



Input to the draft annotated outline

General Comment on the impacts of drug policies on Economic, Social and Cultural Rights

January 31st, 2024

Topics covered:

Access to education, the impact of criminal records on young people's rights (right to information, education, access to health), inaccessibility of healthcare and harm reduction services for young people who use drugs, coerced/forced treatment for adolescents and youth, stigma and discrimination and impact on young people who use drugs, meaningful engagement of young people who use drugs.

Introduction:

Youth RISE commends the work of the UN Committee on Economic, Social, and Cultural Rights in developing and conducting this Regional Consultation. This input aims to contribute to such efforts, bringing additional resources and concerns highlighting the impact of drug policies on the economic, social, and cultural rights of young people. For this purpose, we focus on sections II, III, IV, and V of the drafted outline and follow the structure provided in the original document.

II. General obligations of States parties under the Covenant

Participation, consultation, transparency

This section discusses States parties' obligations to ensure meaningful participation of civil society in the design, implementation, and assessment of drug laws, policies, and practices that affect them, including with respect to drug treatment and drug-related health services. We stress the importance of considering youth, in all their diversity, as indispensable stakeholders to be included in drug policy processes. This means State parties should:

- i. Empower young people as leaders and partners. State parties should acknowledge and support young people as leaders and partners in policy processes. This recognition needs to be backed with adequate funding for youth-led organizations and youth-tailored treatment and harm reduction services, keeping in sight the achievement of SDG 3.3 and other sustainable development goals.
- ii. Include language and support for adolescents in all their diversity. State parties should ensure that their government programs include specific language addressing the unique issues faced by adolescents and young people in all their diversity, providing adequate holistic support during their critical life changes.

- iii. Promote youth representation and participation. State parties should place a strong emphasis on youth participation and meaningful engagement in both policy processes and service design, implementation, and evaluation. This includes consultations with different youth groups, encouraging youth inclusion in their delegations, and providing opportunities for young people to speak in national and international forums. We urge governments to mainstream the perspectives of organizations representing or led by young key populations (i.e., young people living with HIV and young people who use drugs). Beyond direct political participation, youth participation and meaningful engagement in policy and program design, implementation, and evaluation are critical to ensure services are tailored and respond to their specific needs¹.
- iv. Encourage and support data collection in collaboration with academia and civil society. National data collection must also be improved to yield an accurate picture of challenges on the ground and utilize the research conducted by the scientific community and civil society actors. State parties should encourage a data collection process conducted in close consultation with civil society, particularly with vulnerable populations most affected by drug policies, i.e., young people who use drugs, young sex workers who use drugs, and young people who use opioids.

Non-discrimination, equality, and groups or persons requiring particular attention

Youth RISE would like to put special emphasis on the need for State parties to acknowledge the intersectionality of drug policy with other fields, aiming for the promotion of policy coherence within their national legal systems. This means recognizing the laws and policies that, together with drug policies, prevent young people from accessing healthcare, treatment harm reduction, and other services based on age, identity, or other status, which ultimately act as barriers to their right to health. The latest UNAIDS [data](#)² highlights that many countries still have restrictive laws and policies surrounding the "age of consent", which prohibits access to sexual and reproductive health rights, harm reduction, and related services. Such limitations unleash harmful outcomes in various aspects of young people's lives. For instance, an estimated 250,000 Adolescent Girls and Young Women (AGYW) were newly infected with HIV in 2021, with 82% of them from Sub-Saharan Africa. Such numbers might indicate the reason why adolescent girl schooling completion rates remain low, with only 44% completing lower secondary school and 26% completing higher secondary school. Following UNAIDS recommendations, State parties should reform such laws to remove inherent biases. This includes removing punitive laws that criminalize sex work, drug use, LGBTQ+ identities, and gender-affirming care.

The principles of non-discrimination and equality should be guiding regulations, particularly in the case of laws defining the framework for accessing controlled substances for medical purposes. A growing list of countries are approving frameworks that allow for the use of

¹ Stowe, MJ., Feher, O., Vas, B. et al. The challenges, opportunities and strategies of engaging young people who use drugs in harm reduction: insights from young people with lived and living experience. *Harm Reduct J* 19, 83 (2022). <https://doi.org/10.1186/s12954-022-00663-z>

² The path that ends AIDS: UNAIDS Global AIDS Update 2023. Geneva: Joint United Nations Programme on HIV/AIDS; 2023. Licence: CC BY-NC-SA 3.0 IGO.

cannabis for medical purposes. However, difficulties in obtaining licenses curb patients' access to such treatment, with some groups experiencing more limitations than others, i.e., young people in need of medical cannabis for palliative care to manage conditions such as arthritis, chronic pain, seizures, cancer, and mental illness. A study of 288 pediatric oncologists in the US showed that just 5% of providers were aware of state-specific regulations on cannabis³. However, 30% had received at least one request for medical cannabis in the past month, 26% of which were for pain. Only 8% reported ever suggesting medical cannabis to patients. We urge State parties to consider reforms for decriminalization, legalization, and regulation to engage communities in inclusive policymaking processes to prevent biases that ultimately discriminate against certain populations and prevent them from fully enjoying their rights.

