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Approaches to prevent, treat and minimize harms caused by substance use among young people in East and Southern Africa

Implementation Brief

2gether 4SRHR

SYP
Safeguard Young People
PROGRAMME

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This brief covers one of five themes examining sexual and reproductive health (SRH) and HIV programme evidence and implementation experiences for adolescents and youth in East and Southern Africa (ESA). This series serves as a resource for programmers aiming to implement strategies and understand potential barriers to scaling-up effective programmes for adolescents and youth.

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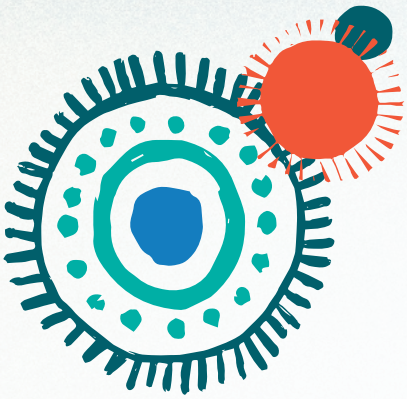
Acronyms

AGYW	Adolescent girls and young women
ESA	East and Southern Africa
HIV	Human immunodeficiency virus
PrEP	Pre-exposure prophylaxis
PWUID	People who use and inject drugs
SRH	Sexual and reproductive health
UHRN	Uganda Harm Reduction Network



Background

Substance use among young people in East and Southern Africa

The youth population (aged 15 to 24 years) in sub-Saharan Africa is rapidly growing and expected to increase from 225 to 350 million between 2021 and 2040 [1]. Currently, over 170 million young people aged 10 to 24 years live in ESA [2] (Box 1). Substance use[1] among adolescents and youth is increasingly recognized as a global health priority, as adolescence represents a key period of vulnerability and substance use initiation [3]. Data on substance use among adolescents and youth in sub-Saharan Africa are limited, but prevalence estimates of any substance use among adolescents in sub-Saharan Africa are 41.6 per cent, with East Africa experiencing the second highest regional burden (48.99 per cent) and Southern Africa the lowest (37 per cent). Tobacco and alcohol are the most commonly used substances among young people in ESA [4], and their use has increased over time [5]. Drug use among young people ranges from 4.4 per cent in South Africa to 14.4 per cent in Nigeria [6].

Substance use is associated with mental health challenges [7], unintentional injuries and increased risk of sexually transmitted infections and HIV due to sexual health risk-taking, sexual coercion and gender-based violence among young people [8]. It also undermines HIV care and treatment

1 Alcohol and tobacco are available to adults in most countries with variations in accessibility and minimum ages for young people. Illicit drug use involves the non-medicinal use of substances prohibited by international drug control treaties, which pose substantial health risks to users (e.g. heroin, cocaine, cannabis, amphetamine-type stimulants and pharmaceutical opioids) [3]

Smoking tobacco and excessive drinking during adolescence are associated with immediate and long-term health consequences and represent leading causes of morbidity and mortality among young people globally. Tobacco use is the leading preventable cause of premature death, and may contribute to nicotine addiction, reduced lung function and impaired lung growth, as well as asthma. Early onset of excessive alcohol consumption is associated with psychosocial, social and physical effects; heavy episodic drinking is linked to acute alcohol challenges (e.g. violence and alcohol poisoning). Consuming alcohol also undermines young people's immune system and adherence to antiretroviral therapy [15,50].

outcomes, threatening progress towards ending the HIV epidemic [9]. The 2019 United Nations System Common Position on Drug Policy commits to supporting Member States to implement "truly balanced, comprehensive, integrated, evidence-based, human rights-based, development-oriented, and sustainable responses to the world drug problem". This includes implementing person-centred policies and minimizing adverse public health consequences of drug use (e.g. through harm reduction strategies) and decriminalizing drug possession for personal use [10]. Identifying promising implementation strategies to prevent and address substance use among young people will be critical to realizing global health and development objectives, including multiple Sustainable Development Goals (SDGs) [11,12].[2]

Box 1: Adolescents and youth

Young people represent a diverse population with unique health needs. In ESA, young people experience complex individual, sociocultural, health system and legal barriers to accessing quality, comprehensive and integrated HIV and SRH services. Definitions of adolescent, youth and young people vary by country and region. In this brief, unless otherwise stated, adolescents are defined as individuals aged 10 to 19 years, youth as those 15 to 24 years and young people as individuals 10 to 24 years [13].

2 Addressing substance use among young people addresses multiple Sustainable Development Goals namely, reducing mortality from non-communicable diseases (target 3.4) and strengthening prevention/treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 3.5) [11].

Population of focus: young people

Adolescence represents a critical period of physical, emotional and social development and transition, risk-taking and independence. Initiation of substance use peaks during adolescence and problematic use may disrupt key psychosocial transitions, including educational attainment, employment, sexual relationships and transitions to marriage and parenthood [3,14].

Risk and protective factors across multiple dimensions influence substance use among young people. Fixed risks (e.g. being male[3], parental/sibling substance use and genetic factors) mediate adolescents' susceptibility to substance use. In addition, individual and interpersonal risk factors (e.g. low self-esteem, novelty and sensation-seeking, oppositional behaviour and conduct disorder in childhood, poor school performance, low commitment to education and low educational attainment) and family factors (e.g. parenting styles, parent-child interactions/relationships [3], and parental attitudes towards, and use of substances [15]) shape exposure to drug use during adolescence. Easy access to and poor regulation of substances, lack of information related to harm reduction, poverty and social norms/attitudes are key drivers of substance initiation and continued use among young people [3,15].

Importantly, associating with peers who use drugs is the strongest independent predictor of substance use among young people. Many young people experience multiple risk factors simultaneously, and those at risk are more likely to initiate substance use earlier and develop long-term challenges with substance use and dependence [3].

3 In sub-Saharan Africa, lifetime and current substance use are 3.2 and 2.8 times higher, respectively, among males compared to females [51].

Substance use prevention, early intervention, harm reduction and treatment

Strategies to prevent and address substance use among young people fall along a continuum, providing universal or targeted services and support ranging from primary to tertiary prevention [16,17].

