

Handbook on youth engagement in drug policy development

Project "Youth engagement in drug policy development"



Project
"Youth engagement
in drug policy development"

Handbook on youth engagement in drug policy development

Preface

If we want to be realistic and pragmatic, we cannot say that governments and authorities at all level in the world have understood how much the tragedy of substance abuse contributes to the unhappiness of people.

The consequence of such insensibility is the use of therapeutic approaches which are inadequate to the needs of drug users. The difficulties that everywhere are encountered in the process of liberation from the slavery of drugs (no matter if legal or illegal) are also cause and effect of the stigma and discrimination that worsen the life of drug addicts.

From this pessimistic but realistic picture of what is happening in the world in the field of drug policy, the Red Cross and Red Crescent Movement cannot be excluded. Despite laudable and important local initiatives, often based on competence and good will of single individuals, the Movement has not yet been able to develop a strategy that is meaningful to reduce the human suffering associated with drug abuse.

If such is the situation, it's useless to insist with the old decision-makers, by now cankered with their prejudices.

The only hope lies in a change of mentality and attitudes of the new generations. Meeting the youth, we have experienced a different and widespread sensibility, which does not even pose the problem of stigmatization and punishment, but is open to new strategies for care of all drug addicts, considered no longer as criminals to be incarcerated or sinners to be redeemed, but as sick people, which is right and everyone's interest to take in charge and cure.

This successful project funded by UNDEF has gone in this direction, without finding any obstacles or prejudices or difficulties in the various regions of the world in which it has been implemented.

Significant evidence of this is the "Declaration on youth engagement for a new humanitarian drug policy" that we hope will be well-known and disseminated, representing an inspiration for a different and better understanding of the drug phenomenon and for a change of direction of the Authority's response to the problem.

As promoter and coordinator of the project, we are proud to present such Declaration, with the hope that the young people who drafted it will soon be given the power to put it into practice, in the interests of all.



Dr. Massimo Barra
Chairman of the Partnership on Substance abuse

Contents

Introduction

Background

Scope and purpose of the manual

Chapter 1. Overview of the drug problem in Africa, Central Asia and Middle East

1.1 Latest trends and vulnerabilities

1.2 Drug policies and approaches

Chapter 2. Engagement of young people in drug related programs

2.1 How to motivate youth

2.2 How to build skills and capacities

Chapter 3. Role of young people in drug-related program

3.1 Community-based activities

3.2 Advocacy actions

Chapter 4. Main outcomes and recommendations

4.1 Outcomes of youth engagement in drug related programs

4.2 Lessons learned and recommendations

Chapter 5.

Declaration on Youth Engagement for a new humanitarian drug policy

Introduction

Background

This publication has been developed in the framework of the Project “Youth engagement in drug policy development”, funded by UNDEF (United Nations Democracy Fund) and implemented by Villa Maraini Foundation in partnership with the Kenya Red Cross, the Red Crescent Society of Kyrgyzstan and the Red Crescent Society of Tajikistan.

Aim of the project was to promote the active participation of young people in drug policy development and implementation, through:

- improving skills and capacity of youth organizations in advocating for the rights of vulnerable people such as drug users;
- fostering quality improvements in youth work and volunteering;
- enhancing cooperation between youth organizations from different regions of the world;
- promoting volunteering as a tool to facilitate social

inclusion and active engagement of young people in the society.

The activities carried out within the project included the conduction of 3 Regional Training Workshops on youth engagement in the field of drug abuse in the three partner countries, with the participation of youth volunteers from Red Cross/Red Crescent Societies and other local organizations, and then, the implementation of peer education activities and advocacy actions at community level by the trained youth.

As a result of these trainings, a “Declaration on Youth Engagement for a New Humanitarian Drug Policy” has been produced. It contains all the requests and recommendations that the youth participants want to bring to the attention of their organizations and national governments for the adoption of humanitarian drug policies, and their commitments on a deeper engagement in this field.

The concept of youth engagement in drug policy can range anywhere between symbolic effort, where youth have limited influence in the decision-making process and are

only consulted to create a false appearance of inclusiveness, to full, collaborative engagement, where youth are involved in a more active level and in all stages of drug policy and program development.

Within this project, we have promoted the concept of peer engagement as the process of consulting and collaborating with decision-makers using a bottom-up approach, in order to better address the needs of the community.

Today, half of the population around the world consists of young people under the age of 25. Youth often suffers the most from various health and social problems, particularly substance abuse and HIV. In order for decision-makers to improve the health of citizens and make services more relevant to the specific target population, policies and practices must be based on the needs of the youth. Allowing their voices to be heard is crucial for developing a deeper understanding of complex health problems. By doing so, initiatives to tackle drug abuse and related problems will have a greater impact on the targeted groups.

Scope and purpose of the manual

This handbook wants to provide a framework for the promotion of youth engagement in drug policy development, as well as in programs implementation.

It has been developed on the basis of the experience acquired by all the involved organizations within the UNDEF project; therefore, it has to be intended as a collection of best practices and lessons learned that may help other organizations willing to develop and carry on similar programs in their own countries.

The handbook is structured in four chapters:

- Chapter 1. gives a general overview of the drug problem in the three regions covered by the project, i.e. Western Africa, Central Asia and Middle East, focusing on current trends, legislations and policies
- Chapter 2. is about the benefits and advantages of youth engagement in drug related programs, and the methods to be used to motivate and involve them in such kind of activities
- Chapter 3. gives examples and practical indications about the role that young people can have in drug related programs,

presenting good practices of peer education activities and advocacy actions conducted by youth at community level

- Chapter 4. explains the main outcomes and lessons learned from the project on youth engagement in drug policy development and implementation

We hope that this handbook will represent a useful tool for other Red Cross and Red Crescent National Societies, as well as for other organizations working or willing to work in the field of substance abuse.

Our aim is to improve skills and

capacities of youth organizations in supporting and advocating for the rights of vulnerable people such as drug users, and to foster the adoption of drug policies which take into account the youth perspective to the problem.

By engaging youth in things that are important to them, youth experience many benefits, as do the organizations and the communities in which they live.