Respect, protect, and fulfill

The obligation to respect

Drug control interventions frequently interfere with or limit multiple human rights directly or indirectly, thus raising questions about the obligation to respect. For example, sex workers, in particular young sex workers, who use drugs experience higher vulnerability to violence, including State violence, due to their drug use. Even in contexts where sex work is decriminalized, sex workers who use drugs might be discouraged from seeking health services due to the criminalization of drug use⁴. This puts them at a higher chance of contracting sexually transmitted infections and HIV or suffering overdoses.

The obligation to protect

Drug control interventions also frequently give rise to inadequacies in States parties' obligation to protect human rights such as the right to health, the right to work, and the right to enjoy the benefits of scientific progress. Youth RISE would also like to emphasize how drug control interventions can impede the enjoyment of the rights to access education and have freedom of opinion, expression, and information.

Drug prevention based on creating fear⁵, random mandatory drug testing in school settings⁶, and expulsion from education for drug use⁷ are measures that continue to raise human rights concerns⁸. State parties should focus on creating national school systems that are safe for

³ Ananth P, Ma C, Al-Sayegh H, et al. Provider perspectives on use of medical marijuana in children with cancer. *Pediatrics*. 2018;141(1):e20170559. doi:10.1542/peds.2017-0559

⁴ Youth RISE (2022), *Young sex workers who use drugs – Issues and recommendations narrative research*, <https://youthrise.org/wp-content/uploads/2022/12/Young-Sex-Workers-Who-Use-Drugs.pdf>

⁵ Paradigma Coalition (2023). Youth Response to the World Drug Report 2023.

<https://www.drugsandalcohol.ie/39442/1/Youth-Response-2023-World-Drug-Report%20%281%29.pdf>

⁶ BBC. *Child Q: Schoolgirl strip-search not isolated issue, police data suggests*. August 8, 2022.

Accessed on January 29, 2024. <https://www.bbc.com/news/education-62435630>

⁷ International Drug Policy Consortium (2021). Taking stock of half a decade of drug policy - An evaluation of UNGASS implementation.

<https://idpc.net/publications/2021/04/taking-stock-of-half-a-decade-of-drug-policy-an-evaluation-of-ungass-implementation>

⁸ Office of the United Nations High Commissioner for Human Rights. A/HRC/54/53: Human rights challenges in addressing and countering all aspects of the world drug problem. OHCHR. 15 August 2023.

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G23/156/03/PDF/G2315603.pdf?OpenElement>

young people, where they are not subjected to inhumane strip searches for drugs, and where pupils are not suspended or expelled for drug use or possession, which isolates them from their peers, hinders their ability to access education and personal development, and poses serious negative outcomes for their mental health.

As highlighted in the International Guidelines on Human Rights and Drug Policy⁹, everyone has the right to freedom of opinion and expression, which includes the right to hold opinions, express ideas, and seek, receive, and impart information about drugs and drug policy.

In accordance with this right, States should:

- i. Take all necessary legislative, administrative, and other measures to ensure full enjoyment of the rights to freedom of opinion, expression, and information about matters related to drug laws, policies, and practices, **including information and opinions regarding health services for people who use drugs (such as harm reduction interventions)**; the composition of controlled drugs; the value, meaning, and benefits of traditional, cultural, and religious uses of substances; the human rights of people who use drugs or are otherwise involved in drug-related activities; and reforms to such laws, policies, and practices.
- ii. Provide accurate and objective information about drug laws, policies, and regulations; drug-related harms; and drug-related health goods, services, and facilities. For example, **evidence-based and human rights-compliant education on substances and substance use is currently very limited**^{10 11}. State parties should include sensible and science-based information on harm reduction for young people who use drugs as part of schools' educational curricula. As recommended by OHCHR¹², States should develop accessible and youth-friendly drug dependence treatment and harm reduction services according to their age and background¹³.
- iii. Refrain from censoring or restricting access, including through the application of criminal or other sanctions, to scientific and health-related information about drugs, drug use, drug-related harms, and goods, services, and facilities aimed at preventing or reducing such harms, and refrain from otherwise withholding or intentionally misrepresenting such information.

⁹ United Nations Development Programme (UNDP). International Guidelines on Human Rights and Drug Policy. UNDP, [March 2019].

<https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>.

¹⁰ Youth RISE (2021). Harm Reduction Services for Young People Who Inject Drugs.