Primary prevention

includes interventions that address underlying risk factors and strengthen protective factors to prevent adolescents and youth from initiating substance use (e.g. health promotion strategies and protective legal/policy environments).

Secondary prevention

efforts involve screening to identify at-risk adolescents and youth who may have started to use substances, and intervening early with behavioural and social norm interventions, and/or targeted prevention for select groups [17].

Tertiary prevention

aims to minimize the potential negative health, social and legal harms of substance use among young people, families and peers (Box 2) [14], and promote recovery and treatment.

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Box 2: Harm reduction among young people

Harm reduction involves the implementation of programmes and practices that aim to minimize negative health, social and legal consequences associated with drug use, drug policies and drug laws. This includes the provision of information on safe drug use, drug consumption spaces, needle and syringe programmes, as well as legal and paralegal services [18]. Harm reduction involves working with youth without judgment, coercion or discrimination and without requiring youth to stop using drugs to receive services and support [18]. Implementation of harm reduction initiatives in sub-Saharan Africa is limited, and few countries have policies that specifically promote them [19]. Engaging young people who use or have used substances in programme design, research, service provision, as well as advocacy and policy efforts is critical to increase the accessibility, appropriateness and uptake of harm reduction efforts among young people. However, adolescents and youth are often excluded from actively and meaningfully participating in programme and policy decisions [20,21]. Harm reduction efforts implemented in Kenya, South Africa and Uganda offer multiple services for people who use drugs (e.g. overdose awareness workshops, training for law enforcement stakeholders, provision of medically assisted therapy services, needle and syringe exchange services) and emphasize the importance of community engagement and advocacy in this work [22–25]. Future research on harm reduction programmes targeting youth is needed.

Inadequate mental health and psychosocial support, and limited substance use treatment services for young people in the ESA region are critical public health challenges [26,27]. Significant inequities in access persist, both within and between countries [28]. In Ethiopia, for example, the treatment gap for substance use disorders among adults and young people is as high as 87 per cent [29,30]. Where services are available, young people encounter substantial social and structural obstacles to seeking and accessing them. Stigma, discrimination, lack of privacy and lack of perceived need for treatment or support represent important attitudinal barriers that limit or prevent health-seeking behaviours [20,31].

Other health system and policy-level barriers include shortages of trained human resources for health, fragmented services, lack of information and resources, negative attitudes and discrimination by service providers, distance and location of services, financial costs and limited transportation, and inadequate or non-existent national

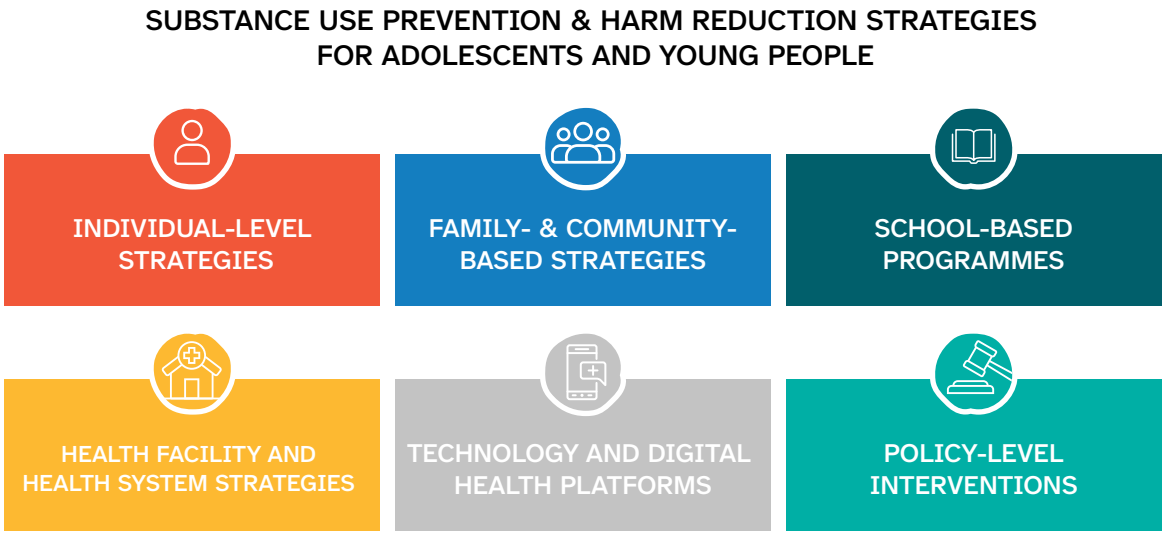
policies related to mental health, addiction and substance use for young people [31,32]. Importantly, the legal context and criminalization of substance possession and use in many countries frame substance use as a criminal justice challenge with punitive consequences, rather than channelling resources to acknowledge and address substance use among young people as an important public health issue requiring mental health and psychosocial support and services [6].

Strategies to address substance use for young people in East and Southern Africa[4]

Available strategies to prevent, intervene early, reduce harm or treat substance use among young people in ESA include: a) individual-level interventions; b) family- and community-based strategies; c) school-based programmes; d) health facility and health system strategies; e) technology and digital health platforms; and f) policy-level interventions. Many prevention and harm reduction approaches employ multicomponent strategies, combining several interventions concurrently (Figure 1) [35].

Figure 1:

Available substance use prevention and harm reduction strategies for young people (adapted based on [6,14,35,36])



4 A summary of substance use prevention, early intervention, harm reduction and treatment services was developed based on a critical review of peer-reviewed and grey literature.

Evidence-based approaches to address young people's substance use[5]

Interventions addressing substance use among young people must be tailored by age, development and life stage [37], level of substance use and socioeconomic context, to meet the diverse needs of this dynamic population. Many effective substance use interventions for young people focus on prevention, early intervention or harm reduction, rather than treatment [14] (Table 1). A systematic review of substance use prevention among children and young people in sub-Saharan Africa found that effective interventions were brief, individual-focused and targeted young people who had already been exposed to substance use, as opposed to primary prevention efforts [4]. Successful interventions were often delivered by trained health providers and used motivational interviewing and/or cognitive behavioural therapy [6]. To maximize impact, national drug prevention programmes require supportive policies and legal frameworks, as well as robust scientific evidence to understand the context, substance use landscape and cost-effectiveness of interventions (e.g. substances used and higher risk populations). Successful programmes also require effective intersectoral collaboration and coordination of stakeholders (including national, subnational and local actors), trained policymakers and health-care providers and sustained commitment and resources to support prevention efforts [38]. There is limited evaluation or cost-effectiveness data available on substance use interventions in ESA, yet implementation lessons from other contexts may inform future programming in the region to better support young people (Box 3).