Chapter 1. Overview of the global drug problem in Africa, Central Asia and Middle East

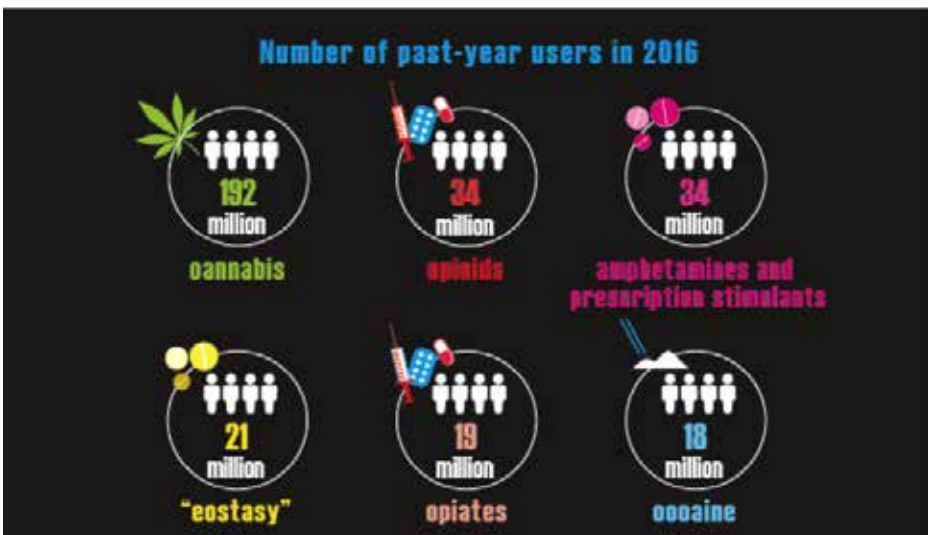
1.1 Latest trends and vulnerabilities

Drug abuse is one of the main problems of modern society, with an increased number of people addicted, people affected by HIV/AIDS, hepatitis, TB and other infectious diseases, drug-related crimes and exacerbated social vulnerabilities.

According to the World Drug report 2018 of UNODC, about

275 million people worldwide, which is roughly 5.6 per cent of the global population aged 15–64 years, have used drugs at least once during 2016. The number of past-year users of opiates and people misusing prescription opioids is estimated to be about 53 million people.

The misuse of pharmaceutical opioids remains of concern in many countries, particularly in Africa, where, coupled with an increase in heroin and fentanyl use, has resulted in a combined and interrelated epidemic and an increased morbidity and mortality related to opioids. In particular, the non-medical use and trafficking of tramadol, a synthetic opioid used



to treat pain, is becoming the main drug threat in many countries of West and Central Africa, from where it is trafficked onwards to North Africa and in the Near and Middle East. There are also indications of a recent growth of heroin use in Eastern Africa including Kenya and Somalia, but no scientific research and proper data are available.

In Kenya, heroin consumption has started in the cities used as transit points, such as Mombasa, but it is now spreading to other regions of the country and to Nairobi.

In 2017, the Kenyan Ministry of Health estimated between 20.000 and 55.000 intravenous drug users in the country. But according to the Anti-Narcotics Unit (ANU) officials, the number of people smoking or sniffing drugs is even larger.

The increasing flow of heroin and synthetic opioids destined for non-medical consumption in African countries could lead to a rise in the number of people developing opioid use disorders. It means a main constraint for the health systems of the affected countries, which already struggle to meet basic health-care needs, in particular those of the poor and disadvantaged groups, and have limited availability and coverage of

services for substance use disorders.

As for Central Asia, it represents the main traffic route of opioids from Afghanistan to Europe. It is obvious that all the countries of this region are affected by the consequences of their geographical position.

According to the state drug control service under the government of the Kyrgyz Republic, only since the beginning of 2016, 5 significant channels of Afghan drug traffic through Kyrgyzstan along the Northern route have been identified and eliminated. It is believed that about 30% of Afghan opium passes through the territory of Kyrgyzstan; of this, 10-15% of heavy drugs remain on the territory of Kyrgyzstan, which cannot but affect the health of the local population. In addition, it should be remembered that the Kyrgyz Republic has its own considerable raw material base for the production of hashish and other drugs.

According to official data from the Ministry of Health of the Kyrgyz Republic, the number of citizens who use drugs is growing every year; in particular, the number of opium and heroin users has increased by 21%. At the same time, there is a constant growth in non-medical and intravenous consumption of

drugs, which threatens the spread of HIV, hepatitis and other diseases with similar transmission routes in Kyrgyzstan. Moreover, the average age of people using drugs is much lower, indicating an increase of ‘new’ substances (synthetic cannaboids, amphetamines and metamphetamines) abuse specifically among young people.

As for Tajikistan, according to the “National Centre for Monitoring and Prevention of Drug Addiction” under the Ministry of Health and Social Protection of Tajikistan, the number of officially registered drug addicts as of January 2017 was 7 thousand 67 people. However, the UNODC believe the actual number of people with substance use disorders is much higher, reaching about 100,000¹.

The largest number of drug addicts is registered in Dushanbe and other big cities, where the overall socio-economic status of citizens is higher. But in some regions the number of drug addicts per capita is higher than in the capital; for example, the Badakhshan region reports the highest number of drug addicts in the country. This is due to

the bordering with Afghanistan and the easy access to opioids.

Substance use and the transmission of HIV are increasing in the MENA region, too. The most affected country remains Iran, where there are now officially said to be between 2 and 3 million drug-dependent individuals². Despite having some of the harshest penalties for drug-related crimes, trends in the region are unlikely to change because of the absence of alternative livelihoods for producers, weak demand-side reduction responses and a lack of effective cross-border cooperation³. Throughout the region, the age of starting drug use is decreasing, drug use is increasing, women are using drugs more often, and the majority of drug abusers are not seeking treatment due to either limited resources or social stigma against drug abuse. All of these factors are contributing to the spread of HIV/AIDS throughout the Middle East region.

2 “Drugs and Drug Policy in the Islamic Republic of Iran”, Crown Center for Middle East Studies, June 2018

3 Brief issue “Drug trafficking in the MENA. The economics and the politics”, European Union Institute for Security Studies (EUISS), November 2107

1 “Assessment report on the state of play of drug policy in Central Asia”, Trimbos Institute, 2017

1.2 Drug policies and approaches

There is a growing number of epidemiological research linking the diffusion of injecting drug use with concentrated outbreaks of HIV and hepatitis C in a number of East African countries – notably Mauritius, Kenya and Tanzania. Due to the increase of injecting drug use documented all over the countries of Africa, and linked emerging concentrated epidemics of HIV and hepatitis C infection among people who inject drugs (PWID), there is an increasing attention on the incorporation of harm reduction interventions as part of national drug policy responses in African countries.