<https://youthrise.org/resources/harm-reduction-services-for-young-people-who-inject-drugs/>

¹¹ Kumar R, O'Malley PM, Johnston LD, Laetz VB. Alcohol, tobacco, and other drug use prevention programs in U.S. schools: a descriptive summary. *Prev Sci.* 2013 Dec;14(6):581-92. doi: 10.1007/s11121-012-0340-z. PMID: 23404662; PMCID: PMC3706520.

¹² Office of the United Nations High Commissioner for Human Rights. A/HRC/54/53: Human rights challenges in addressing and countering all aspects of the world drug problem. OHCHR. 15 August 2023.

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G23/156/03/PDF/G2315603.pdf?OpenElement>

¹³ A good example of evidence-based resource for harm reduction education is the curriculum created by the Drug Policy Alliance and now hosted by Stanford Medicine REACH Lab, named "Safety First: A Comprehensive, Harm-Reduction-Based, Drug Intervention Curriculum". While abstinence is explained as the safest possible choice for young people to make regarding substance use, this material also provides adolescents with essential information to keep themselves and their peers safe if and when they do encounter alcohol or other drugs. For more information visit:

<https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html>

The obligation to fulfill

Drug policies often erect barriers to effective health care, including palliative care, especially where such care is linked to the needs of particularly vulnerable populations. As seen in peer-reviewed research from Loop UK, it is important to provide drug-checking services to the most marginalized communities¹⁴ who are more likely to receive contaminated supplies, such as young people who use drugs or young people who use opioids¹⁵. Current prohibitive conditions impeding the opening of such services pose a life-threatening environment to the most vulnerable groups.

III. Drug policy and ESC rights - substantive sections/Specific obligations of States parties under the Covenant

Health and other ESC impacts of administrative and criminal sanctions related to controlled substances

The excessive use of incarceration and other punitive approaches as a drug control measure and its negative effect on a wide range of ESC rights, with disproportionate impacts on people living in poverty and other marginalized individuals and communities, including people of African descent, Indigenous Peoples, women, children, and adolescents. The UNODC's World Drug Report 2023¹⁶ introduced key indicators that support State parties in considering the impact of police violence and militarization on health and ESC rights. For additional resources that enable further assessment for a more complete picture, Youth RISE encourages States to also consult IDPC's Shadow report for the mid-term review of the 2019 Ministerial Declaration on drugs¹⁷ and Youth RISE's response to the World Drug Report 2023¹⁸.

Going forward, States should acknowledge and reflect on how the security policies used to respond to drug trafficking activities are also bringing side effects to local communities and the environment in which they live. As highlighted in the World Drug Report 2023¹⁹, the criminal trend in the Amazon basin is partly the result of security responses to criminal networks, which fostered the expansion and innovation of transnational crime, bringing along increased levels of violence and bloodshed.

¹⁴ Measham F. City checking: Piloting the UK's first community-based drug safety testing (*drug checking*) service in 2 city centres. *Br J Clin Pharmacol.* 2020; 86: 420–428. <https://doi.org/10.1111/bcp.14231>

¹⁵ Paradigma Coalition. 2023. Youth Response to the World Drug Report 2023.

<https://www.drugsandalcohol.ie/39442/1/Youth-Response-2023-World-Drug-Report%20%281%29.pdf>

¹⁶ UNODC, World Drug Report 2023 (United Nations publication, 2023).

https://www.unodc.org/res/WDR-2023/Special_Points_WDR2023_web_DP.pdf

¹⁷ International Drug Policy Consortium (IDPC), Off Track: December 2023 Shadow Report For The Mid-Term Review Of The 2019 Ministerial Declaration On Drugs. (IDPC. December, 2023),

<https://idpc.net/publications/2023/12/idpc-shadow-report-2024>

¹⁸ Paradigma Coalition. 2023. Youth Response to the World Drug Report 2023.

<https://www.drugsandalcohol.ie/39442/1/Youth-Response-2023-World-Drug-Report%20%281%29.pdf>

¹⁹ UNODC (2023). The nexus between drugs, crimes that affect the environment and convergent crime in the Amazon Basin. World Drug Report.

https://www.unodc.org/res/WDR-2023/Research_Brief_Amazon_FINAL.pdf

The strengthening of gangs after drug control policies based on the War on Drugs approach is a phenomenon observed across all of Latin America. A study published in 2023 by the Institute of Applied Economic Research in Brazil estimated that each Brazilian has a 4.2-month reduction in their life expectancy due to the effects of the war on drugs²⁰. The sum of all lifetime lost amounts to 1.14 million years. The same study also calculated that the country loses at least 50 billion reais (210 million dollars) per year as a result of the prohibition of drug use and repression of trafficking.