5 A summary of strategies addressing youth substance use was developed based on a critical review of peer-reviewed and grey literature from 2012 to 2022.

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Box 3: Emerging evidence on interventions to prevent and reduce harm from substance use among young people

A systematic review of effective substance use interventions worldwide found that school-based prevention interventions reduced smoking, alcohol and combined substance use among young people [35]. School-based interventions that involve social competence and social influence (peer pressure) strategies were also protective against drug and cannabis use among young people [14,35]. Family-focused strategies that support the development of parenting skills and alter family functioning (e.g. increased parental support and monitoring, establishing clear boundaries and nurturing behaviours) achieved reductions in smoking, and had modest effects on alcohol misuse among youth [35].

Table 1:

Synthesis of substance use intervention delivery strategies, methods, outcomes and implementation considerations to reach young people

(adapted based on [6,14,35,36])

Strategy	Description	Delivery methods and impact on key outcomes	Implementation considerations
Individual-level interventions	Interventions for substance use prevention, harm reduction or treatment that engage young people directly (e.g. motivational interviewing, goal setting and feedback) [6].	• **Motivational interviewing:** higher smoking cessation rates [6]. • **Cognitive behavioural therapy for treatment:** quality of evidence for outcomes from psychosocial interventions is poor in high-income settings, and unavailable for ESA [14].	• Face-to-face motivational interviewing with youth is a promising method to deliver substance use services and support to young people in ESA [6,14]. • Global evidence suggests that individually-targeted harm reduction programmes (e.g. needle/syringe exchange programmes) reduce injection-related risk behaviours and HIV transmission (limited evidence on Hepatitis C transmission) [14].
Family- and community-based interventions	Increasing young people's knowledge and skills and fostering positive relationships with their peers and family [14,36].	• **Building parenting skills and parent-child relationships:** global evidence suggests delayed onset of alcohol use, reduced frequency of drinking and reduced initiation of tobacco use. Some evidence suggests that parent training (cognitive behavioural therapy), family skills training or family therapy may prevent illicit drug use among young people by addressing family-level risk/protective factors [14]. • **Peer-to-peer models:** reductions in alcohol consumption and tobacco use [36]. • **Self-help interventions combined with peer-to-peer support:** limited (global) evidence of impact on substance use outcomes [14].	• Intensive family-based interventions that address family functioning may contribute to the prevention of smoking among young people [35]. • Engaging youth in the implementation of health interventions helps to ensure they are appropriate, relevant and effective [36]. Ongoing training and supervision of peer mentors are critical to the success and sustainability of interventions [36,39]. • Involving peers with lived experience is highly valued in the provision of substance use treatment and harm reduction services for adults in some African countries [32] and may be considered for interventions with young people.

Strategy	Description	Delivery methods and impact on key outcomes	Implementation considerations
School-based programmes	School-based interventions aim to prevent and/or reduce substance use among young people (e.g. through life skills training, sexuality education, leisure education intervention, promotion of alternative activities) [40].	• **Life skills training and comprehensive sexuality education interventions:** increased knowledge and attitudes related to substance use risks and refusal skills [6]. Positive effects (e.g. continued delay/ abstain use) in students who were non-drinkers at baseline (particularly girls) [41] and a reduction in alcohol and tobacco use among young people [42].	• Lessons from a school-based substance use programme in South Africa suggest that interventions may be adapted to suit local contexts and language to be culturally relevant and appropriate [40]. • Schools are promising settings for substance use prevention programmes [6,35], but programmes may benefit from an increased focus on individual students rather than groups [6]. • Comprehensive drug education for young people in ESA, informed by harm reduction principles, may help address stigma and overcome barriers to seeking health services.
Health facility and health system strategies	Interventions delivered in health facilities or clinics, by lay or formal health-care providers.	• **Motivational interviewing with health-care providers:** some evidence of increased rates of smoking and alcohol use cessation [6]. • **Screening and early intervention/ referral:** limited outcome data available related to substance use among young people in ESA.	• Globally, effectiveness data on screening, brief interventions (e.g. provider-led discussions to increase awareness of potential substance use consequences) and referrals for substance use among high-risk young people are mixed [14]. • Some evidence in sub-Saharan Africa suggests that integrating substance use prevention efforts within existing routine health services for young people (e.g. antenatal care for pregnant adolescent girls and young women (AGYW)) is a low-cost option [6].

Strategy	Description	Delivery methods and impact on key outcomes	Implementation considerations
 **Technology and digital health platforms**	Technology or and digital interventions that employ social media,Internet or mobile phones to provide substance use information and education, as well as promote service utilization.	• Mass media campaigns: increased perceived support, empowerment and improved decision-making related to substance use among AGYW [43].	• Mixed/limited global evidence on reducing substance use and related harms among young people through digital initiatives [14]. Some evidence suggests that integrating testimonials of young people with lived experience of substance use into advertising and communication materials, as well as ensuring advertising is based on formative research, with sustained/frequent broadcasting, may effectively reach young people [35].
 **Policy-level interventions**	Population interventions that aim to prevent substance use and harms (e.g. prohibited use of controlled substances, availability and sales restrictions, minimum legal drinking age, sanctions, taxation, advertising bans/ regulation).	• Policy-level Interventions: limited outcome data available related to substance use among young people in ESA.	• Global data indicates that selected interventions (e.g. taxation, public consumption bans, advertising restrictions and minimum legal age requirements) can effectively reduce alcohol and tobacco use among young people, but limited evidence is available on their impact on illicit drug use [14]. • Restrictive laws and policy contexts represent an important obstacle to providing harm reduction services and support for young people and discourage health-seeking. Better understanding the availability and enforcement of supportive drug policies and legal frameworks for young people in ESA represents an area for future research.

