

Anti-drug-war protest in Mexico
Photo credit: Marco Ugarte



The War on Drugs: Harming, not protecting, young people

The global war on drugs has been fought for 50 years, without preventing the long-term trend of increasing drug production, supply and use. But beyond this failure to achieve its own stated aims, the drug war has also produced a range of serious, negative costs. Many of these costs have been identified by the United Nations Office on Drugs and Crime (UNODC) – the very UN agency that oversees the system responsible for them – and are described as the ‘unintended consequences’ of the war on drugs.¹ They may have been unintended, but after more than 50 years, they can no longer be seen as *unanticipated*.

These costs are distinct from those relating to drug use, stemming as they do from the choice of a punitive, enforcement-led approach, the burden of which – as with all wars – tends to fall most heavily on the most vulnerable in society, including children and young people. This briefing summarises these costs. There is naturally overlap with other areas of the Count the Costs project, including: human rights, development, stigma and discrimination and health. For the full range of thematic briefings and a more extensive collection of resources on these costs, see www.countthecosts.org.

COUNT THE COSTS OF THE WAR ON DRUGS

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Introduction

The war on drugs has long been justified on the grounds that it protects children and young people. Its supporters claim that people who use and supply drugs must be arrested, criminalised, and in some cases even imprisoned or executed, in order to keep drugs off our streets and society's youth safe. But this approach has been tried for more than half a century now – and the evidence is clear. Any marginal benefits that the approach may bring are dramatically outweighed by the costs it generates: the drug war, far from protecting young people, is actively putting them in danger.

The current punitive approach has not only failed in its core mission to stop young people taking drugs; it has dramatically increased the risks for those who do take them and, as recognised by the UNODC, has produced additional harms that are both disastrous and entirely avoidable.² Yet this reality is rarely recognised in the public debate on drugs.

Harms that are a direct result of the drug war – such as children and young people injured or killed in drug-market violence, the stigma and limited life chances that stem from a criminal conviction for drug possession, or deaths from contaminated street drugs – are confused or deliberately conflated with the harms of drug use *per se*.

Too often, such harms are then used to justify the continuation, or intensification, of the very policies that created them in the first place. Emotive appeals to child safety frequently play a part in this process. Populist political rhetoric and sensationalist media reports exploit parents' greatest fears, characterising drugs (although, crucially, only illegal drugs) as an existential threat to society's youth to be fought and eradicated, rather than a more conventional health and social issue to be pragmatically managed in a way that reduces harm.

This discourse has served to suppress any meaningful scrutiny and evaluation of current policy, with those questioning its logic often dismissed as simply being 'pro-drugs'. In addition, it has created practical and political obstacles to prevention, treatment, and harm reduction interventions that have been shown to be effective. The terms of the debate need to change as the international community moves beyond the 2016 United Nations General Assembly Special Session (UNGASS) on Drugs and formulates the UN's new 10-year drug strategy in 2019. Frank, evidence-based criticism of the current approach must be permitted, and alternatives seriously considered.

This briefing highlights the specific costs of the drug war for children and young people. It demonstrates how this war, while declared in the name of protecting young people from the 'drug threat', has ironically exposed them to far greater harm. The war on drugs is, in reality, a war on people.

“Narcotics addiction is a problem which afflicts both the body and the soul of America ... It comes quietly into homes and destroys children, it moves into neighborhoods and breaks the fiber of community which makes neighbors.”

President Richard Nixon
1971 congressional address, at which he announced the beginning of a war on drugs

“Globally, drug use is not distributed evenly and is not simply related to drug policy, since countries with stringent user-level illegal drug policies did not have lower levels of use than countries with liberal ones.”

**‘Toward a Global View of Alcohol, Tobacco, Cannabis, and Cocaine Use: Findings from the World Health Organization World Mental Health Surveys’
2008**

1. Threatening young people’s health

Maximising the risks of drug use

Drugs pose very real risks to children and young people.³ While a majority do not use illegal drugs, and most who do experience little or no significant harm as a result, a small but significant proportion will experience problems – and the dangers they face are inevitably greater than those faced by adults.