The Youth Response to the World Drug Report highlighted how the violence unfolded in contexts like Mexico has had negative effects on the research, protection, and preservation of flora and fauna in specific ecosystems²¹. Said violence also represents a threat to researchers, including young researchers. A report by Mongabay documented the murder of a young biologist (31 years old) in June 2023 while collecting samples of a shrub as part of his doctoral research²². In the same month, two other researchers were killed, while other students have also received threats²³. This illustrates how conducting fieldwork in certain places has become increasingly risky and threatening for scientists. Their work is essential for understanding what is happening in nature and, consequently, for conserving species. Scientific enrichment enables the conservation of flora and fauna that are currently endangered.

Youth RISE highlights the need to consider the long-term impact that living in such a violent context poses on youth. For instance, a study followed adolescents in Rio de Janeiro who were frequently exposed to violent clashes between drug trafficking groups and the military police²⁴. The research found that 7.8% of these teenagers experienced post-traumatic stress disorder (PTSD). Moreover, numerous reports from the region point to an alarming rate of youth and child involvement in drug-related activities, such as drug trade and cultivation, or employment to carry out activities for drug cartels²⁵. Minors are frequently recruited because young people are valuable assets for criminal groups. They represent a cheaper source of manpower and are easier to manipulate, especially if they are plied with narcotics. This is a

²⁰ IPEA (2023). Custo De Bem-Estar Social Dos Homicídios Relacionados Ao Proibicionismo Das Drogas No Brasil. https://repositorio.ipea.gov.br/bitstream/11058/12132/1/Publicacao_preliminar_TD_Custo_bem_estar_social.pdf

²¹ Paradigma Coalition (2023). Youth Response to the World Drug Report 2023. <https://www.drugsandalcohol.ie/39442/1/Youth-Response-2023-World-Drug-Report%20%281%29.pdf>

²² Mongabay. Asesinato de biólogo estadounidense en Sonora se suma a la violencia contra científicos en México. July 13, 2023. <https://es.mongabay.com/2023/07/asesinato-de-gabriel-trujillo-en-sonora-se-suma-a-violencia-contra-cientificos-mexico/>

²³ Mongabay. Asesinatos de investigadores universitarios encienden la alerta sobre las amenazas contra defensores en el centro de México. June 30, 2023.

²⁴ Avanci JQ, Serpeloni F, de Oliveira TP, de Assis SG. Posttraumatic stress disorder among adolescents in Brazil: a cross-sectional study. *BMC Psychiatry*. 2021 Feb 5;21(1):75. doi: 10.1186/s12888-021-03062-z. PMID: 33546640; PMCID: PMC7866458.

²⁵ Open Society Foundations (2015). The Impacts of Drug Policies On Children And Young People. <https://www.opensocietyfoundations.org/uploads/66e0ef5f-a83f-4b85-8a3c-3ea470819844/impact-drug-policies-children-and-young-people-20151029.pdf>

common tactic, as evidenced by the numerous accounts of young recruits acting under the influence of drugs²⁶.

Such practices are enabled via a complex interplay of factors that are almost always linked to the child's survival. For example, research carried out by the NGO Observatório de Favelas in 2018 investigated the profile of children and adolescents who are coopted by drug trafficking groups in Rio de Janeiro²⁷. With an average of 12 years old, most start with the intention of earning income to support the family. States should address economic and social factors, including basic infrastructure and market access, as part of their responses to drug challenges. A number of alternative development programs relating to illicit crop production provide important lessons for policymakers²⁸. We encourage such lessons to be further explored by State parties and urge them to ensure the well-being of future generations through a balanced investment in health, education, security, and employment opportunities for communities – particularly for young people.

Enforcement efforts targeting people who use drugs and petty dealers and poor, Indigenous, and racialized communities, and legislation denying bail as well as sentence reduction, suspension, early release, parole, pardons, and amnesty contribute to all drug crimes, including drug use to disproportionately high rates of poor and other marginalized people in prison, affecting their rights to health, and their families' economic security, and thus right to an adequate standard of living. For young people, such consequences have life-long consequences.

As part of the 2021 Kyoto Declaration on Advancing Crime Prevention, Criminal Justice and the Rule of Law, UN Member States have committed to “develop, implement, and evaluate crime prevention strategies, including their effectiveness, that address the causes, including the root causes, and risk factors that make different segments of society more vulnerable to crime, and share best practices to strengthen our capacity”²⁹. The Declaration equally emphasizes the facilitation of “restorative justice processes at relevant stages in criminal proceedings in order to assist the recovery of victims and the reintegration of offenders”. These commitments represent key pillars to advancing human-rights-driven and evidence-based alternatives to incarceration. Similarly, the Declaration's inclusion of youth empowerment and participation in crime prevention strategies alongside the acknowledgment of special rights protections are essential steps forward in designing such alternatives.