Many of the strategies and adaptations outlined in Table 1 may help to overcome key individual, family/community, health system and policy environment barriers to delivering substance use prevention and harm reduction initiatives to young people in ESA (Figure 2).

Figure 2:

Key barriers to substance use prevention and harm reduction strategies and promising implementation approaches for young people in East and Southern Africa

Box 4: Lessons learned from COVID-19 for future shocks and pandemics

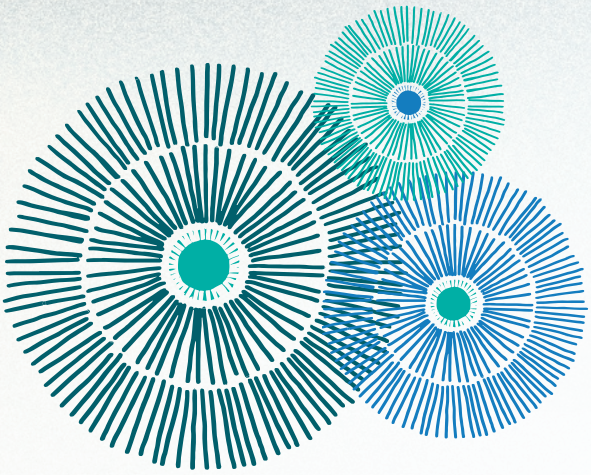
Availability of substance use prevention, harm reduction and treatment programmes and services was significantly impacted by the COVID-19 pandemic [33]. According to a survey of addiction-focused health practitioners across 77 countries[6] treatment services were severely restricted due to lockdown policies and shortages of commodities and supplies. Approximately 41 per cent of harm reduction services were partially or entirely discontinued, including needle and syringe programmes [33]. In South Africa, substance use increased amid drastic reductions in service provision [34].

The main lessons learned from the COVID-19 pandemic are:

- Mental health challenges and substance use are often exacerbated during natural disasters and other emergency contexts [33]. Therefore, the continuous provision of treatment and harm reduction services, particularly through mobile or outreach services, should be prioritized during future public health emergencies to ensure person-centred care for youth who use drugs [33].
- Failure to recognize substance use interventions as essential services, and the inadequate provision of information and resources for individuals to safely access services, were key barriers to substance-related care during the pandemic.
- Many services pivoted to employ telehealth and used digital platforms to deliver substance use treatment services, yet inequitable access to mobile devices and Internet services and concerns regarding privacy may have limited reach among young people [34].
- Identifying innovative ways to ensure continuity of care must be a priority during future health emergencies [33].

6 Countries from ESA included in the global survey were Botswana, Ethiopia, Kenya, Malawi, Namibia, Somalia, South Africa, the United Republic of Tanzania and Zimbabwe [33].

Programme case studies



Sharing evidence on programme experiences, impact and contributors to success is critical to better understand how various approaches can effectively reach young people. Substance use programme case studies[7] have been purposively selected based on expert consultation to examine strategies employed to reach young people across diverse geographic locations within ESA.

Case study 1

SKY Girls: a multimedia social marketing and empowerment programme to prevent substance use among adolescent girls and young women

Programme description:

SKY Girls is an empowerment programme that uses social marketing to target AGYW aged 13 to 19 years. The programme aims to unite AGYW using a multichannel brand and community of girls, fostering a safe space and sense of belonging (e.g. through distribution of wristbands and pledges). SKY Girls encourages autonomy and agency in decision-making and catalyses changes in attitudes, behaviours and social norms related to health, well-being and substance use. SKY Girls reaches AGYW via school visits or "activations" and introduces youth to the SKY Sistahood principles, encouraging girls to make pledges to be true to themselves, to prioritize their health and to refuse tobacco [43]. Using music, fashion, media and other social marketing techniques, SKY Girls promotes anti-smoking messaging as the cool, smart,

7 Best practices were identified by UNICEF and UNFPA country offices in ESA and were purposely sampled by technical experts to reflect diversity of substance use interventions. Case studies were produced using a descriptive qualitative approach to data generation and analysis [52]. Multiple research methods were employed, including document analysis of peer reviewed and grey literature, as well as key informant interviews with programme implementers.

ambitious, [and] aspirational choice [44]. Information and resources are provided through video blogs, print magazines, social media (e.g. Facebook, Instagram, YouTube and WhatsApp), school clubs, radio shows, community activations/trucks, TV shows and movies, SKY music anthems, festivals, celebrity ambassadors and billboards [43,45].

Timeline and programme sites:

Initially launched in Botswana as a tobacco prevention social marketing intervention in 2014, SKY Girls was implemented in five additional African countries[8]. In 2021, the programme expanded to address other issues impacting AGYW, including HIV prevention, gender equality and financial services [46].

Programme impact:

Since the programme launch, smoking rates have decreased among SKY Girls participants by 18 per cent in Botswana, and cigarette use decreased by 53 per cent in Zambia [45]. Other outcomes include:

- In Ghana, the improved perceptions of social support outside of their families increased by 11 per cent, the pressure to smoke cigarettes decreased by 12 per cent, and the ability to make decisions about their lives increased by 20 per cent and communicate feelings by 12 per cent among programme participants [43].
- Overall, there is very strong brand recognition of SKY Girls in testing areas (e.g. 98 per cent in Botswana, 96 per cent in Zambia and 75 per cent in Kenya) and popular content on social media. In Kenya, YouTube content has received 5.7 million views and the SKY anthem was a hit single on Kenya's most popular streaming platform [45].

Contributors to success:

- Formative research helped to ensure that programme materials are girl- and youth-led, and responsive to the emerging and unique needs of AGYW. This also highlighted the importance of addressing social inclusion and peer pressure among AGYW to prevent substance use [44].
- Partnerships with the government (e.g. Ministry of Health and Ministry of Education), multilateral donors (e.g. UNICEF), individual celebrities and social media influencers endorsed SKY Girls as a trusted source of information.
- National political will to address substance use and reduce tobacco consumption facilitated programme implementation and sustainability. SKY Girls is now co-funded by the Ministry of Health in Botswana via its levy on tobacco products.