Young people who use drugs are, in general, more physically and mentally vulnerable to drug risks; less knowledgeable about the potential effects of the substances they are consuming; more likely to take risks with their drug-taking; and more likely to become long-term, dependent drug users in later life.^{4,5}

Harsh drug laws may, intuitively, seem like an appropriate response to these elevated risks. However, evidence shows that punitive drug law enforcement does not deter children and young people from using drugs, nor does it significantly restrict their access to them. A 2014 study by the UK Home Office,⁶ which reviewed evidence from around the world, concluded that the ‘toughness’ of a country’s drug laws had

no influence on its levels of drug use. Numerous similar studies, including from the European Monitoring Centre on Drugs and Drug Addiction, the World Health Organization and the Organization of American States, have come to the same conclusion.^{7,8,9}

Not only do harsher penalties or prohibitions fail to reduce drug use, they also make drug use far more risky, whether that use is problematic or not. The threat of criminalisation, and the associated stigma and discrimination, frequently pushes drug use into marginal, unsafe and unhygienic environments, further jeopardising the health of young people who use drugs. It can additionally deter the hardest-to-reach individuals from seeking treatment, for fear of condemnation, judgement or arrest.¹⁰

Prohibition exacerbates this situation by ensuring that drug production and supply is completely unregulated and conducted without any formal oversight. Rather than governments, doctors and licensed vendors, it is criminal entrepreneurs who control the drug trade – those least likely or qualified to manage it responsibly. The result is that drugs of unknown potency and purity, often cut with dangerous adulterants,¹¹ are sold to anyone who can afford them – regardless of their age. And since street dealers do not provide health warnings and safe-dosage information, novice users – who are most likely to be young – are at greater risk of experiencing adverse effects from their drug use.

The likelihood of users suffering avoidable health harms, and even a fatal overdose, is further increased by the economics of the unregulated illicit trade. When drugs are banned, they will inevitably be produced in criminal markets in more potent forms.¹² In order to avoid detection by law enforcement and at the same time maximise their profits, producers and traffickers prefer to deal with more portable, concentrated drug preparations; smaller volumes of high-strength substances are more profitable and easier to transport than larger volumes of less potent ones. This is why, under alcohol prohibition in the US, bootleggers smuggled spirits rather than bulkier and weaker beers and wines.

Anyone's Child

Following the death of her daughter, Martha, from an overdose of MDMA, **Anne-Marie Cockburn** has become an advocate for a more pragmatic approach to drugs. Along with other families negatively impacted by current drug laws, she has helped to establish a new campaign, called *Anyone's Child: Families for Safer Drug Control* (www.anyoneschild.org). This is her story.

On 20th July, 2013, I received the phone call that no parent wants to get. The voice said that my 15-year-old daughter was gravely ill and they were trying to save her life. On that beautiful, sunny Saturday morning, Martha had swallowed half a gram of MDMA powder (ecstasy) that turned out to be 91% pure. Within two hours of taking it, my daughter died of an accidental overdose. She was my only child.

I was blissfully ignorant about the world of drugs before Martha died. Drugs are laughed about on sitcoms, joked about on panel shows. Much as I hate to admit it, they are a normal part of modern society.

Young people witness their friends not dying from taking drugs all the time. So by simply spouting the 'just don't do it' line and hoping that will be enough of a deterrent, we're closing our eyes to what's really going on.

The subject of drugs evokes so much emotion in people, it's hard for many to imagine what moving away from prohibition would actually look like in practice. Many think it would result in a free-for-all, but that's what we actually have at the moment. Drugs are currently 100% controlled by criminals, who are willing to sell to you whether you're aged 5 or 55. Everyone has easy-access to dangerous drugs, that is a fact. I've said: 'Martha wanted to get high, she didn't want to die'. All parents would prefer one of those options to the other. And while no one wants drugs sold to children, if Martha had got hold of legally regulated drugs meant for adults, labelled with health warnings and dosage instructions, she would not have taken 5-10 times the safe dose.

When I hear that yet another family has joined the bereaved parents' club, I feel helpless as I wonder how many more need to die before someone in government will actually do something about it? As I stand by my child's grave, what more evidence do I need that things must change? A good start would be to conduct the very first proper review of our drug laws in over 40 years and to consider alternative approaches. But the people in power play an amazing game of 'let's pretend'. Well there's no way for me to hide – every day I wake up, the stark reality of Martha's absence hits me once again.



Members of Anyone's Child: Families for Safer Drug Control, at the launch of the campaign in Westminster

Undermining youth-oriented health messages

The credibility of drug education is undermined when authorities that provide it are simultaneously attempting to punish or criminalise young people for using drugs. As a result, those most in need are often distrustful of programmes that seek to change their patterns of drug use, or prevent them from taking drugs altogether.