²⁶ Council of Hemispheric Affairs (2012). From Cradle to Conflict: Child Soldiers' Growing Role in Latin America's Drug Wars. April 24, 2012.

<https://coha.org/from-cradle-to-conflict-latin-americas-child-soldiers-new-direction-to-drug-wars/>

²⁷ Observatório De Favelas (2018). Novas Configurações Das Redes Criminosas Após A Implantação Das Upps.

<https://observatoriodefavelas.org.br/wp-content/uploads/2018/08/Novas-Configuracoes-das-Redes-Criminosas.pdf>

²⁸ Open Society Foundations (2016). Drug Crop Production, Poverty, and Development.

<https://www.opensocietyfoundations.org/uploads/0b9cf913-7c05-4e54-be67-274365d95391/drug-crop-production-poverty-and-development-20150208.PDF>

²⁹ United Nations. 2021. Kyoto Declaration on Advancing Crime Prevention, Criminal Justice and the Rule of Law: Towards the Achievement of the 2030 Agenda for Sustainable Development.

https://www.unodc.org/documents/commissions/Congress/21-02815_Kyoto_Declaration_ebook_rev_cover.pdf

Alternative justice mechanisms focused on rehabilitation and social reintegration have been slow to develop and are not equally accessible across different parts of the world. In addition, participation in such programs is often reserved only for those who have committed minor offenses, leaving a large majority of those in need of rehabilitation facilities subject to more punitive measures. Some alternative justice mechanisms equally grapple with challenges when it comes to the right to due process, proper legal aid, inclusivity, and the implementation of evidence-based, non-punitive treatment. Youth RISE urges State parties to take the needed measures to accelerate the implementation of such alternatives, putting the long-term well-being of young people at the heart of their responses.

International cooperation and assistance

UN human rights mechanisms, UN entities, Member States, and civil society organizations have highlighted concerns about international cooperation efforts contributing directly or indirectly to human rights violations. It is concerning that a disproportionate share of assistance continues going to law enforcement, including militarized interventions with scant resources for harm reduction, essential medicines, and other health and social services for people who use drugs or who need them for pain relief. Young people who use drugs are particularly affected by this unbalanced allocation of resources, which focuses on over-reliance on punitive responses.

Youth RISE emphasizes data from The World Bank and the World Health Organization, which shows that at least half of the world's population lacks full coverage of essential health services³⁰. Among them, young people, particularly those marginalized - such as young people who use drugs - or living in low and middle-income countries, face greater challenges in accessing healthcare. A survey conducted by Youth RISE in 2021 showed that 33% of respondents accessed healthcare services through out-of-pocket expenses, and many had been denied healthcare due to financial constraints³¹. Young people still lack access to mental health care, comprehensive Sexual & Reproductive Health Rights, harm reduction programs, and non-coerced, non-forced substance dependence recovery.

Youth RISE recommends that State parties guide their national responses to drugs grounded in the principles of human rights and guided by the International Guidelines on Human Rights and Drug Policy³² and the 2030 Sustainable Development Agenda³³.

³⁰ World Bank and WHO. *Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses*. December 13, 2017. Accessed on January 29, 2024.

<https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>

³¹ Youth RISE (2021). UHC Issues For Young People Who Use Drugs And Other Young Inadequately Served Populations. April 2021. Youth RISE.

<https://youthrise.org/wp-content/uploads/2021/05/UHC-Issues-for-YPWUD-and-other-Young-ISPs-1.pdf>.

³² United Nations Development Programme (UNDP), "International Guidelines on Human Rights and Drug Policy". UNDP, [March, 2019],

<https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>.

³³ United Nations, "Transforming our World: The 2030 Agenda for Sustainable Development" (Geneva: United Nations, 2015),

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement>

IV. Implementation

Measuring the impact/effectiveness of drug policy responses

Youth RISE emphasizes the need to review and reform data collection practices that enable the understanding of a more complete picture and better equip countries to respond to drug-related challenges. Investigation efforts should strive to collect disaggregate data by relevant factors, including health status (such as drug dependence and people living with disabilities), age, sex, race and ethnicity, sexual orientation, and gender identity. It should also include questions assessing the reasons for substance consumption. Such questions can help to understand, for instance, if people living with disabilities are taking illegal or controlled substances for self-medicating purposes and barriers to accessing the medication they need³⁴.

State parties should strive to conduct data collection in collaboration with community-based organizations and academic institutions. Evidence-gathering efforts should prioritize outcome-oriented metrics that measure the positive and negative economic, social, cultural, and environmental impacts of these policies. For such a purpose, it is advised that data collection balance qualitative and quantitative research methods.