Kenya – like most countries – has a long tradition of punitive drug policy responses that seek to eradicate drug use and trade. In recent years, civil society organizations in Kenya have started to adopt programs and practices that focus more on public health and human rights – supported mainly with funding from international donors and technical assistance from international non-governmental organizations. As part of this effort, the Kenyan Ministry of Health has

recently introduced guidelines and strategies for targeted and evidence-based harm reduction interventions for people who use drugs, as part of its HIV response. The Kenyan government, through the National AIDS and STI Control Program (NAS COP) has endorsed Needle and Syringe Exchange Programs (NSEP) and Opioid Substitution Therapy (OST) in affected communities in Nairobi, Malindi and Mombasa.

In spite of these recent developments, the possibility of a wider spreading and acceptance of harm reduction strategies is threatened by punitive drug policy and law enforcement practices. The Narcotic Drugs and Psychotropic Substances Control Act criminalizes any person caught in possession of narcotic drugs or psychotropic substance for personal use. There is evidence that law enforcement officials still use these clauses to harass and arrest any person in possession of controlled drugs as well as sterile or used needles and syringes. As a result, people who inject drugs often refrain from accessing harm reduction services and pharmacies to obtain sterile needles and syringes. Due to this ambiguity caused by punitive drug laws on one side and a more tolerant

strategy based on public health and human rights approach on the other side, Kenya is one of the countries where harm reduction programs, and particularly NSEP, have been met with hostility by policy makers and community members.

In Central Asia, all national drug policies give the main focus on primary prevention as the priority area for drug abuse reduction. These preventive measures include media campaigns, sports events, leaflets and other similar activities, but lack of evidence based approaches able to reach the groups most at risk of substance abuse. Innovative strategies, using the available evidence base and adapted to the perception of young people (speaking their language) are needed, replacing among others standard prevention activities like campaigns and events, which are not so effective.

Treatment is provided in limited capacity and unsatisfactory quality. Abstinence oriented treatment programs are mainly focused on detoxification, a limitation that does meet the treatment needs and required quality of services. Also the availability of OST, psychosocial interventions and (social) rehabilitation is judged

as ‘moderate’⁴. In addition, the system of registration of all patients in treatment is seen as a police control tool which limits the civil rights of those registered (they, for example, cannot hold a job in the school system, in military or armed forces, hold a driving license etc.); consequently, it represents a substantial barrier for access to treatment services.

Harm reduction programs are included in the drug strategy plan, but they are mainly conducted by NGOs and financed by international funds (such as Global Fund). In Kyrgyzstan, for instance, OST and other harm reduction services still lack a legal regulation. Despite the fact that there is a growing awareness by governments of the need of a balanced approach between demand and supply reduction, supply reduction receives by far the biggest share of governmental funding allocated for drug policy.

There is limited understanding of the relevance of “policy development”, i.e. the notion that a good drug policy is more than the simple sum of separate policy issues like supply reduction, treatment,

4 “Assessment report on the state of play of drug policy in Central Asia”, Trimboos Institute, 2017

prevention, etc. The same can be said for notions such as the relevance of a balanced approach, the importance of independent monitoring and evidence based policy, respect for human rights. To this regard, all countries of the region report cases of harassment and arbitrary arrest of drug users by law enforcement officials, only for the possession of small quantities of drug for personal use. Moreover, in some countries information about patients in voluntary or compulsory treatment is made available to law enforcement agencies, in violation of the right to anonymity and confidentiality. In Turkmenistan, for instance, medical workers are also obliged to inform law enforcement agencies about cases of overdosing. Thus, current procedures and practices are often in contradiction with official laws and are reasons for discrimination of people suffering from drug dependence.

Drug policy in the Middle East has followed a different path in recent years. In many Middle Eastern societies there is a long tradition of centralized social and political power, which to vary degrees throughout the region has reinforced the general opinion of substance users as

“criminals”. “Zero tolerance” for substance use continues to serve as the predominant drug policy throughout the Middle East, even if some countries such as Iran, have recently approved a legal reform that suspends the death penalty for drug possession crimes.

In addition, the hierarchical structure of public health institutions in the Middle East has also inhibited the adoption of harm reduction policies, which are more effectively implemented by institutions with flexible, horizontal structures. The continued underdevelopment of harm reduction programs, despite the growing rate of HIV/AIDS infection, suggests that health systems in the region do not consider harm reduction a public health priority in response to the HIV/AIDS threat.

Centralized political power and top-down public health institutions have thus far been incompatible with harm reduction community-driven approach⁵. It seems unlikely that harm reduction will be adopted as the dominant drug policy or even that it will be practiced extensively in the Middle East any time soon.

5 The Current State of Harm Reduction Policy in the Middle East, 2015

Chapter 2. Engagement of young people in drug related programs

2.1 How to motivate youth

Youth participation entails a process through which youth are able to influence and share control over planning decisions and resources that affect them. At an organizational level, this entails being included in decision-making policies and practices in which young people have legitimate roles, such as manager or advisor. On a personal level, participation involves young people's right to be included in and informed about decisions and issues affecting their lives. Youth participation means recognizing and fostering young people's assets, influence and ability through their expertise and involvement. Only in this way will youth participation be truly effective for the youth themselves, their adult counterparts and the community as a whole.

When youth are engaged, they may experience many significant

benefits. The experiences that adolescents have during their adolescence shape the development of their personal behaviors and the direction of their lives. There is strong evidence from our partner organizations that young people engaged in health and social programs develop less risky behaviors (such as alcohol and other drug use and risky sexual activity) and increase participation in social activities. Compared to their peers, youth who are involved in drug prevention programs tend to have fewer problems of substance abuse and better coping skills.

From the field experience of the Somali Red Crescent, they have found links between youth engagement and several different kinds of positive health outcomes, including decreased alcohol/khat use, decreased marijuana and hard drug use, lower rates of school failure and drop-out, lower rate of risky behaviors for HIV, HCV and TB, lower rates of anti-social and criminal behaviors, and lower rates of depression.