8 SKY Girls is being implemented in Côte d'Ivoire, Botswana, Ghana, Kenya, Nigeria & Zambia.

- Establishing brand awareness and trust with AGYW before health promotion messaging on substance use is essential to foster a sense of community, engage youth and ultimately influence behaviour change.
- Messaging to challenge social norms that glamorize substance use, as well as other current issues facing AGYW (e.g. reproductive health and climate change) is an effective strategy to reach girls.

"[SKY Girls] is a whole package - we can talk about different things that happen that affect girls in their adolescent life. That's why they feel connected to the campaign because we don't just talk about things that are health-based or just smoking, we're talking about an array of topics."
[SKY Girls Representative]

- Using multiple communication channels (e.g. digital platforms, print media and community outreach) is essential to reach both in- and out-of-school girls and adolescents. Social media is a cost-effective strategy to support substance use prevention among AGYW.
- During COVID-19 lockdowns, the programme focused on social media and television platforms (e.g. produced a TV show in Botswana and Zambia) and disseminated materials via WhatsApp. Use of low-data social media platforms (e.g. Facebook Zero) increased accessibility of the SKY Girls campaigns for AGYW.

Case study 2
Youth RISE: global youth advocacy towards harm reduction and drug policy reforms

Programme description:

Youth RISE (Resources, Information, Support and Education) is a youth-led international organization and network of young people who use drugs, and young people advocating for drug policy reform and harm reduction to promote the health and human rights of youth who use drugs. It implements activities across four key programme areas, including: criminal justice reform, full-spectrum harm reduction[9], youth engagement in decision-making bodies and knowledge management (e.g. developing resources, awareness and education). Youth RISE

9 Full-spectrum harm reduction involves all people who use drugs, all methods with which they use them, and recognizes the political, social and environmental contexts influencing drug use [53].

plays a leadership and advocacy role to empower young people who use drugs, and to promote their active and meaningful participation in policy decisions related to drug policies, including decriminalization, legalization and regulation of all drugs [47,48]. It aims to build the capacity of young people by developing and disseminating resources and toolkits, leading training opportunities (e.g. webinars and online train-the-trainer workshops on harm reduction), as well as providing opportunities to amplify youth voices in advocacy and political activism towards drug policy reform in national, regional and international forums (e.g. United Nations Commission on Narcotic Drugs or working groups on technical guidelines for young people who use drugs) [47,48]. It also provides small grants to support its International Working Group members and their affiliated civil society organizations to implement harm reduction services for young people who use drugs.

Timeline and programme sites:

Youth RISE was founded in 2006, with the support of IHRA (now Harm Reduction International) to address a gap in meaningful engagement of youth in policy and harm reduction. The Youth RISE network membership consists of 21 young advocates in the International Working Group. In 2022, Youth RISE launched a podcast "The Trip/El Viaje" with English and Spanish episodes illustrating the complexities of drug use, drug policy and harm reduction among youth [48].

Programme impact:

In 2022, Youth RISE provided 20 small grants, distributed to 11 organizations across 11 countries.[10] The small grants programme of a youth-led Network of Young Key Populations in Ghana led to their inclusion in the Global Fund's Country Coordinating Mechanism, and to the review of the National Strategic Plan. Other key outcomes include:

- Trained over 100 young people in four regional training sessions (Latin America, Middle East and Northern Africa, Sub-Saharan Africa and Europe).
- Supported additional development of digital platform, TripApp11, to increase its global reach and accessibility by mapping harm reduction services in regions outside of Europe, providing resources in multiple languages, and mapping legal and justice services.
- Active social media presence (Instagram, Facebook and X).

10 In the ESA region, harm reduction consortium small grants were awarded to civil society organizations in Kenya and Uganda, and youth-focused consortium small grants in Ghana [48].

11 TripApp is a mobile app that aims to reduce harmful effects of drugs by providing alerts for drug checks, a "dose smart" calculation feature, safe use of psychoactive substances, national legislative information and mapping harm reduction services [48].

Contributors to success:

Establishment of an international working group model helps ensure that Youth RISE is led by young people who use drugs. This is essential to catalyzing a movement to impact change nationally and internationally with and through a global network of youth advocates.

"[The] structure of [an] international working group…is a really important model because it ensures that we're continuously youth-led… building up a movement of young people in this field…giving them the tools they need to advocate for their own rights, as well as the rights of their peers. We do our best to start conversations around drug education and other hard topics […] so we ensure young people who use drugs are part of any discussions."
[Youth RISE Representative]

Building the capacity of young people to engage peers in drug policy advocacy is critical. Youth RISE has developed resources, toolkits and facilitated diverse training opportunities and spaces for young people (e.g. train-the-trainer, online and in-person training programmes).

Providing small grants to support Youth RISE international working group members is an important strategy to support the local needs of young people who use drugs.

During the COVID-19 pandemic, Youth RISE gave additional small grants to support youth who use drugs to help provide food, supplies and other needs to reduce harm.

Engaging youth advocates and youth-led organizations as members in the Youth RISE network has facilitated knowledge exchange of best practices to support young people's participation in drug policy and harm reduction advocacy.

Case study 3
Uganda Harm Reduction Network: community-based harm reduction, treatment, advocacy and services

Programme description:

The Uganda Harm Reduction Network (UHRN) is a national network led by people who use and inject drugs (PWUID) that advocates for interventions to support and address issues for PWUID, particularly youth. UHRN's primary aims are to: a) enhance the capacity of community

members, PWUIDs and other stakeholders to build a harm reduction movement; b) engage in policy and advocacy related to harm reduction; c) conduct research and support knowledge management; and d) increase access to health and justice services [23]. UHRN provides services to a diverse community of PWUID, including youth, using multiple innovative delivery models, namely one-stop drop-in health centres, peer-to-peer approaches, adapting social network strategies[12] to identify and target harm reduction efforts, and targeted youth and community outreach (e.g. recruiting young PWUID via peers/ social networks to attend drop-in centres for HIV testing, prevention and treatment). UHRN drop-in centres provide safe, accessible and comprehensive health services for PWUIDs, such as HIV testing and counselling, sexually transmitted infections and tuberculosis (TB) screening, screening for opioid substitution therapy, pre-exposure prophylaxis (PrEP)[13], overdose management, psychosocial and adherence counselling, information on HIV/SRH and harm reduction services, needle and syringe programmes, and reproductive health and family planning services [49].