When it comes to implementation, States must urgently refrain from criminalizing essential healthcare services, such as harm reduction, and instead provide robust funding for the sustainable operation of these programs. This includes investing in needle and syringe programs, drug-checking initiatives, and supervised consumption facilities. States must recognize the value of such services for the promotion of public health. Drug checking plays an invaluable role in informing public health responses to contaminated supply issues, as seen with certain programs in Europe. The results from drug checking can better inform health staff in the case of impure and dangerous substances in the illegal market, allowing for the preparation of the health system to respond to and prevent fatal overdoses. Tailored models that engage vulnerable communities, such as sex workers and young people who use drugs, warrant replication and scale-up. Take-home naloxone should be freely available to curb loss of life.

It is essential that younger users have full access to these life-saving interventions and are meaningfully included in their design, implementation and evaluation. Specifically, States should acknowledge the need for and support youth-led peer support networks. Such grassroots services foster empathy, respect and reduce stigma. Young people with lived and living experiences in harm reduction should meaningfully participate in designing and guiding programs tailored to their needs. Parental consent requirements and age barriers that restrict access to services contravene human rights and public health and, hence, must be removed. Guaranteeing anonymity and safety within harm reduction spaces is also critical. Designated areas within consumption facilities, for example, protect vulnerable youth, such

³⁴ Rathod P, Sharma S, Ukey U, Sonpimpale B, Ughade S, Narlawar U, Gaikwad S, Nair P, Masram P, Pandey S. Prevalence, Pattern, and Reasons for Self-Medication: A Community-Based Cross-Sectional Study From Central India. *Cureus*. 2023 Jan 18;15(1):e33917. doi: 10.7759/cureus.33917. PMID: 36819304; PMCID: PMC9936784.

as LGBTQI+ individuals and women, from threats of violence and harassment³⁵. Authorities must seek and incorporate ongoing feedback to strengthen responsiveness of all services.

Public officials require sensitization to understand harm reduction as health promotion, not law enforcement. Training for police and healthcare workers should emphasize rights-based, collaborative approaches to mitigating overdose risk. Drawing from effective partnerships elsewhere, training can build cooperation between services and authorities focused on prioritizing user wellness above punitive interventions³⁶.

Youth RISE echoes the recommendations from OHCHR and urges State parties to consider drug policies that shift away from the punitive paradigm, such as decriminalization and regulation³⁷. The criminalization of drug use pushes people who use drugs to engage in riskier practices that contribute to rising numbers of overdoses. For example, the decriminalization of drug use itself can mitigate unsafe practices exacerbating overdose crises, as evidenced by Portugal, which decriminalized all drugs more than 20 years ago, points out³⁸. It can also contribute to better use of financial resources, leading to better use of public investment³⁹. Only through robust yet compassionate implementation will State parties fulfill human rights obligations in this critical domain.

V. The future of drug control

Sixty years after the Single Convention on Narcotic Drugs, it is clear that prohibitionist drug policies have failed to achieve their stated goals. Despite the immense resources devoted to supply and demand reduction through law enforcement and criminalization, global drug markets continue to expand, and drugs remain widely available. Punitive drug laws have directly and indirectly caused serious human rights violations around the world with devastating impacts on health, development, and governance. The evidence from countries that have implemented more progressive drug policy reforms provides a clear alternative path forward.

Countries like Portugal that have decriminalized drug possession and prioritized public health-based responses have seen positive outcomes with long-term benefits, particularly for

³⁵ See more on Annex 1. Youth RISE. (Forthcoming: 2024). Catalysts for Change: Youth-Driven Insights in Opioid Harm Reduction. Rebeca Calzada, Atika Juristia, Teresa Castro, Carolina Arredondo S.L., Vincentius Azvian, Alfonso Chávez, Susan Wambui, Walter Osigai Etepesit, Paul Sixpence.

³⁶ Harm Reduction International. 2022. The Global State of Harm Reduction. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>

³⁷ Office of the United Nations High Commissioner for Human Rights. A/HRC/54/53: Human rights challenges in addressing and countering all aspects of the world drug problem. OHCHR. 15 August 2023.

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G23/156/03/PDF/G2315603.pdf?OpenElement>

³⁸ Transform Drug Policy Foundation. 2021. Drug decriminalization in Portugal: Setting the record straight.