This was the result of active engagement of marginalized and most at risk group of young people in the organization and conduction of recreational activities, such as

drama performances and sport competitions. Such kind of activities were aimed at raising awareness about the topic of substance abuse and related diseases, but in a way that was acceptable and interested for young people. Indeed, to be motivated youth must be involved in practical activities which can



make them happy and satisfied about what they do. Moreover, for young people from poor and disadvantaged environments, to be involved in such kind of activities it's a way to make them feel accepted and part of the community. This was the case of a group of drug users living in a poor area near the coast of Berbera (Somalia), who were involved in a football match organized in the framework of the project UNDEF.

Often youth are difficult to be engaged by adults, because they

have their own interests and commitments. But if these interests are placed on a practical level, it becomes easier to gain the trust of youth and show them recognition for what they do.

Youth today are used to hear negative comments about their generation, particularly with regard to substance abuse and other unhealthy behaviors. Engaging young people in drug policies means to acknowledge the significant role they can play in this field, both in terms of prevention and support to people who use drugs.

Most of the time, drug-related programs are designed and run by adults and young people are only informed about their role within the program. They are not involved in the process of planning and decision-making, but only in the implementation phase.

On the contrary, it is important that the decision-making process is shared with youth and that they are actively involved in the whole cycle of project planning and implementation. This level of participation empowers youth, but also enables them to use the life experiences and knowledge of adults as resources.

Full youth engagement means that young people share power with

adults in the design, implementation and evaluation of the programs that serve them. Adults may initiate the involvement, but youth are encouraged to take over and to initiate their own actions.

In countries with poor economy and high employment rates, the active involvement of youth in policy planning can represent an important opportunity for growth within the organization and for new job opportunities. Once gained skills and experiences in this field, qualified youth volunteers could be offered an employment within the organization, instead of looking for external experts. Or, youth can be provided some certificate for their educational and professional activity, which are recognized by government and can be useful for their career.

From the Declarations on Youth Engagement in drug policy development:

- 1) Empower the youth and make them part of the process of planning and decision making.
- 2) Make young people feel as part of the Movement through a collective action.
- 3) Allow volunteers to take initiative in contacting other NGOs for referring DUs and PLHIV and PLHCV to specialized treatment centers.



2.2 How to build skills and capacities

To ensure that the engagement of young people in drug-related programs brings the expected positive results, it is fundamental to provide them with opportunity for skills and capacity development.

In the framework of the UNDEF project, youth volunteers from different countries gained together in regional training workshops on substance abuse organized by Villa Maraini Foundation, reference centre of the IFRC on this issue.

These trainings represented a great opportunity for the participating youth to acquire reliable information about drug addiction, drug-related health and social harms, effective treatment programs and coping strategies. Youth were given the possibility to confront each others about myths,

prejudices, misconceptions related to drugs and people who use drugs. This allowed them to get an in-depth understanding of the problem and of the role they can play in this field.

To enable youth to get involved in drug related programs, indeed, it is necessary to give them a clear indication of what they can do and how. Sometimes young people are so enthusiastic and confident in their capacities that they may underestimate the complexity of this topic; in other cases, they may be reluctant to get engaged in this field, because of lack of confidence in their own abilities or false notions and prejudices about people who use drugs. For this reason, youth must be trained on topics such as humanitarian drug policy, stigma and discrimination of drug addicted, harm reduction





objectives and strategies. It must be clear to them that drug addiction is a chronic disease and must be treated as such; that drug users require not only treatment and care but also support in reducing the harms caused by their drug abuse; that drug policies must be based on public health and human rights approach. In countries where these notions are still controversial, to make youth understand and comply with these concepts can represent the first step toward an overall change of policies and behaviors.

Of course, knowledge must be accompanied with personal skills and capacities; therefore, young

people must be also trained on peer education approaches and methodologies. Basic concepts such as what peer education means, why it is important, what peer educators do, common definition and terms used in peer education programs, must be included in training sessions for youth volunteers.

This is strictly linked with the identification of personal and communication skills required by youth to competently provide peer education activities among their peers.

The Somali Red Crescent, for instance, organized brainstorming, discussions and group activities with volunteers on life skills such

as decision-making, self esteem and confidence, creative thinking, conflict management, as well as on communication and facilitation skills. To this regard, a specific session was dedicated to analyze and discuss different ways of communication (passive, aggressive and assertive communication methods), and what barriers volunteers can encounter for an effective communication among peers.

Moreover, volunteers received detailed information about the topics of their activities and the exact terminology to be used, according to the target groups

(what they can say and what they cannot say). This is particularly important in contexts where the influence of religion is very strong, and some topics cannot be raised up freely.

Last but not least, youth must be also trained on how to monitor and evaluate the activities that they conduct. This is a component of peer education programs which is often underestimated, or whose responsibility is taken over by adults.

In reality, it is important for youth to be able to understand the impact of their work on the



beneficiaries, both for professional improvements and for personal gratification.

When providing capacity building activities for young people, basic notions about monitoring and evaluation should be included (differences between monitoring and evaluating, different kinds of evaluation, what should be monitored and evaluated, etc.), as well as how to collect feedback from the target groups, for example through the administration of questionnaires and survey.

During the implementation of drug programs, youth can be easily involved in this kind of activities among the beneficiaries of the actions, as well as in the collection of data for pre and post-assessment of local situation related to substance abuse.

The advantages of engaging youth in these activities are that they are better acquired with trends, behaviors, lifestyles of young generations and can also easily access their peers to collect information from them.

Being involved in monitoring and evaluation can represent for youth also a way to recognize their valuable role in the organization. The Kenya Red Cross, for example, organizes regular

reflection and review sessions with both staff and youth volunteers, to discuss the activities conducted and the feedback received from the beneficiaries. This method is used both in local branches and at national level and is proven to be effective in increasing self-confidence and decision-making skills of young volunteers.

1) After this training, I understood that I want to be a social worker! (training in Tajikistan)

2) Drug users are sick people, not criminals (training in Tajikistan)

3) I acquired new knowledge about drug user and hard to reach populations in general (training in Kyrgyzstan)

4) I understood that I need to be a good listener, not judgmental, able to interact with clients and keep confidentiality (training in Kenya)

5) The training gave me the opportunity to understand better the problem of drug addiction at global level. I can now help my National Society to understand this better, too (training in Kenya)

Chapter 3. Role of young people in drug-related programs

3.1 Community-based activities

On a global scale, community-based and peer education methods have been increasingly used as an effective public health approach to engage various populations in addressing concerns about the harms and negative consequences of substance abuse. Evidence shows that the engagement of youth with lived experience or ‘peers’ at different stages of policy, program and research development brings positive health outcomes for the population.