As well as creating an environment that is more conducive to drug education, it is important to ensure that such efforts are grounded in evidence. For decades, exclusively abstinence-based approaches have been the dominant model in most parts of the world – and they have not worked. Drug Abuse Resistance Education (DARE), the archetypal ‘Just Say No’ prevention programme in the US, has been studied extensively, and researchers have concluded that children who participate in it ‘are just as likely to use drugs as are children who do not participate in the program.’¹³ Worse than simply being expensive and ineffective, there is some evidence that such programmes may even be counterproductive.¹⁴

That is not to say that prevention can never work, or that it is not an important part of a wider harm reduction approach; from a public health perspective, it is obviously better to prevent drug use ever occurring than to deal with its consequences. But there is a need to be realistic. The best available evidence suggests that universal information provision alone does not change drug-taking behaviour.¹⁵ Decisions to begin or stop using drugs are complex, influenced by a range of social, cultural and environmental factors. According to research, addressing these factors – by, for example, teaching children to resist impulsive behaviour in general – is likely to be most effective in preventing or reducing drug use.¹⁶

There is also a balance to be struck between positive efforts to encourage abstinence, and providing practical and targeted harm reduction advice to those for whom abstinence messages do not succeed. Because of a politically driven zero-tolerance approach to drugs, this latter group

is often put at risk by a lack of information that could minimise the potential harms of their drug use.

Drug education, if it is to work, therefore needs to be based on science, rather than politics. But the drug war is a political construct: it has historically marginalised evidence and defaulted to simplistic scaremongering, driven by an ideological and implausible vision of a ‘drug-free world’.

Restricting young people’s access to effective services

An estimated 15.9 million people aged 15 to 64 inject drugs worldwide. However, the number of people in this group who are under the age of 18, or under 18 and infected with HIV or hepatitis C, is unknown because this data is not routinely collected in most locations.¹⁷

Delivering treatment and harm reduction services for under-18s is a complex and sensitive task, involving legal barriers, clinical considerations and widely varying socio-economic contexts.¹⁸ But the longstanding absence of accurate surveillance data only makes an already difficult challenge harder.

Even when a need is identified, it can be extremely difficult for young people and children to access services, and they often face obstacles and discrimination when they attempt to minimise harms from their drug use. In Central and Eastern Europe, for example, there are arbitrary age restrictions on access to sterile injecting equipment and opioid substitution therapy, which can reduce the harms faced by young people who use drugs.¹⁹

Reducing access to essential medicines

Fears about the diversion of certain medical drugs for illicit, non-medical use have led to overly restrictive drug policies. Most seriously, more than 80% of the world’s population – including 5.5 million people with terminal cancer – have little or no access to opiate-based pain medication. Inevitably, this means many of the world’s poorest people experience entirely unnecessary suffering.

This failure on the part of the UN and domestic governments to ensure access to palliative care impacts on children in particular. Despite morphine being classified as an essential medicine by the World Health Organization, unwarranted fears about addiction have led healthcare professionals in some countries to be reluctant to prescribe the drug to children. For example, in Kenya, punitive drug policies have served to foster the widespread perception that morphine is highly dangerous, rather than an essential, low-cost tool to alleviate pain when used in a medical setting. Not only are many young people in pain unable to access relief for themselves, but they may also have to watch their loved ones suffer, sometimes depriving them of support from parents or carers in the process.^{20 21}

“ [W]hat we know is that a consequence of [focusing on street-level drug transactions] was this massive trend towards incarceration, even of non-violent drug offenders ... I saw this from the perspective of a state legislator, this, just, explosion of incarcerations, disproportionately African American and Latino. And the challenge ... is, folks going in at great expense to the state, many times trained to become more hardened criminals while in prison, come out and are basically unemployable. And end up looping back in. ”

President Barack Obama
2015

This major, avoidable cause of young people’s suffering persists despite the avoidance of ill health and access to essential medicines being a key objective and obligation of the global drug control regime.

2. Undermining children’s human rights

Abusive juvenile justice, punishment and incarceration

People who use drugs, or who are arrested or suspected of drug offences, including children and young people, are frequently subjected to imprisonment and serious forms of cruel and unusual punishment.

Many children and young people are deprived of their freedom for minor drug offences through unjust and disproportionate laws. This injustice is all the more acute given they are usually among the most marginalised and vulnerable in society, drawn into low-level drug dealing or trafficking as a direct result of poverty and a lack of alternative options. For most of these minor players, involvement in the illicit drug trade is necessary for their economic survival; it is not a sign of greed or wealth. Few match the stereotypes of moneyed gangsters portrayed in popular media and film: in 2009, 50% of those imprisoned for illicit drug sales in Mexico were selling products with a value of \$100 USD or less, and 25% were making sales worth \$18 USD or less.²²

In any country, poorer young people are also at greater risk than their wealthier counterparts of being apprehended by drug law enforcement. This is because they are more likely to live in deprived, urban neighbourhoods where the drug trade is more conspicuous, carried out in public areas between strangers. Once arrested, they are also more likely to be convicted and to go to prison than wealthier young people – particularly if they are from ethnic minorities.²³ And when emerging from prison, the stigma and legal implications of a criminal record limit their options still further, creating obstacles to housing, employment, welfare and travel, making a return to drug use and the criminal economy more likely.