<https://transformdrugs.org/assets/files/PDFs/Drug-decriminalisation-in-Portugal-setting-the-record-straight.pdf>

³⁹ Ricardo Gonçalves, Ana Lourenço, Sofia Nogueira da Silva, A social cost perspective in the wake of the Portuguese strategy for the fight against drugs, *International Journal of Drug Policy*, Volume 26, Issue 2, 2015, Pages 199-209, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2014.08.017>.

young people. By removing criminal penalties for personal drug use and investing in harm reduction services, Portugal has benefited from declining drug use rates, falling drug-related pathologies like HIV and hepatitis C, and fewer overdose deaths - the country has consistently performed among the lowest rates of fatal overdoses in the European Union in recent years, as well as the prevalence of drug use among the younger population⁴⁰. Crucially, these gains were achieved without increases in drug use. Youth, in particular, have higher levels of knowledge and life skills to help protect their health and well-being. A study concluded that, in comparison to Italy - which has a more punitive system to respond to drugs - Portuguese youth show higher levels of knowledge and life skills to ensure their health and well-being if and when dealing with drug use⁴¹. This shows that decriminalization and harm reduction do not undermine public health and can, in fact, improve it.

Alternative models that regulate rather than prohibit certain drugs have also shown promising results. In jurisdictions that have legalized and regulated non-medical cannabis markets, like Uruguay and some U.S. states, health and social impacts have been more positive or neutral than predicted. Revenue from legal markets can be re-invested into public health solutions. Significantly, these reforms have been achieved without the feared increases in drug epidemics.

It is time for State parties to consider reforms that move away from the failed prohibition paradigm. A public health-based regulatory model combined with the decriminalization of drug possession offers an evidence-backed alternative aligned with international human rights law. Member States should examine how proportional legal and regulatory models and demand-driven support systems could better achieve the goals of public health, security and human rights. Youth RISE's network stands ready to support national efforts in this direction based on scientific evidence and shared humanistic values of compassion and non-discrimination.

⁴⁰ European Monitoring Centre for Drugs and Drug Addiction (2023), European Drug Report 2023: Trends and Developments,

https://www.emcdda.europa.eu/publications/european-drug-report/2023_en

⁴¹ Raimondo Maria Pavarin, Ximene Rego, Elia Nostrani, Elia De Caro, Roberta Biolcati, Joana Canêdo & Samantha Sanchini (2020): Differences between subjects with socially integrated drug use: a study in Italy and Portugal, Journal of Substance Use, DOI: 10.1080/14659891.2020.1736660

Annex 1*

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Catalysts for Change: Youth-Driven Insights in Opioid Harm Reduction

Rebeca Calzada, Atika Juristia, Teresa Castro, Carolina Arredondo S.L., Vincentius Azvian, Alfonso Chávez, Susan Wambui, Walter Osigai Etepesit, Paul Sixpence.

Introduction

The UNDOC 2023 World Drug Report provides insights into the prevalence of opioid use among individuals aged 15-65 in different regions. In Africa, the prevalence stands at 1.24%, which represents 9,670,000 people. Europe has 3,790,000 users, revealing a prevalence of 0.78%. The Americas reports 11,940,000 people who use opioids and a prevalence rate of 1.74%. Meanwhile, in East and Southeast Asia, 2,780,000 people experience opioid use, representing a prevalence of 0.17% (*World Drug Report 2023*, n.d.).

The response to opioid use among young people remains a public health concern in every region of the cohort. Addressing the specific needs of young people who use opioids (YPWUO) demands a profound commitment to elevate their voices and support them to lead this urgent discussion. Furthermore, it is essential to acknowledge the role of harm reduction in responding to their needs and challenges.

The objective of this article is to present the results and recommendations from a discussion held by a cohort consisting of young people who are using opioids, harm reduction practitioners, or, in some cases, both, based in various regions worldwide. The discussion was divided into a series of conversations centered on understanding the needs and challenges faced by young people who use opioids (YPWUO) and harm reduction practitioners.

The article is organized into a total of five divisions. The initial division offers a concise elucidation of the employed methodology. Subsequently, the second division encompasses the political backdrop surrounding drug use and the availability of harm reduction services in each respective setting where the collaborators are situated. The third division presents the prominent themes that emerged from online discussions regarding the barriers to access to harm reduction and health services and the needs of young individuals who consume opioids and harm reduction professionals. The fourth division expounds upon recommendations that aim to effectively address the necessities and challenges encountered by this particular group of young people who use opioids and harm reduction professionals. The fifth division concludes the article by providing some final remarks.

1. Methodology

This study involves a cohort of eight representatives⁴² of young people who use opioids and young harm reduction practitioners from Canada, Indonesia, Kenya, Mexico,

⁴² In the following sections these eight representatives would be refer as "collaborators". Referring them as these attempts to acknowledge their expertise, promotes a reciprocal relationship between them and the research, and values them as active contributors during the research process (Gallego & Nørgaard, 2018; Peuravaara, 2014).

