across these settings, EC regularly posts to social media about substances, test results, and alerts, supporting real time dissemination of critical harm reduction information. EC has demonstrated the importance of monitoring the drug market and building online and in-person networks with people who use drugs, including YPWUD. Unfortunately, despite the effectiveness of this program and some support from the Mayor's Office of Bogotá and the Colombian Drug Observatory, financial restrictions continue to limit the reach of the program (Díaz Moreno et al. 2022).

10 Calls to Action

Drawing on our discussion of shared and challenges and success stories, we now advance seven key recommendations to advance harm reduction for YPWUD within and across Global South settings:

1. YPWUD from across the global south must be meaningfully involved in harm reduction policy, programming, and activism. We should be at the table with government (when this is possible) as well as non-governmental organizations and donors when decisions are being made. All of the success stories detailed above demonstrate that our participation

is essential to the development of tailored, context-responsive, and effective services and programs that promote equity and uphold human rights.

2. Governments and non-governmental organizations in low- and middle-income countries should regularly collect accurate data on drug use patterns, including patterns among YPWUD, and use that data to inform harm reduction policy, practice, and programming. For example, at present, the Government of Nepal only collects data once every five to six years, limiting the relevance of this data to policy and practice. Yet, the pilot project described above demonstrates how up to date information gleaned through focus groups and in-depth interviews facilitates the development and adaptation of effective harm reduction services.
3. Financial resources, including international donor and domestic funding, must be shifted from punitive law enforcement and drug supply reduction towards a continuum of community-based, evidence-informed online and on-the-ground harm reduction services, including peer-to-peer information generating and sharing programs and advocacy networks, take-home naloxone programs, drug checking services, and drug consumption spaces.
4. Government, non-governmental organization, and international donor funding focused on harm reduction should be less tied to a narrow set of prescriptive interventions and programs (e.g., HIV prevention programs focused on people who inject drugs), in order to better support the diverse efforts of YPWUD and youth-led and -inclusive community organizations to meet their harm reduction needs.
5. Too often, promising pilot projects end because of a lack of sustained funding. Government, non-governmental organizations, international donors, and civil society should work to identify and scale up promising pilot projects undertaken by and with YPWUD. The focus of those providing funding should be on what is happening and working on the ground – and online – among YPWUD. Recognize that funding these projects may produce better results than campaigns and programs that are overly general and imposed from the top down.
6. Towards this end, there must be better coordination and collaboration between government, non-governmental organizations, international donors, and civil society.
7. There must be greater efforts to build capacity among YPWUD in the global south to undertake harm reduction-focused research, including the evaluation of their own programs. Many YPWUD and their mentors have tremendous experiential knowledge regarding drug use and harm reduction programs, practices, and needs in their communities, but lack the ability to translate that knowledge into traditional scholarly outputs, including peer-reviewed publications and grants. Those conducting funded research – and building their careers – in these settings who do have these skills, namely, many academics based in Northern universities, must commit to doing some of this capacity building work together with YPWUD. This can take the form of an investment of significant time: co-authoring publications and grants (as author Danya Fast did with this piece). It can also take the form of a financial investment: YPWUD should be adequately compensated for their time and expertise when working on these kinds of projects.

11 Acknowledgements

The authors acknowledge Alissa Greer (Simon Fraser University) and Gloria Lai for their input to the manuscript.

12 Declarations

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

13 Role of the funding source

The open access fee for this paper was covered through a Youth RISE project which was part of the 4Youth Consortium and funded by the Robert Carr Fund. DF is supported by a Micheal Smith Health Research BC Scholar Award. The funders had no role in developing the ideas and information, structuring the article and identifying the examples within the article. MJS, FS and DF were responsible for the decision to submit this article for publication.