The catalogue of abuses against children and young people once they are within the criminal justice system can include police violence²⁴; death threats and beatings to extract information²⁵; being held in solitary confinement (for non-violent offences)²⁶; extortion of money or confessions through forced withdrawal without medical assistance; judicially sanctioned corporal punishment for drug use; and various forms of cruel, inhuman and degrading treatment in the name of ‘rehabilitation’, including denial of meals, beatings, sexual abuse and threats of rape, isolation, and forced labour.²⁷

In Cambodia, where children comprise around 25% of those in compulsory drug detention centres, abuses include: detainees being hung by the ankle on flagpoles in the midday sun; shocking by electric batons; whipping by cords, electrical wires, tree branches and water hoses; and rape – including gang rape and forcing young women into sex work. Abuses are not only carried out by the staff, but also delegated to trusted detainees to carry out against fellow inmates.²⁸

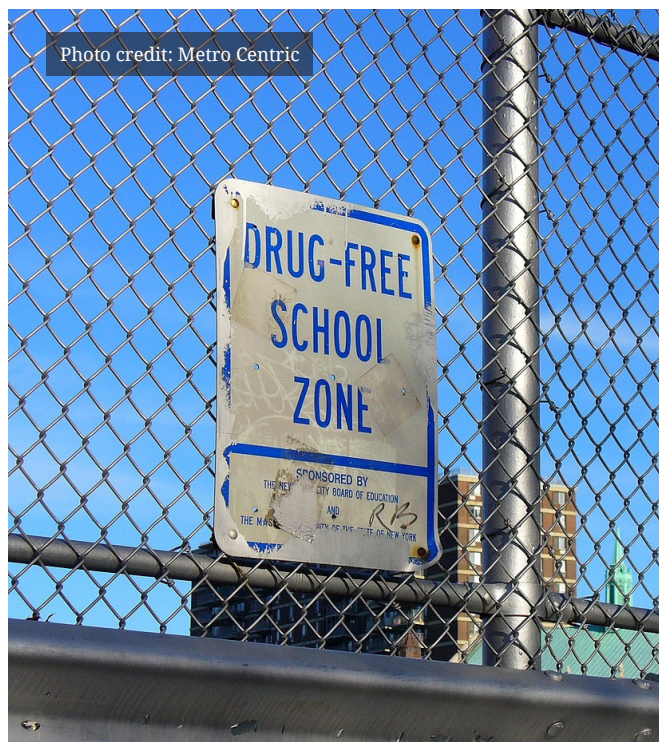


Photo credit: Metro Centric

Hard-line school policies on drugs are ineffective and counterproductive

Undermining schooling and education

The politicised and emotive nature of the public debate on drugs has led many schools to adopt ‘zero-tolerance’ policies. These are designed to reassure parents and fulfil politicians’ expectations, but they do not respond effectively to the realities of drug use in society, or to the complexities of most children’s lives.

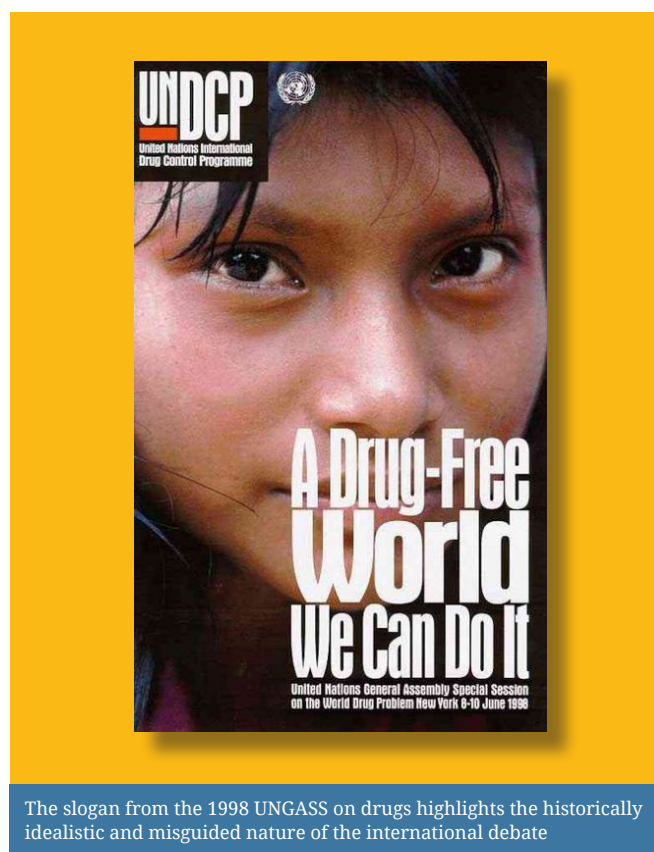
These hard-line policies usually involve disproportionately punitive and ultimately counterproductive sanctions for drug use or drug dealing. Students who have committed even minor infractions are often suspended or excluded from school, rather than offered support from health and welfare services. Such sanctions can seriously jeopardise a child’s future, with reduced involvement in education and leaving school at an early age being associated with more chaotic and problematic drug use, both in the short and long term.²⁹ Life chances and employment prospects can also be directly impacted. In the US, for example, many low-income students have been denied access to federal aid for college tuition due to minor drug convictions.³⁰ Vulnerable young people with difficult home lives are already more likely to be involved in drugs, and excessively punitive, knee-jerk responses serve only to exacerbate the challenges they face.