Timeline and programme sites:

Established in 2008, the UHRN has a client base of over 10,183 individuals, and over 45 civil society and community-based organizations across the four regions of Uganda. UHRN harm reduction drop-in centres provide comprehensive health and harm reduction services to PWUID in Kampala, Wakiso, Luweero, Masaka and Mbarara [49].

Programme impact:

Although coverage for PWUID is still limited, in 2022, 652 PWUIDs were reached with targeted HIV prevention and harm reduction services; 121 of these individuals were enrolled on antiretroviral therapy (ART), 183 on PrEP and 123 individuals were supported to initiate medication-assisted treatment[14] [49].

Contributors to success:

- Engaging youth with lived experience with substance use is essential to understanding the unique risks and challenges they face. A recent needs assessment conducted among young people who use drugs in Uganda, particularly lesbian, gay, bisexual,

12 Social network strategy (SNS) is an approach often employed to "identify, engage and motivate individuals with undiagnosed HIV infection to accept HIV testing", and operates on the principle that individuals in the same social network often share behaviours that increase their risk of being infected or transmitting HIV and that individuals know and trust one another [54].

13 Pre-exposure prophylaxis (PrEP) is the daily use of an antiretroviral drug to block acquisition of HIV infection by uninfected individuals [55]. PrEP is an effective measure to protect health and limit HIV transmission, particularly among high-risk key populations [56].

14 Medication-Assisted Treatment (MAT) describes treatment for a substance use disorder, including pharmacological interventions as part of a broader addiction treatment plan [57].

transgender, queer, intersex, asexual and other gender and sexual identities youth, underscored the importance of integrating an intersectional approach to harm reduction to improve accessibility of high-risk youth.

"We have taken a step to innovate, to try to bring young people who use drugs on board to access services. For example, we conducted a needs assessment for young LGBTQ [lesbian, gay, bisexual, transgender, queer] who use drugs and because of that we documented needs and priorities for this group for further advocacy. We've [also] designed and disseminated information, education, and communication materials which are tailored by age... to educate young people who use drugs about their rights, about drug use prevention, about preventing overdose."

[UHRN Staff]

- Combining one-stop drop-in health centres with peer-to-peer community engagement and outreach (particularly the social network strategy) is an effective model to reach youth who use drugs and ensure that they receive appropriate, quality care from trained providers.

"In Uganda drug use is contested under the Narcotics Act and [therefore] in most cases the people who [use] drugs are hidden… to reach those people, we have to be innovative… the social network strategy has worked for us… for example, we've had cases of students being expelled from schools… they are brought by their parents to the [drop in centre], so we try to dig deep and engage them to also enlist the members who, for example, have the same challenge… that model leads us to another person who would also be in need of the service."

[UHRN Representative]

- Political will and leadership by the Uganda Ministry of Health to develop national harm reduction guidelines has been a vital step towards fostering an enabling policy environment, yet effective implementation and enforcement represent ongoing challenges.
- UHRN adapted its services to address obstacles for PWUID to access care (e.g. law enforcement, cost of fuel and challenges with transportation), by using telehealth, implementing a social network strategy, offering HIV self-testing, peer mobilization and offering escorted referrals to health services by peers.

Overall summary of lessons learned

- **Substance use interventions must be tailored** to reflect the heterogeneity of adolescent and youth populations according to age, life stage, as well as their social, economic and cultural contexts. This ensures that available programmes are appropriate, relevant and meet the diverse and evolving needs of young people.
- **Active and meaningful engagement of youth with lived experience of substance use in programmes, interventions or drug policy reform** ensures that services and policies adequately reflect the social, political and cultural realities of youth who use drugs.
- **School-based interventions, including life-skills training and age-appropriate comprehensive sexuality education are promising strategies** to improve knowledge, attitudes and agency related to staying away from substance abuse. Further efforts to move from education, awareness and agency to tangible changes in substance use and other harmful behaviours are still needed.
- **Creative strategies (e.g. digital, and social and behaviour change communication interventions) are promising avenues** to reach young people with health promotion messages, and to challenge attitudes and social norms associated with substance use.
- **Substance use initiatives should target multiple risk and protective factors** across individual, interpersonal and structural levels, and **must reach youth in diverse settings** (e.g. in their homes, schools, communities and social settings).
- **Increased efforts to rigorously evaluate substance use strategies at all levels** – including policy/legal interventions – will be critical to facilitate evidence-informed decision-making and implementation strategies across the region.
- **Identifying and supporting vulnerable or high-risk youth to access harm reduction and treatment services** remain important areas for future research and programming.
- **Youth-centred harm reduction and treatment services should be considered essential services within primary health care** to ensure continuity of care during future health emergencies.

Key resources

The second edition of the International Standards on Drug Use Prevention by UNODC and WHO (2018) synthesizes evidence, interventions and policies that promote positive prevention outcomes and support policymakers to prioritize investments in the future of children, youth, families and communities. Available here.

The World Drug Report 2023 online segment summarizes current global, regional and subregional estimates and trends in drug demand and drug supply, available here. The Special Points of Interest of the World Drug Report synthesizes frameworks, key messages and policy implications. Available here.

The 2020 Handbook on Youth Participation in Drug Prevention Work promotes engaging and harnessing young people to prevent substance use among peers and supports decision makers to actively involve youth as forces for change. Available here.

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References

1. Joint United Nations Programme on HIV/AIDS. Dangerous inequalities: World AIDS Day Report 2022. Geneva; 2022.

2. United Nations, Department of Economic and Social Affairs PD. World Population Prospects 2022. 2022.

3. Degenhardt L, Stockings E, Patton G, Hall WD, Lynskey M. The increasing global health priority of substance use in young people. The Lancet Psychiatry [Internet]. 2016;3(3):251–64. Available at: http://dx.doi.org/10.1016/S2215-0366(15)00508-8.

4. Olawole-Isaac A, Ogundipe O, Amoo EO, Adeloye D. Substance use among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. SAJCH South African J Child Heal. 2018;12(Special Issue):S79–84.

5. Tezera N, Endalamaw A. Current Cigarette Smoking and Its Predictors among School-Going Adolescents in East Africa: A Systematic Review and Meta-Analysis. Int J Pediatr (United Kingdom). 2019;2019.

