

ISSUP AFRICA YOUTH WEBINAR

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# Innovative Responses in Treatment & Recovery: Youth-Centred Approaches

*Theme: Innovative & Action Youth Voices in Prevention and Treatment of Substance Use in Africa*



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# A World Drug Problem: Persisting Issues, New Challenges

The global drug problem is not static. Patterns of substance use among young people are shifting — new substances, new delivery methods, and new social pressures are emerging faster than treatment systems can respond. According to the United Nations Office on Drugs and Crime (UNODC), the world is facing both persisting challenges and increasingly complex new threats, particularly among youth populations in the Global South.



**292M**

people worldwide used drugs in 2022 — a 23% increase over the previous decade



**39.5M**

people are living with drug use disorders globally, yet only 1 in 5 receives treatment



**60%**

of people who use drugs globally are under 35 years old — making youth the primary population affected

In Africa, young people are the fastest-growing population affected by substance use — yet remain the most underserved in treatment and recovery systems

## Why Youth-Centred Approaches Are Critical in Africa

*Africa has the world's youngest population — over 60% of Africans are under 25. This is both a challenge and an enormous opportunity for the continent's response to substance use.*

### KEY BARRIERS TO TREATMENT



Widespread stigma — young people fear being judged or rejected by family and community if they seek help



Limited youth-specific services — most treatment facilities are designed for adults, not adolescents



Financial barriers — poverty and lack of insurance make treatment inaccessible for most youth



Shortage of trained youth mental health and addiction counsellors across sub-Saharan Africa

### OPPORTUNITIES FOR INNOVATION



Africa's 70% youth demographic means young people can drive transformative change in public health if empowered



High mobile phone penetration across urban and peri-urban areas enables digital outreach and online peer support



Deep community and peer networks — Ubuntu values of collective care — are powerful foundations for recovery



Traditional and cultural healing practices can be integrated respectfully into evidence-based recovery models



# Youth-Friendly Treatment & Support Services

Young people will only engage with services that feel safe, welcoming, and relevant to their lives. A "youth-friendly" service is not just one that accepts young clients — it is one that is deliberately designed with their needs, language, culture, and lived experiences at the centre. Research consistently shows that when services are youth-responsive, treatment uptake and completion rates improve dramatically.

## Non-Judgmental



Create spaces where young people feel heard, respected, and free from shame. Train all staff in non-stigmatising language and attitudes. Young people must never feel blamed for their substance use.

## Accessible & Affordable



Services should be reachable — geographically, financially, and in timing. Offer flexible hours that accommodate school or work schedules, and minimise or waive fees for those who cannot afford care.

## Confidential & Safe



Privacy is a fundamental concern for youth. Clearly communicate confidentiality policies so young people know their information is protected. Fear of parental or community exposure keeps many from seeking help.

## Holistic & Integrated



Address the full person — mental health, family dynamics, education, livelihood, and social factors — not just the substance use. Recovery is impossible without attending to the root causes and life context of each young person.

# Recovery-Oriented Approaches

Traditional substance use treatment has often focused narrowly on abstinence — stopping drug use as the sole goal. Recovery-oriented systems of care take a broader, more humane view: recovery is a deeply personal process of improving one's health, wellness, and quality of life. For young people in Africa, this means building identity, hope, purpose, and meaningful participation in community — not just stopping drug use. The following four pillars define a recovery-oriented approach.

## Person-Centred Care



Recovery is defined by the young person, not by the system. Their goals, timelines, and preferred methods are co-created collaboratively. Clinicians act as partners, not authorities. The young person's voice drives every treatment decision.

## Strength-Based Practice



Rather than focusing on deficits and problems, this approach identifies what the young person already has — resilience, skills, relationships, spiritual beliefs, and cultural identity. These strengths become the foundation of recovery.

## Trauma-Informed Care



The majority of young people with substance use disorders have experienced significant trauma — abuse, neglect, violence, or loss. Recognising this link, and responding with sensitivity rather than judgement, is essential to engaging youth in treatment.

## Community-Rooted Recovery



In African contexts, recovery does not happen in isolation. It is embedded in family, community, faith, and cultural identity. Ubuntu philosophy — 'I am because we are' — offers a powerful framework for collective healing and belonging.

# Peer Recovery Networks & Support Systems

Peer support is one of the most evidence-backed yet under-resourced interventions in substance use recovery — particularly for young people. The simple act of connecting with someone who has lived the same experience, and come through it, can be more powerful than any clinical intervention alone. In African communities where trust in formal health systems is often low, peer support bridges the critical gap between the community and professional care.

## Why Peer Support Works — The Evidence:

- ✓ Young people are significantly more likely to disclose substance use to peers than to adults, clinicians, or health workers — removing the first barrier to help-seeking.
- ✓ Peer-led interventions have been shown to increase treatment engagement by up to 40% in community-based settings across low- and middle-income countries.
- ✓ Shared lived experience reduces stigma faster than clinical contact alone — a peer says 'I was where you are' in a way no textbook-trained professional can fully replicate.

Trained young people with lived experience of recovery are matched with those just entering treatment. They provide treatment. They provide

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Peer Mentor Programs

Community based group support rooted in Ubuntu philosophy to collective responsibility.