Both random drug testing and sniffer dogs are sometimes deployed for similar symbolic value – to demonstrate a school’s zero-tolerance credentials, or show that it is ‘taking a stand’ against drugs. But neither has been shown to be effective in deterring drug use.

- A study in Michigan involving 76,000 pupils found no difference in levels of drug use among students in schools where drug testing was conducted compared with those where it was not³¹
- The UK government’s expert group, the Advisory Council on the Misuse of Drugs, reviewed the available evidence in 2005 and specifically recommended against such policies, due to the ‘complex ethical, technical and organisational issues’ involved, and the ‘potential impact on the school-pupil relationship’³²

As well as being an ineffective deterrent to drug use, testing and searches represent a violation of the right to privacy, and raise difficult ethical questions around both child and parental consent.

Even if drugs or drug use are detected, this can lead to students being publicly labelled as a drug user in need of help, despite the inability of drug tests or low-level drug seizures to distinguish between occasional, recreational use and genuinely problematic use that requires the intervention of health or social services. The stigma of this label can impact on a child's self-esteem and aspirations, drawing them into the net of counselling services, treatment programmes and the criminal justice system, from which it is difficult to escape.³³



The slogan from the 1998 UNGASS on drugs highlights the historically idealistic and misguided nature of the international debate

Does the drug war protect children's rights?

The protection of children's rights has been a prominent theme in political justifications for punitive drug enforcement and opposition to reform.³⁴ The UN Convention on the Rights of the Child is the core international treaty setting out a comprehensive set of rights guarantees for children. All but two states, Somalia and the US, have agreed to be bound by its terms, which include protection from drugs – the right for children to, effectively, be 'drug-free'. Signatories are required to:

'... take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties and to prevent the use of children in the illicit production and trafficking of such substances.'

The key question, when counting the costs to child rights of the war on drugs, is: What constitutes 'appropriate measures'? This is particularly important given the horrific litany of violence, abuse, disease and death that has resulted from the current enforcement-led system, alongside the failure to achieve the policy's stated aims.

The UN Convention on the Rights of the Child calls for the protection of children, not punishment and criminalisation. The war on drugs is at odds with the emphasis placed by the UN on human rights and health, and it is these considerations that should shape the development of drug policy for young people.

3. Destroying families: the impact on parents and carers

While children and young people are often directly harmed by the war on drugs, many are also indirectly affected by the loss of parents or carers, who, due to criminalisation, incarceration or drug-war violence, are either absent, unable to adequately care for them, or dead.

- Since 2006, when Mexico intensified and militarised its approach to drug law enforcement, more than 100,000 people have been killed in violence related to the country's illegal drug trade, and over 20,000 have disappeared.³⁵ In 2010 it was estimated that as many as 50,000 children had lost one or more parents in this violence^{36,37} – a figure that is certain to have increased significantly in subsequent years
- The use of incarceration for drug offences has deprived many children of their parents or carers. In the US, 55% of women and 69% of men held in federal prisons for drug offences have children; in state prisons, it is 63% of women and 59% of men.³⁸ Being separated from a parent in this way can precipitate a range of emotional, psychological and social problems for children, many of whom will already be growing up in families struggling with poverty, discrimination and limited educational and employment opportunities.³⁹



Countless children have been deprived of parental support as a result of incarceration for drug offences

Children of incarcerated parents are at greater risk of suffering from depression and becoming aggressive or withdrawn,⁴⁰ and boys with incarcerated fathers have substantially worse social and other non-cognitive skills at school entry⁴¹

- Depriving children of one or both parents can also lead to their being raised by the state, something which is strongly associated with reduced life chances and poor outcomes for children. For example, children who grow up in UK local government care are four times more likely to require the help of mental health services; nine times more likely to have special educational needs requiring support or therapy; seven times more likely to misuse alcohol or drugs; 50 times more likely to wind up in prison; 60 times more likely to become homeless; and 66 times more likely to have children needing public care themselves⁴²

Disproportionate sentencing

Women are most commonly convicted of low-level, non-violent drug offences, and are not the principal figures in criminal organisations. However, since they are also most commonly a child's key care provider, when they are criminalised or imprisoned due to drug-war policies, their children suffer too.