6. Saba OA, Weir C, Aceves-Martins M. Substance use prevention interventions for children and young people in Sub-Saharan Africa: A systematic review. Int J Drug Policy [Internet]. 2021;94:103251. Available at: https://doi.org/10.1016/j.drugpo.2021.103251.

7. World Health Organization. Mental health: Strengthening our response [Internet]. 2022 [cited 2 February 2023]. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

8. Mutumba M, Schulenberg JE. Tobacco and Alcohol Use Among Youth in Low and Middle Income Countries: A Multi-Country Analysis on the Influence of Structural and Micro-Level Factors. Subst Use Misuse. 2019;54(3):396–411.

9. Lancaster KE, Hetrick A, Jaquet A, Adedimeji A, Atwoli L, Colby DJ, et al. Substance use and universal access to HIV testing and treatment in sub-Saharan Africa: Implications and research priorities. J Virus Erad [Internet]. 2018;4(Supplement 2):26–32. Available at: https://doi.org/10.1016/S2055-6640(20)30342-3.

10. Jelsma M. UN Common Position on drug policy–Consolidating system-wide coherence. London Int Drug Policy Consort [Internet]. 2019;(December):1–36. Available at: https://www.fuoriluogo.it/wp-content/uploads/2020/03/un-common-position-briefing-paper.pdf.

11. Sustainable Development Solutions Network. Indicators and a monitoring framework. 2023.

12. United Nations Office on Drugs and Crime. Special Points 2023 World Drug Report: Key Messages 2023 World Drug Report. 2023;15.

13. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: Lancet commission on adolescent health and wellbeing. Lancet. 2016;387(10036):2423–78.

14. Stockings E, Hall WD, Lynskey M, Morley KI, Reavley N, Strang J, et al. Prevention, early intervention, harm reduction, and treatment of substance use in young people. The Lancet Psychiatry [Internet]. 2016;3(3):280–96. Available at: http://dx.doi.org/10.1016/S2215-0366(16)00002-X.

15. Morojele NK, Ramsoomar L, Dumbili EW, Kapiga S. Adolescent Health Series – Alcohol, tobacco, and other drug use among adolescents in sub-Saharan Africa: A narrative review. Trop Med Int Heal. 2021;26(12):1528–38.

16. LeNoue SR, Riggs PD. Substance Abuse Prevention. Child Adolesc Psychiatr Clin N Am [Internet]. 2016;25(2):297–305. Available at: http://dx.doi.org/10.1016/j.chc.2015.11.007.

17. Kaswa R. Primary healthcare approach to substance abuse management. South African Fam Pract. 2021;63(1):1–4.

18. Harm Reduction International. What is harm reduction? [Internet]. 2022 [cited 30 September 2023]. Available at: https://hri.global/what-is-harm-reduction/

19. Semá Baltazar C, Boothe M, Kellogg T. Young people who inject drugs in Mozambique: Should we emphasize them in the National Harm Reduction Plan? Harm Reduct J. 2020;17(1):1–5.

20. Stowe MJ, Feher O, Vas B, Kayastha S, Greer A. The challenges, opportunities and strategies of engaging young people who use drugs in harm reduction: insights from young people with lived and living experience. Harm Reduct J [Internet]. 2022;19(1):1–6. Available at: https://doi.org/10.1186/s12954-022-00663-z.

21. United Nations Office on Drugs and Crime. Youth Participation in Drug Prevention Work Handbook on. 2020.

22. Scheibe A, Shelly S, Hugo J, Mohale M, Lalla S, Renkin W, et al. Harm reduction in practice-The Community Oriented Substance Use Programme in Tshwane. African J Prim Heal Care Fam Med. 2020;12(1):1–6.

23. Uganda Harm Reduction Network. UHRN Annual Report: 2021. 2021.

24. AIDS F. This Works: On the Frontline of Harm Reduction [Internet]. 2019. Available at: https://frontlineaids.org/wp-content/uploads/2019/03/On-the-Frontline-of-harm-reduction-Kenya-WEB.pdf.

25. Varetska O, Kushakov V, Braga M. Baseline report for Community Action on Harm Reduction (CAHR) project, International HIV/AIDS Alliance, Regional Technical Support Hub for Eastern Europe and Central Asia. 2013.

26. United Nations Children's Fund. The State of the World's Children: On My Mind - Promoting, protecting and caring for children's mental health. New York: UNICEF; 2021.

27. United Nation's Children's Fund. UNICEF Brief. State of the World's Children 2021: On My Mind Regional Brief: Africa. 2021.

28. Myers BJ, Louw J, Pasche SC. Inequitable access to substance abuse treatment services in Cape Town, South Africa. Subst Abus Treat Prev Policy. 2010;5(1):1–11.

29. Jaguga F, Kwobah EK, Barasa J, Mwogi T, Giusto A. Addressing the substance use treatment gap in Africa using digital screening and brief interventions. The Lancet Psychiatry [Internet]. 2022;9(5):347–8. Available at: http://dx.doi.org/10.1016/S2215-0366(22)00096-7.

30. Zewdu S, Hanlon C, Fekadu A, Medhin G, Teferra S. Treatment gap, help-seeking, stigma and magnitude of alcohol use disorder in rural Ethiopia. Subst Abus Treat Prev Policy. 2019;14(1):1–10.

31. Nyashanu T, Visser M. Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa. Subst Abus Treat Prev Policy [Internet]. 2022;17(1):1–11. Available at: https://doi.org/10.1186/s13011-022-00501-2.

32. Satinsky EN, Kleinman MB, Tralka HM, Jack HE, Myers B, Magidson JF. Peer-delivered services for substance use in low- and middle-income countries: A systematic review. Int J Drug Policy [Internet]. 2021;95:103252. Available at: https://doi.org/10.1016/j.drugpo.2021.103252.

33. Radfar SR, De Jong CAJ, Farhoudian A, Ebrahimi M, Rafei P, Vahidi M, et al. Reorganization of Substance Use Treatment and Harm Reduction Services During the COVID-19 Pandemic: A Global Survey. Front Psychiatry. 2021;12(April).