Recovery Circles

Groups meet regularly,

What's App and mobile based peer support groups sustain connection after treatment particularly vital

Digital Peer Networks



# Integrating Mental Health & Substance Use Services

Substance use and mental health are rarely separate issues — especially among young people. Trauma, depression, anxiety, and psychosis frequently co-occur with drug and alcohol use, each condition making the other worse if left unaddressed. Yet across Africa, mental health services and substance use treatment are delivered in entirely separate systems, forcing young people to fall through the gaps. Integration is not a luxury — it is a clinical and human rights imperative.

**Key Finding: Over 50% of young people with substance use disorders also live with a co-occurring mental health condition such as depression, anxiety, PTSD, or psychosis. Treating only one condition without the other dramatically reduces the chance of lasting recovery.**



## Dual Diagnosis Assessment

Every young person entering treatment should be screened for both substance use disorders and mental health conditions simultaneously. Integrated assessment tools identify co-occurring conditions early, enabling a unified treatment plan from day one.



## Trauma-Informed Practice

Many young people use substances as a way of coping with unresolved trauma — abuse, violence, loss, and displacement. A trauma-informed approach recognises this and responds with compassion rather than confrontation, creating safety for healing.



## Holistic Wellbeing Support

Recovery encompasses physical health, sleep, nutrition, exercise, and social connection — not just clinical therapy. Programmes that address the whole person, including livelihood and housing, produce significantly better long-term outcomes.

**At Serenity Wellness Center, Lusaka, our integrated care model combines clinical therapy, addiction rehabilitation, and psychosocial support under one**



# Building Hope, Resilience & Long-Term Recovery

Recovery is not an event — it is a lifelong journey. For young people, the capacity to sustain recovery depends heavily on hope, self-efficacy, and community belonging. Research demonstrates that young people who believe recovery is possible for them are far more likely to engage in treatment and maintain it long-term. Our programmes must actively cultivate hope as a clinical outcome, not just a byproduct.



## BUILDING HOPE

Expose young people to real stories of peers who have recovered — representation matters deeply.

Offer mentorship from recovered individuals who share similar backgrounds, cultures, and experiences.

Use goal-setting and future-orientation in therapy to help youth envision a meaningful life beyond substances.

Celebrate every milestone — no matter how small. Progress deserves recognition.



## RESILIENCE BUILDING

Develop life skills — communication, problem-solving, financial literacy — alongside clinical treatment.

Teach practical coping strategies for managing triggers, cravings, and high-risk situations.

Run family and community reintegration programmes to repair relationships broken by substance use.

Incorporate mindfulness, emotional regulation, and stress management practices into daily recovery.



## LONG-TERM RECOVERY

Begin aftercare planning from the very first day of treatment — not as an afterthought at discharge.

Offer vocational training, internships, and livelihood support so recovery leads somewhere meaningful.

Build alumni networks so those who have completed treatment continue to feel connected and supported.

Address housing, food security, and social determinants that undermine recovery if left unresolved.

# What We Are Doing in Zambia

*Real-world examples from Serenity Wellness Center, Lusaka, and community-based practice in Zambia*



## Community-Based Outreach

Taking mental health and substance use screening directly into townships, schools, and markets — meeting young people where they are and removing the first barrier of access.



## Integrated Clinical Therapy

Using structured clinical case formulation (DAP: Data-Assessment-Plan) to ensure every young client receives evidence-based, individualised treatment that responds to their full life context.



## Data-Driven Programme Management

Monitoring & evaluation systems with key performance indicators help us track what works, identify gaps, and adapt our programmes in real time — ensuring resources achieve maximum impact.



## Youth Peer Education

Training young community members as health educators who carry evidence-based prevention and recovery messaging into their own networks, reaching peers who would never walk into a clinic.



## Collaborative Partnerships

Working alongside organisations such as MHUNZA, SHARPZ, and ISSUP to build a coordinated, multi-sector response to substance use in Zambia rather than operating in silos.



## Workforce Capacity Building

Training health workers, community volunteers, and student interns in trauma-informed, youth-friendly approaches — growing a skilled and compassionate local workforce for the long term.

# Youth Innovation IS Africa's Response to Substance Use

The challenges are real — but so are the solutions. Africa's young people are not passive recipients of a drug problem handed down by history. We are innovators, advocates, healers, and leaders. What is needed now is for systems, governments, funders, and communities to align around three core commitments:



## INVEST

Governments and donors must dedicate resources specifically to youth-led and youth-centred treatment innovations, peer recovery networks, and culturally-grounded services across Africa. Under-investment is not neutrality — it is a policy choice with real consequences.



## INTEGRATE

Break down the silos between mental health, substance use, social welfare, education, and economic development. Young people's lives do not fit into departmental categories. Unified care pathways, co-located services, and joint training are essential next steps.



## INCLUDE

Young people must be placed at the centre of designing, delivering, and evaluating the services meant to serve them. Meaningful youth participation — not tokenism — is the non-negotiable foundation of any effective response to substance use in Africa.

*"The youth of Africa do not just inherit this problem — we have the energy, creativity, and will to solve it."*

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# Thank You

*Mwatasha / Twalumba*

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Breaking Barriers — Youth Innovation in Africa's Response to Substance Use Challenges

*Questions, comments, and collaboration are welcome.*