Mandatory minimum sentences for drug trafficking often fail to distinguish between quantities carried. Even lower-end sentences are often very harsh. Rigid sentencing guidelines often limit judges' discretion, preventing them from considering mitigating factors that might allow for reduced sentences or non-custodial alternatives.

The result is that many women involved in drug supply at a relatively low level are subject to criminal sanctions similar to those issued to high-level market operatives and large-scale traffickers. This results in particularly severe sentences for so-called 'drug mules' – women who transport drugs across borders. Usually coming from socially and economically marginalised backgrounds, they are commonly driven to drug trafficking by desperation, poverty and, ironically, a need to support

their children. Alternatively, their involvement may result from coercion and exploitation by men further up the drug-trading hierarchy.

This has become an acute problem in Latin America in recent years. Between 2006 and 2011, the region's female prison population almost doubled, increasing from 40,000 to more than 74,000, with the vast majority imprisoned for drug-related offences. Estimates range from 75-80% in Ecuador, 30-60% in Mexico, 64% in Costa Rica, 60% in Brazil, and 70% in Argentina.⁴³

Some children of women or men sentenced to long prison terms for drug crimes grow up inside prisons,^{44 45} many of which the United Nations Development Programme has described as 'not fit to maintain the basic conditions to live with dignity'.⁴⁶ In Bolivia, official estimates suggest there are at least 1,500 children being raised in jails by their parents.⁴⁷

Disproportionate responses to parental drug use

Drug-taking is often equated with negligence or mistreatment of children, and a woman's drug use or dependence in particular can be grounds for removing a child from her care. Whether drug use is problematic or not, this is blanket discrimination, and is often fuelled by populist political and media stereotypes. News coverage of so-called 'crack moms' in the US is a prominent example.

There is no doubt that problematic parental drug dependence places children at increased risk of neglect and abuse. But as is so often the case in the drugs debate, there is a risk of generalised assumptions: for many, it is difficult to accept that parental drug use is not always synonymous with child neglect. Parents who use drugs can also be good parents. Life-changing decisions about the custody of a child should therefore be made on an individual basis, taking into account the real risk of abuse or neglect in each case, and weighed against likely negative outcomes for the child if they are taken into state care.

“A substantial percentage of women in prison are incarcerated for drug offenses – an estimated 70 percent in some countries in the Americas and in Europe and Central Asia – a significant number for low level, non-violent drug offenses. Many of them are young, illiterate or with little schooling, single mothers and responsible for the care of their children or other family members. While more men are incarcerated for drug offenses, the consequences of criminal punishment fall differently on women, and often have greater impact on their children and their families. Yet women's caring responsibilities are not taken into account at sentencing, nor recognized or met at the prison.”

United Nations Development Programme
2015

Beyond consideration of individual cases, as ever in public policy, prevention of a problem is best, so it is vital the most comprehensive health and social support possible is provided for all families who are, or might become, at risk of having a child removed because of problematic parental drug use. Unfortunately, rather than investing in such proven interventions, limited resources are instead expended on counterproductive criminal justice responses to drug use, which often place a further undue burden on women.

Finally, gender-specific treatment programmes that allow women to live with their children are often limited (where they exist at all), and in certain countries, pregnant dependent drug users do not have access to the safest and most appropriate treatment practices, compromising both their health and that of their unborn children.

4. Fuelling crime and violence, creating new dangers

Research based on several decades of data shows that, counterintuitively, police and military enforcement against illicit drug markets actually increases, rather than reduces, gun violence and homicide rates.⁴⁸ Historically, the victims of such drug-market-related conflict have predominantly been young males, but increasingly, women and children are becoming victims too. In Mexico, for example, as many as 4,000 women and 1,000 children were killed in violence linked to the drug trade between 2006 and 2010 alone.⁴⁹

Children's psychological development is also inevitably affected by exposure to the conflict and violence linked to the illegal drug trade. Research into the mental health of children and adolescents living in areas plagued by drug-war instability shows an association between living in violent surroundings and greater levels of social problems, rule-breaking and aggression.⁵⁰ Post-traumatic stress disorder among school students has also been attributed to living in drug-war conflict zones.⁵¹

The breakdown of social and political structures is another result of the volatility generated by the illegal drug trade

and the enforcement response to it. Family and community norms, and functioning state services (most obviously education and healthcare) that could have mitigated the dire situation in which many children find themselves, are often eroded, completely absent, or in extreme cases, only available due to the largesse of the cartels that have displaced state actors.⁵²