Peer education is a methodology widely used by Red Cross/Red Crescent National Societies and other organizations across the world to work with youth and reach vulnerable and marginalized populations. Historically, Red Cross/Red Crescent youth volunteers have always been involved in different programs and services, ranging from emergency and first aid interventions to

community-based social and health activities.

The UNDEF project has shown that young volunteers can play a significant role also in drug-related programs, and represent a great resource for promoting healthy behaviors and lifestyles and fostering the active participation of young people in the society. Through the peer-to-peer approach, well trained youth can be engaged in conducting drug prevention activities among young people, as well as in providing social support to marginalized and most-at-risk groups, such as people who use drugs.

The volunteers who were trained during the three regional training workshops conducted in Kenya, Kyrgyzstan and Tajikistan were actively involved in the conduction of peer education activities such as training, information sessions, focus group discussions in schools and universities, as well as in the community.

Peer education allows young people to share their experiences, opinions and ideas on the use of drugs in an open and truthful way. Their perceptions concerning what makes youth using drugs or how drugs can be avoided differs from what adults believe to be the

reasons or rationale. For many youth, participation in a drug prevention program allows them to share their own experiences with drug abuse in which they were directly or indirectly affected. Their encounters with drugs, when told to their peers or other members of the community, provide a real example of the effects and hazards of drugs. For other young people this is greatly effective, because they begin to understand drugs from a point of view of someone of their own age. Rather than listening to an adult speaking about why they should not take drugs, listening to peers speaking their own language has a greater impact on them and can contribute to behavioral changes. Moreover, these activities are normally conducted through the use of participatory techniques such as role plays, brainstorming, group discussions, which give participants the possibility to express their opinions and ideas on the topic.

Peer education approach can be an effective tool to reach

also disadvantaged and most-at-risk youth. In Tajikistan, the trained volunteers carried out peer education sessions inside juvenile penitentiary correctional institution for young people (13-16 age) who have problems with the law, mainly linked to drug dealing. Volunteers explained them the negative consequences of drug abuse and tried to motivate them toward a change in behaviors and lifestyles.

In Somalia, youth from marginalized areas who are most-at-risk of substance abuse or already using drugs, were involved in peer education sessions and debates organized by trained volunteers. These activities focused on how to reduce risks of infection for HIV, Hepatitis C and TB, and how to strengthen coping behaviors for peer pressure.



Furthermore, volunteers of the Berbera branch of the Somali Red Crescent organized cultural and sport activities among young people aimed at health promotion and social empowerment. Both youth and community members were involved in drama performances, concerts, singing on the topic of drug abuse and related diseases such as HIV, Hepatitis C, TB. In addition, a football competition was organized with the engagement of a group of young drug users from a poor area of the city.

This activity was organized in collaboration with local authorities, which provided uniforms for the teams. The city mayor, governor

and local city council members were invited at the event, with the aim to show them the poor health and social condition of neglected people of Berbera town suffering from drug addiction.

The involvement of local authorities and decision-makers is an important component of community-based activities, especially in villages and rural environments administered by their own community and religious leaders.

The project has demonstrated that besides peer education among young people, well-trained youth can be effectively engaged in



several community-based activities targeting the general population and relevant community leaders. These activities may include social mobilization, information spreading, psycho-social support to disadvantaged groups, referral of PWUDs to health and social services (testing facilities, treatment centers, etc.), sensitization of community and religious leaders about the needs of vulnerable youth and the concept of humanitarian drug policy.

A good example of youth engagement in social mobilization is represented by the Kenya Red Cross. Since the Kenya RC is opening a rehabilitation centre

for drug addicts in the island of Lamu, volunteers and staff members have been visiting the villages of that area to share information about the centre, the typology of treatment services that will be provided and the different approaches that will be used. They also provided information about the vocational skills training that will be offered to both patients and other community members. This activity is very effective to sensitize community members about the problem of drug abuse and mobilize resources in support of people suffering from drug addiction. It represents also a good method to make an assessment of the local situation in



terms of number and prevalence of people who use drugs, giving youth the task of administering questionnaires on the kind of drugs known and/or used by young people and the general population.

Regarding the work with governmental and religious leaders, in Kyrgyzstan the Red Crescent youth volunteers conducted information sessions for the heads of rural councils (“ayil okmotu”), which are the administrative centers of villages.

They raised awareness about the problem of substance abuse in their communities and gave information about evidence-based interventions and strategies to cope with this problem.

The community and religious leaders shared their knowledge and ideas on the topic, identified main problems and constraints in current interventions and tried to find joint solutions and ways of cooperation.



3.2 Advocacy actions

One objective of the UNDEF project was to strengthen capacity of youth organizations in advocating for the rights of people suffering from drug addiction and promoting the adoption of humanitarian drug policies based on public health and human rights approaches. To this aim, in the three regional training workshops organized for youth volunteers, specific focus was given to the topic of advocacy and the role that young people can play in this field.

As a result, in all the three declarations produced by participants at the end of the workshops, youth committed themselves to organize several advocacy actions in their community, including social and health campaign on drug abuse and related diseases (HIV, hepatitis, TB, etc.), advocacy campaigns against stigma and discrimination of people who use drugs and in favor of human rights, public awareness campaign through mass media.

The definition of “advocacy” refers to all the work that seeks to change public policies and

practices in ways that will have a more positive impact on people’s lives.

Of course, this is not a simple task, particularly for young people who most of the time don’t have the power to make their voice heard. But as shown in this picture, advocacy can be done in different ways and using different approaches, and youth can be actively engaged in all of them:



Campaigning:

This is the most popular method used by youth to raise their voice and advocate for specific issues. It consists of organized group of young people who go out in public spaces and drum up support for a specific topic.

With regard to drug abuse, youth can campaigning to raise awareness about the entity of the problem in their community, or in support of people suffering from drug addiction, giving voice to their needs and requests.