34. Harker N, Johnson K, Erasmus J, Myers B. COVID 19—impact on substance use treatment utilization and provision in South Africa. Subst Abus Treat Prev Policy [Internet]. 2022;17(1):1–8. Available at: https://doi.org/10.1186/s13011-022-00446-6.

35. Das JK, Salam RA, Arshad A, Finkelstein Y, Bhutta ZA. Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews. J Adolesc Heal. 2016;59(2):S61–75.

36. Rose-Clarke K, Bentley A, Marston C, Prost A. Peer-facilitated community-based interventions for adolescent health in low- and middle-income countries: A systematic review. PLoS One. 2019;1–22.

37. Onrust SA, Otten R, Lammers J, Smit F. School-based programmes to reduce and prevent substance use in different age groups: What works for whom? Systematic review and meta-regression analysis. Clin Psychol Rev [Internet]. 2016;44:45–59. Available at: http://dx.doi.org/10.1016/j.cpr.2015.11.002.

38. United Nation Office of Drugs and Crime. International standards on drug use prevention - second updated edition [Internet]. United Nations Office on Drugs and Crime and World Health Organization. 2018. 58 p. Available at: http://www.unodc.org/documents/prevention/standards_180412.pdf.

39. Wogrin C, Willis N, Mutsinze A, Chinoda S, Verhey R, Chibanda D, et al. It helps to talk: A guiding framework (TRUST) for peer support in delivering mental health care for adolescents living with HIV. PLoS One [Internet]. 2021;16(3 March):1–13. Available at: http://dx.doi.org/10.1371/journal.pone.0248018.

40. Wegner L, Flisher AJ, Caldwell LL, Vergnani T, Smith EA. Healthwise South Africa: Cultural adaptation of a school-based risk prevention programme. Health Educ Res. 2008;23(6):1085–96.

41. Tomokawa S, Miyake K, Akiyama T, Makino Y, Nishio A, Kobayashi J, et al. Effective school-based preventive interventions for alcohol use in Africa: A systematic review. Afr Health Sci. 2020;20(3):1397–406.

42. Smith EA, Palen LA, Caldwell LL, Flisher AJ, Graham JW, Mathews C, et al. Substance use and sexual risk prevention in Cape Town, South Africa: An evaluation of the HealthWise program. Prev Sci. 2008;9(4):311–21.

43. Hutchinson P, Leyton A, Meekers D, Stoecker C, Wood F, Murray J, et al. Evaluation of a multimedia youth anti-smoking and girls' empowerment campaign: SKY Girls Ghana. BMC Public Health. 2020;20(1):1–18.

44. Agha S, Paullin J. An illustration of how responsive feedback in a social marketing tobacco control intervention in Ghana enabled managers to make decisions that increased intervention effectiveness. Gates Open Res. 2019;3:1534.

45. SKY Girls. SKY Girls. 2023.

46. SKY Girls. SKY: Social Marketing Handbook.

47. Youth RISE. Youth RISE [Internet]. 2023 [cited 7 August 2023]. Available at: https://youthrise.org/.

48. Youth RISE. Youth RISE: Annual Report 2022. 2022.

49. Uganda Harm Reduction Network. Uganda Harm Reduction Network: Annual Report 2022. 2022.

50. World Health Organization. Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. 2014;(7).

51. Fentaw KD, Fenta SM, Biresaw HB. Prevalence and Associated Factors of Substance Use Male Population in East African Countries: A Multilevel Analysis of Recent Demographic and Health Surveys From 2015 to 2019. Subst Abus Res Treat. 2022;16.

52. Sandelowski M. Focus on research methods: Whatever happened to qualitative description? Res Nurs Heal. 2000;23(4):334–40.

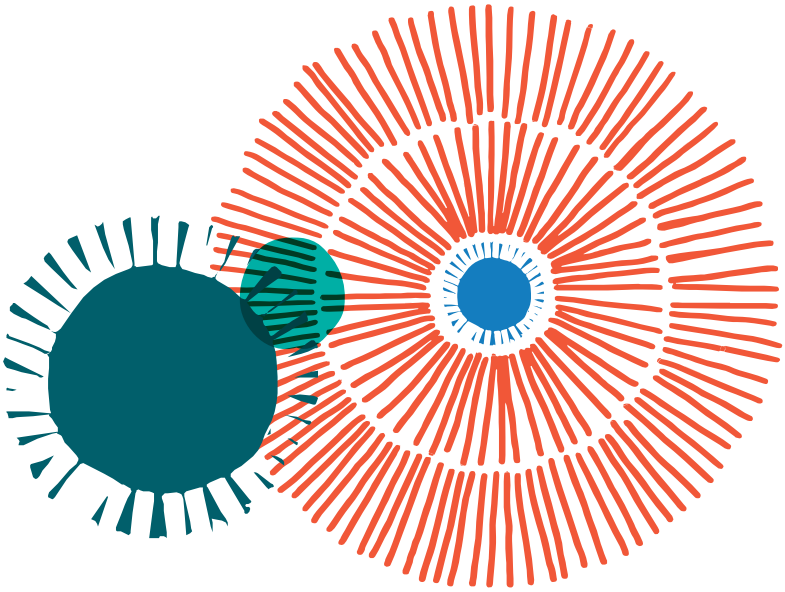
53. RISE Y. Full-Spectrum Harm Reduction [Internet]. 2023 [cited 6 August 2023]. Available at: https://youthrise.org/full-spectrum-harm-reduction/.

54. Centers for Disease Control and Prevention. Social Network Strategy for HIV Testing Recruitment. 2023.

55. World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations [Internet]. WHO Guidelines. 2016. Available at: http://apps.who.int/iris/bitstream/10665/128048/1/9789241507431_eng.pdf?ua=1.

56. Ekwunife OI, Ejie IL, Okelu V, Mita C, Durosinmi-Eti O, Powell A, et al. Interventions to increase the uptake and continuation of pre-exposure prophylaxis (PrEP) by adolescent girls and young women at high risk of HIV in low-income and middle-income countries: a scoping review. BMJ Glob Heal. 2022;7(12):1–11.

57. US Food & Drug Administration. Information about Medication-Assisted Treatment (MAT) [Internet]. Opioid Treatment Program Directory. 2023 [cited 1 October 2023]. Available at: https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat.



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