The recruitment of children is also common among drug cartels. Driven by poverty and desperation, many become drug-crop growers or foot soldiers for these violent organisations:

- In Mexico, from 2006 to 2011, more than 25,000 children left school to join drug trafficking organisations⁵³
- Such early involvement in the drug trade has also been well documented in Brazil, where drug gangs cultivate close ties with children and young people, building their trust by first paying them to perform simple, non-drug-related tasks, then recruiting them with the lure of weapons, power, drugs and sex.⁵⁴ As the country's illicit drug trade has continued to grow, this exploitation of children has had increasingly fatal consequences. From 1980 to 2010, Brazil's homicide rate for people aged under 19 grew by 346% to 13.8 per 100,000, almost three times the growth in the murder rate for the wider population (126%)⁵⁵



The trafficking and enslavement of children

The illicit market created by the war on drugs is leading directly to the trafficking and enslavement of children. In Afghanistan, child labour – including forced labour – is used extensively in opium poppy production, and sometimes smuggling, including at a transnational level.⁵⁶ Media reports have also noted the ‘opium bride’ phenomenon, in which farmer families marry off their child-age daughters to settle debts to opium traffickers.⁵⁷

The war on drugs is also fuelling the trafficking and enslavement of children to work within Western drug markets, as this story about Vietnamese children trafficked to the UK to grow cannabis illustrates:

‘Hien’s journey to the UK started when he was taken from his village at the age of five by someone who claimed to be his uncle. As an orphan, he had no option but to do as he was told. He spent five years travelling overland... before being smuggled across the Channel and taken to a house in London. Here he spent the next three years trapped in domestic servitude... He became homeless after his “uncle” abandoned him. He slept in parks and ate out of bins. He was eventually picked up by a Vietnamese couple, who ...forced him to work in cannabis farms in flats in first Manchester and then Scotland...He was locked in, threatened, beaten and completely isolated from the outside world. “I was never paid any money for working there,” he says. When the police came he told his story... but was still sent to young offenders’ institution in Scotland... He was released only after the intervention of a crown prosecutor led to him being identified as a victim of trafficking.’⁵⁸

This story is far from unusual. According to Anti-Slavery International, of the potential trafficking victims who were forced to cultivate cannabis in the UK, 96% were from Vietnam and 81% of those were children. The UK’s National Society for the Prevention of Cruelty to Children has also said that, between 2011 and 2012, of all the trafficked children who had disappeared, 58% were being exploited for criminal activity, including cannabis cultivation.⁵⁹



Drug-crop eradication: devastating livelihoods and threatening health

Forced drug-crop eradication has had a range of severe negative consequences, including for children, contributing to human displacement, violence, food insecurity, and further poverty.^{60 61 62 63}

In its 2006 report on Colombia, the UN Committee on the Rights of the Child stated it was ‘concerned about environmental health problems arising from the usage of the substance glyphosate in aerial fumigation campaigns against coca plantations (which form part of Plan Colombia), as these affect the health of vulnerable groups, including children.’⁶⁴

“The planes often sprayed our community. People would get very sad when they saw the fumigation planes. You see the planes coming – four or five of them – from far away with a black cloud of spray behind them. They say they are trying to kill the coca, but they kill everything. I wish the people flying those fumigation planes would realize all the damage they do. I wish they’d at least look at where they’re going to spray, rather than just spraying anywhere and everywhere. The fumigation planes sprayed our coca and food crops. All of our crops died. Sometimes even farm animals died as well. After the fumigation, we’d go days without eating.”

“Once the fumigation spray hit my little brother and me. We were outside and didn’t make it into the house before the planes flew by. I got sick and had to be taken to the hospital. I got a terrible rash that itched a lot and burned in the sun. The doctor told us the chemical spray was toxic and was very dangerous. I was sick for a long time and my brother was sick even longer.”

Javier, aged 11

Interviewed for *Real Life on the Frontlines of Colombia’s Drug War* by Jess Hunter-Bowman

The International Agency for Research on Cancer (IARC) – a branch of the World Health Organization – stated in 2015 that Glyphosate, was ‘probably carcinogenic to humans’.⁶⁵ Following the IARC announcement, the Colombian government belatedly declared that it will cease using Glyphosate (although not necessarily in all eradication efforts). However, use of the chemical agent continues elsewhere in drug-crop eradication, including in South Africa.