Normally, youth organizations working in the field of substance abuse organize public campaigns on the 26th of June, which is the World Day against drug abuse and illicit drug trafficking.

Under the UNDEF project, the Red Cross/Red Crescent volunteers organized a global campaign under the slogan “Listen to youth. Future is ours”. Different actions were conducted in public spaces, with dissemination of informative materials, interviews to citizens, involvement of local health and social authorities.

Media:

The involvement of mass media (TV, radio and newspaper) and the use of social networks such as

Facebook, are important to give visibility to actions and activities.

A way to ensure the participation of mass media is to involve representatives of local public authorities or other important/prominent persons, because this makes very easy to convince them to come.

In Tajikistan, for example, the Red Crescent organized an action in the region of Badakshan, one of the most affected by the problem of drug abuse among the population. The action was conducted in the street and in the central park of the city Khorog, and was widely broadcasted on local and national mass media, due the presence of regional and national authorities such as representatives of the narcological centre and the Ministry of Culture.

Lobbying:

Lobbying means to influence policy-makers, legislators, politicians in order to convince them to take specific actions or, on the contrary, to refrain them from doing something.

Therefore, it requires a good preparation and ability to persuade and give grounds for personal opinions and requests. Normally, youth groups or organizations select an official

delegate in charge to negotiate with decision-makers on behalf of the organization.

The official youth delegate participates in official meetings and events organized by government or international agencies, to represent the interest of vulnerable groups (drug users, HIV+, TB patients, etc.). This is the case of Tajikistan, where leaders of volunteer team participate at the official government meeting and try to raise awareness about the needs of people with drug abuse problem. Moreover, every year the Tajikistan Red Crescent organizes summer camp for youth volunteers and invites representatives of government such as Ministry of Youth. During this summer camp, youth organize debates on drug abuse and try to lobbying with government representatives about changes in drug policy.

In the context of each country, it is necessary to identify the people who have the maximum influence on policies as well as on public opinion. In the context of Tajikistan and part of Kenya/Africa, this is the influence of religious leaders. In countries where there are different religious groups, beliefs and confessions,

it is necessary to involve representatives of each confession.

Moreover, it is important to determine the levels of decision makers on which to focus, if local, regional or national. Local government decision-makers (such as district councilors) often are more accessible and more willing to be engaged than decision-makers at higher levels. This is because they are closer to the problems of citizens and often are very more committed in helping local communities through their work.

In some cases, local decision-makers can provide a key bridge between the community and the national government, acting as spokesperson for issues raised at local level.

This is the case of Kenya, where the Red Cross staff and



volunteers organized several meeting and discussions with local authorities of Lamu island to lobbying for the authorization to conduct harm reduction activities among PWUDs as part of the services provided by the new rehabilitation center. They also organized meetings with the probation officers to ask for alternative measures to detention for youngsters involved in drug selling. The introduction of such programs at local level may represent an example to be replicated in other areas of the country and to be adopted in national policies.



Activism:

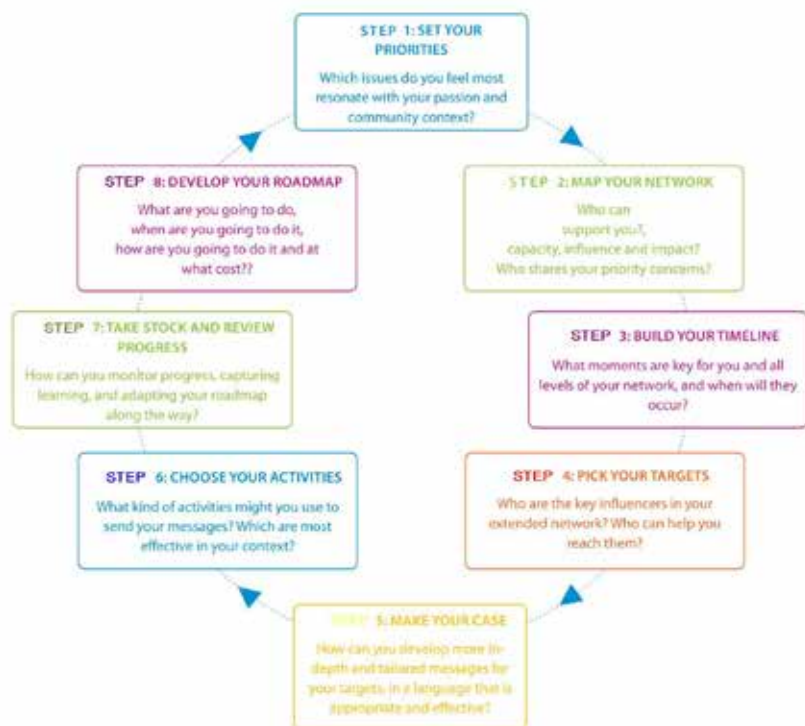
Activism consists of a complex of actions aimed to provide social changes and build up new behaviors and lifestyles. Activism may be performed in different ways: through protests, petitions, political campaigning, collective actions.

The most highly visible and impactful activism often comes in the form of collective action, in which a group of individuals organize an act of protest together in order to make a bigger impact. Such kind of action is very much feasible for young people; they can organize sit-in, campaigns, parades, to advocate for their rights and those of vulnerable youth. With regard to drug

related issues, youth activists are the ones who can better than others advocate for more humanitarian drug policies, based on public health approach instead of criminalization of drug users, since they represent the group of population most affected by this problem.



Step-by-step instructions for building an effective advocacy strategy



WHAT THIS
ALL
ADDS UP TO!

APPENDIX 1: YOUR ADVOCACY STRATEGY

TEMPLATE 1	ADVOCACY ISSUE
TEMPLATE 2	ADVOCACY GOAL FRAMEWORK
TEMPLATE 3	PARTNER TRACKER
TEMPLATE 4	TARGETS
TEMPLATE 5	MESSAGES
TEMPLATE 6	ACTIVITY PLAN
TEMPLATE 7	ACTIVITY BUDGET
TEMPLATE 8	ADVOCACY ROADMAP
TEMPLATE 9	KEY POINTS

Chapter 4. Main outcomes and recommendations

4.1 Outcomes of youth engagement in drug related programs

From what has been said in the previous chapters, it is clear that engaging youth in programs related to drug abuse brings many benefits and outcomes.