- In Afghanistan, it is accepted at high levels that forced eradication has helped the Taliban to recruit, and that those who joined were mostly young men
- Eradication has also impacted on educational outcomes. Research conducted by the UNODC in the Kokang Special Region 1 in Myanmar (Burma) found that eradication led to a 50% drop in school enrolment⁶⁶

For all these efforts, eradication has been staggeringly ineffectual at reducing the production or availability of any drug. Former US Special Envoy to Afghanistan Richard Holbrook called it ‘the least effective program ever.’⁶⁷ At the end of coalition troops’ 13-year occupation of Afghanistan in 2014, opium production was at a record high, with 225,000 hectares under cultivation, compared to 82,000 hectares in 2000.⁶⁸

Are there benefits?

The main supposed benefit of the war on drugs in relation to children is that, while drug use may have increased over the past half-century, it is still lower than it would be under a more ‘liberal’ approach, thereby protecting more young people from the harms of drug-taking (with some arguing that children have a right to be ‘drug-free’ – see box, p. 8). This appears, at face value, to be a reasonable position, but it is problematic for two reasons.

First, as already discussed, decades of evidence from all over the world show that the harshness of law enforcement has no meaningful impact on levels of drug use. However, using law enforcement in an attempt to restrict drug use unquestionably causes damage in itself. The threat of criminalisation is an unethical, ineffective and entirely disproportionate strategy for encouraging young people to make healthier lifestyle choices. And, as outlined above, enforcement measures that seek to prevent drug consumption by targeting the supply of drugs are both ineffective (and therefore, by definition, disproportionate) and actively undermine the safety of communities in which children live.

Second, in any case, levels of drug use are a poor measure of overall levels of health and social harms. While the use of some illicit drugs may be low in relative terms, prohibition ensures that the harm this use generates is very high. Indeed, many of the potential risks of illicit drugs are a product not just of their pharmacology, but of their being produced and supplied by an unregulated criminal market. Street heroin mixed with potent adulterants such as fentanyl, for example, carries far greater risks than pure, pharmaceutical-grade heroin (diamorphine).

How to count the costs?

To meaningfully count the costs of the war on drugs to children, new policy aims and new ways of measuring policy effectiveness are required. That means moving beyond the narrow goals of use-reduction and abstinence, and beyond process indicators, such as arrests, seizures, and amount of drug crops destroyed. Instead, the analysis should be based on the actual quality of life, health and wellbeing of children and young people.

The war on drugs, and potential alternative approaches, must therefore be evaluated against a far broader range of indicators – for health, human rights, human security and human development. Given that these are the key pillars of the UN’s work, it is a call that should be informing all of the agency’s discussions – from the 2016 UNGASS on Drugs, the Sustainable Development Goals, the 2019 10-year UN drug strategy, and beyond. To do this effectively will require a commitment to bring existing analytical frameworks – for example, those concerned with children’s rights and juvenile justice – to bear on the development and evaluation of drug policy, something that has been lacking in most UN and domestic political declarations to date.⁶⁹



Photo credit: Lance Cpl. Ismael E. Ortega

The health and wellbeing of children and young people should be a key indicator of the success of drug policy

Technical challenges are not the problem here – this task simply requires political will from UN member states, and leadership from key UN agencies, key child-focused NGOs, and funding bodies, all of whom need to focus on redressing the historic deficit in evaluating the negative impacts of the war on drugs on children and young people.

Conclusions

The protection of children is rightly a key concern in the debate about drugs and drug policy. But as this briefing demonstrates, far from protecting this most vulnerable of groups, the war on drugs exposes them to even greater risks: drugs cut with dangerous adulterants; a criminal record that can ruin lives from an early age; violent drug markets that blight entire cities; barriers to evidence-based treatment and health interventions; and ineffective education inspired by ideological visions of a drug-free world.

Aside from these direct costs of the drug war to children, there are also huge opportunity costs that come with pursuing such an enforcement-based approach. The tens of billions of dollars poured annually into failed and counterproductive law enforcement each year are not far short of total spending on international aid.⁷⁰ This money could be re-directed into health and social development programmes for vulnerable individuals and communities – including children and young people – that would reduce harms rather than fuel them.

As a growing number of jurisdictions implement far-reaching drug policy reforms, it is time for governments, international bodies and civil society to count the costs of the war on drugs and participate in the growing discussion on alternative approaches that could deliver better outcomes – especially for children and young people. As the UN Secretary-General, Ban Ki-moon, has said, it is essential that the drug policy debate is ‘wide-ranging [and] considers all options’⁷¹ – and that includes the decriminalisation of drug possession for personal use and the legal regulation of drug markets.

There can be no further excuses for delaying a meaningful debate on reform. It is vital that the slogan of the 2016 UNGASS on Drugs – ‘A better tomorrow for today’s youth’ – proves not to have been just more empty rhetoric designed to preserve the status quo. Because more of the same will mean a more dangerous world for young people to grow up in.

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