Youth understand that the problem of drug abuse affects first of all the youngest generations, and that the approaches to tackle with this phenomenon cannot be “top-down”, but must be adapted to their ways of thinking. They are knowledgeable on youth attitudes and behaviors, because they are the ones living the lives of youth.

Young people can be effective teachers, reliable messengers and successful recruiters who can convince their peers to join any cause, due to the fact that they are recognized as peers. Having this respect and regard among youth creates a greater appreciation for them as leaders, advisors and active agents of change within prevention programs.

Young people are also more open-

minded and no-judgmental, so it is easier for them to work with marginalized people, such as drug users are in most of the countries. They can better understand their problems and needs, because the majority of people who use drugs are young and so, despite different lifestyles, can share similar attitudes, interests and values.

Young people know and can identify places where other young people are more likely to show signs of substance abuse. This is highly effective since they can have direct contact with youth who desire help and assistance, but are unable to find it on their own and are hard-to-reach by public health and social services. In this case, the program seeks for young people rather than waiting for them to come.

Moreover, young people are more dynamic and open to innovation, so they can develop innovative ways to adapt the peer-to-peer approach to different contexts, could they be schools, universities, colleges, communities.

The engagement of young people in peer education activities contributes to reinforcing in the younger generation motivation, knowledge, skills toward healthy

lifestyles and social participation, thus preventing the development of socially dangerous behaviors and habits.

Through the conduction of training, information sessions, public events, young people can show their skills and capacities, and at the same time reinforce self-esteem, self-confidence and other coping skills against barriers which may hinder their potential. The involvement in such kind of activities also provides different perspectives towards their own health and the danger of assuming drugs, and it's a way to learn about HIV/AIDS, Hepatitis C and TB along with the notion of stigma and discrimination faced by PWUDs.

4.2 Lessons learned and recommendations

The experience gathered by the Red Cross/Red Crescent Societies involved in the UNDEF project has put in evidence the weakness of current drug policies and at the same time the challenges in giving youth a more active role in this field.

The topic of substance abuse is still considered a 'taboo' in many countries of Africa, Central Asia

and Middle East; consequently, concepts such as humanitarian drug policy, human rights of people who use drugs, harm reduction strategy, are still controversial and difficult to promote. This can represent an obstacle for an active engagement of young people in this field, because they can feel ashamed or not comfortable in talking openly about issues such as drug abuse or HIV infection in their community. For this reason, most of the programs involving youth consist of prevention initiatives focused on the promotion of healthy lifestyles and coping strategies against substance abuse. In reality, even recognizing the importance of prevention activities, it is important to conduct a deeper work against stigma and prejudices towards people who use drugs, expanding awareness-raising actions among both the general population and community leaders and decision-makers.

Focusing on local authorities is a good way to make youth participate in decision-making process, since community leaders are easier to reach and convince because they know the problems at grass-root level. They can act as a link between youth and national government authorities,

representing and promoting the demands and proposals of young people on drug policy reform.

Providing youth with the possibility to build network and partnerships with other organizations working in the field of drug abuse gives an added value to any project aimed at youth engagement and participation.

Sharing experiences, ideas and good practices with young people from different countries contributes significantly to changing minds and approaches toward the problem of drug abuse, and to reinforce motivation toward this kind of work. For instance, giving volunteers the possibility to make some exchange abroad to visit other youth organizations or to participate in international seminars and events can represent a unique experience for many youth, particularly those coming from least developed or low income countries, and a way to ensure continuity and sustainability of their engagement in drug related

programs.

Finally, the involvement of youth in all the stages of project implementation (from planning to evaluation) is crucial for the success of activities. It is important to give youth the possibility to gain information from primary sources, such as experts and specialists, on the topic of drug abuse; to plan activities and interventions; to have direct access to the target group; to contact potential partners and allies; to collect feedback from the project beneficiaries about the provided interventions.

Youth must feel themselves respected and appreciated for their capacities and skills, and their ideas, suggestions and proposals must be recognized by adults as reasonable and worth to be heard and put in practice.



Chapter 5.

DECLARATION ON YOUTH ENGAGEMENT FOR A NEW HUMANITARIAN DRUG POLICY

The UNDEF Project “Youth engagement in drug policy development” has foreseen the organization of three Regional Training Workshops on youth engagement in the field of drug abuse in the three partner countries, with the participation of youth volunteers from Red Cross/Red Crescent National Societies and other local organizations from the region.

Objectives of these workshops were to increase knowledge about the topics of drug abuse and drug addiction and improve skills and capacity of youth organizations in developing effective programs on drug abuse prevention and harm reduction, as well as in advocating for the rights of most marginalized and vulnerable drug users.

The last day of each workshop was dedicated to the discussion of current drug policies in use in most of the countries and what should be done to improve such policies

and approaches. As a result of this discussion, in each workshop participants produced a Youth Declaration, which included a list of recommendations for public authorities, a list of requests for governing board of their organization, and a list of activities in the field of drug abuse that they committed to implement in their communities.

During the Experience-Sharing meeting held with the three project partners, the three Declarations were reviewed and summarized in one document, which was sent to all the participants of the three workshops for review and agreement.

As a result of this participatory process, the “Declaration on Youth Engagement for a new humanitarian drug policy in drug policy development” has been produced. It contains all the requests and recommendations that youth workers and volunteers want to bring to the attention of their organizations and national governments for the adoption of humanitarian drug policies, and their commitments on a deeper engagement in this field.

This Declaration is a significant example of advocacy tool to be

used by young people all over the world to promote for their ideas, commitments and requests to governments and decision-makers on how to tackle the problem of drug abuse.

It shows that youth represent a great resource for enhancing changes in current practices and strategies, since they are the ones who better understand the insufficiency of current drug policies and recognize the need for more humanitarian approaches.

For this reason, the Youth Declaration has been sent to the President of IFRC with the request to spread it among all the 191 Red Cross and Red Crescent National Societies and consider this document as an official appeal of RC/RC youth volunteers to be taken into account for a new more concrete policy of the Federation in the field of substance abuse.



RED CROSS AND RED CRESCENT PARTNERSHIP ON SUBSTANCE ABUSE



International Federation
of Red Cross and Red Crescent Societies



DECLARATION ON YOUTH ENGAGEMENT FOR A NEW HUMANITARIAN DRUG POLICY

During the implementation of the UNDEF Project “Youth Engagement in drug policy development”, we the youth volunteers of Red Cross/Red Crescent Societies from Kenya, South Africa, Seychelles, Somalia, Kyrgyzstan, Turkmenistan, Uzbekistan, Kazakhstan, Tajikistan, Iran, Italy, Turkey and Afghanistan, became aware of the importance of engaging ourselves in the drug abuse issue that all the countries in the world are facing.

We realized that there is a wide gap in how the worldwide phenomenon of drug abuse is interpreted and understood by the old and by the new generations and how people who have the

power do not understand how deep is the problem and how the existing policies do not respond to the needs of the people using drugs.

All the strategies aimed to criminalize the phenomenon have caused great damages through the so called “war on drugs” which has quickly become a “war on drug addicts” producing further damages, human suffering and human rights violations. Instead of war on drugs we unanimously support a humanitarian drug policy based on compassion and respect of the human rights.

Substance abuse is both a taboo and a reality in our communities; for that reason we want to contribute to tackling this humanitarian challenge throughout our youth leadership and commitment and raise a wider awareness on this issue within our communities, National Societies

and our governments.

It is evidence-based that substance abuse is not a choice but is a chronic disease, that's why we want to contribute to be a resource in our National Society and in our countries for providing peer support to those of our fellows who need to be brought to a safe place.

We became aware that compassion and solidarity are important but not enough: there is a need for actions to be taken by young Red Cross/Red Crescent volunteers.

We want to elevate and update the key role of the Red Cross/Red Crescent in protecting human dignity. Therefore, we commit ourselves to improve the work of youth volunteers in the field of drug addiction, HIV, TB, hepatitis and other infectious diseases.

In order to achieve this goal, we ask to our National Societies to support us through:

- Increase attention and enhance discussion on this topic during the RC/RC Movement official meetings, in order to revise, amend or update the Resolution on Drug Abuse that was last edited in 1986 International Conference
- Build a Task Force on

Drug Abuse within the NS to start training and campaign for volunteers

- Advocate with relevant ministries and other governmental institutions to better position NSs programs on substance abuse in the government plans
- Empower the youth and make them part of the process of planning and decision making
- Share good practices in working with youth, build network and partnerships with the experienced NSs and NGOs
- Facilitate access and involvement in different programs of National Societies, in order to conduct research and data collection
- Provide the necessary support to organize training and other peer education activities
- Involve and educate influential community and religious leaders on humanitarian drug policy
- Reinforce collaboration between NSs and the prison administration, in order to improve the work and image of RC/RC and other NGOs among inmates
- Train volunteers on how to work with people who use drugs
- Allow volunteers to take initiative in contacting NGOs

for referring people who use drugs, PLHIV and PLHCV to specialized treatment centres

- Develop specific programs for vulnerable groups such as prisoners and drug users, providing the following services:

- » Training on HIV, HCV and TB inside prisons for prisoners and staff

- » Medical and psychological support

- » Vocational skills for job and social reintegration after release

- » In particular, for the work with drug users we recommend to:

- » Create an online platform with information on how to work with drug users

- » Do information campaigns on drug addiction and HIV prevention

- » Provide harm reduction activities (needle and syringes exchange, condom distribution, etc.)

- » Make partnerships with NGOs to have access to hard-to-reach populations

In order to implement the above listed activities, we ask public authorities to:

- Respect, protect and promote the health and human rights of drug users, adopting an humanitarian drug policy

- Treat drug users as sick people and not criminals: they should be referred to rehabilitation centres instead of prison

- Improve legislation on drug abuse in order to facilitate access to treatment and care

- Include harm reduction strategy in the national drug policies and allocate specific budget for these programs (needle and syringes exchange programs, opioid substitution therapy, drop-in centre, etc.)

- Provide specific services for drug users inside prisons, such as opioid substitution treatment, psycho-social support, referral to health and social services to ensure follow up after release from prison

- Conduct research and surveys to collect data on the drug abuse situation in the community, collaborating with other organizations working in the field

- Use the fines on drug traffickers to fund harm reduction, treatment and rehabilitation services

- Consider stigma, discrimination and violence against drug users as an offence (no beaten up, no assault, no arbitrary arrest)
- Encourage local production of methadone, in order to reduce costs and increase the number of clients
- Decentralize services for drug users in order for them to have easy access to the facilities
- Facilitate the social inclusion of drug users through the provision of vocational skills training, income generating activities and scholarships
- Include drug abuse topic in the training curricula for law enforcement officers
- Include in the school curricula programs on healthy lifestyles, HIV, HCV, TB and drug abuse prevention
- Develop training for teachers and parents on how to cope with the drug abuse problem
- Develop awareness campaign through mass media
- Recognize the significant role of volunteers in drug policy development and implementation

We commit ourselves to:

- Conduct advocacy campaigns against stigma and

discrimination and in favour of the respect of human rights

- Conduct peer education activities on prevention of infectious diseases, promotion of healthy lifestyles and fight against stigma
- Hold workshops on humanitarian drug policy at schools and universities
- Involve medical and psychological experts in training and empowering young volunteers to enable them to work with people who use drugs
- Create family support groups for drug users
- Organize outreach activities among drug users using the Red Cross emblem (distributing leaflets, condoms and syringes; conducting HIV/HCV tests; etc.) under expert supervision (doctors and psychologists)
- Mapping existing youth clubs and participate at local and national meetings and youth events
- Organize social and health campaigns on drug abuse, HIV, hepatitis, TB among community members (distributing informative materials, condoms, providing rapid testing)

UNDEF

The United Nations
Democracy Fund



FNUD

Fonds des Nations Unies
pour la démocratie



FONDAZIONE VILLA MARAINI



Croce Rossa Italiana



Red Crescent Society
of the Kyrgyz Republic



Kenya
Red Cross

TOBACCO addiction

1 Goal → prevention
→ reduction

? Learning objectives → raising
→ sens

3 Time → Short term course

4 method → role play - active part
work in gp - social networking -
virtual education

5 content → make clear the features

tobacco in 3 categories → mental
physical
social

TO SMOKE OR NOT TO SMOKE
that is the Q??

UNDEF

The United Nations
Democracy Fund



FNUD

Fonds des Nations Unies
pour la démocratie



Red Crescent Society
of the Kyrgyz Republic



Kenya
Red Cross