Portugal, Uganda, The United States, and Zimbabwe, who, during the research period gathered data from their own countries. Using a qualitative approach, each collaborator responded to research questions, focused on the needs and challenges of young people who use opioids, the challenges harm reduction practitioners face while implementing harm reduction strategies, and recommendations on how to ensure harm reduction services are accessible and take into consideration the well-being of YPWUO. The questions posed to the representatives were responded to based on their personal experiences. Additionally, they offered insight by examining existing data and policies within their respective localities. Moreover, the representatives engaged in dialogue regarding the most effective strategies to meet the specific needs of the YPWUO and facilitate positive transformation within this community. The meetings were conducted remotely, and a written record of the discussions was obtained. The duration of the discussions ranged from thirty minutes to one hour. Key themes were identified using an inductive approach.

2. Political context

- **Canada:**

In Vancouver, British Columbia, and Canada overall, the political landscape has shifted towards harm reduction and decriminalization. Health Canada granted an exemption until January 2026, allowing adults in B.C. to possess small amounts of certain illegal drugs without criminal charges. However, a new proposed bill in October 2023 seeks to ban illegal drug use in public places, introducing restrictions near building entrances, bus stops, playgrounds, and recreational areas (Public Safety and Solicitor General, n.d.)

Canada's drug regulations are measures by the Food and Drug Act and the Controlled Drugs and Substances Act. These laws establish penalties for the possession, trafficking, exportation, and production of controlled substances. However, in recent years, there has been a shift towards a more lenient approach. As stated above, adults in British Columbia are not subject to criminal charges for the possession of up to 2.5 grams of certain illegal drugs for personal use, although possession for the purposes of trafficking, production, or export remains a crime (Public Safety Canada, 2023).

The Government of Canada has taken some actions to address the overdose crisis. It has focused on prevention, treatment, harm reduction, and **enforcement**. Measures include removing barriers to accessing drugs used for the treatment of opioid dependence, such as issuing a class exemption for patients, practitioners, and pharmacists prescribing and providing controlled substances in Canada, and approving injectable hydromorphone and diacetylmorphine as treatment options for patients with severe opioid use disorder (Health Canada, 2023a).

The Government of Canada has provided funding to support people who use drugs. For instance, Health Canada's Substance Use and Addictions Program (SUAP) provides funding for a wide range of innovative and evidence-informed projects, including substance use prevention, harm reduction, and treatment initiatives across the country (Fischer et al., 2016). In 2022, the government announced nearly \$40 million in funding for 73 innovative community-led projects across Canada to help improve health outcomes for people at risk of experiencing drug-related harms and overdose (Health Canada, 2022). In addition, Budget

2022 proposed to provide \$100 million over three years to support harm reduction, treatment, and prevention at the community level (Health Canada, 2022b).

The political willingness to upscale safer supply is rather weak considering that twenty-one safe supply programs are concentrated in one province and their funding will be terminated in March 2024 (Government of Canada, Health Canada, 2023).

Recently, an open letter with 130 signatories consisting of drug use experts urges the government to fund the safer supply initiatives in Canada as the current funding will terminate in March next year (HIV Legal Network, 2023).

- ***Indonesia***

The political situation regarding substance use in Indonesia is complex at the local and national levels. At the local level, YPWUO face various drug and harm reduction policy approaches. Some regions have adopted progressive harm reduction approaches. Some regions have adopted progressive harm reduction approaches, emphasizing overdose prevention, sterile syringes, and mental health support. These problems occur based on the decentralized health system and policies in Indonesia.

In Act Law number 35 of 2009, the previous regulation on narcotics and drugs in Indonesia before being updated into the new National Criminal Code, the government introduced a legal process rehabilitation approach known as “sentence-based rehabilitation” (Badan Pemeriksa Keuangan Republik Indonesia, 2023). However, this proposal raises concerns as it may merely shift overcrowding from prisons and detention centers to rehabilitation facilities. Mandatory rehabilitation for people who use drugs is criticized for conflicting with human rights, public health goals, and harm reduction principles. The regulation also mandates medical and social rehabilitation for all people who use drugs, contrary to the World Drug Report 2021, which indicates that only 13% of narcotic users have health-related issues (Jaringan Reformasi Kebijakan Narkotika, 2022). Additionally, the criminalization of individuals for possession of illicit substances has not yet been classified as narcotics contradicts the fundamental principle of legality in criminal law.

Limited access to mental health services in Indonesia, especially in rural areas, exacerbates the issue. There are approximately 10,000 health centers in Indonesia and there are only 1,000 of those which include mental health services. There are only 2,500 clinical psychologists and 600–800 psychiatrists in the country with a population of 270 million. The majority of these healthcare providers are concentrated on the island of Java, particularly in Jakarta. While health services are generally open to all young people, there are almost no specialized health services that address drug use. Also, young people still do not receive comprehensive services in healthcare (only 15%), including health counseling and access to complete medications (Inti Muda Indonesia, 2021).

Limited access to mental health services in Indonesia, especially in rural areas, exacerbates the existing problem of health inequity for youths who use opioids. There are approximately 10,000 health centers in Indonesia and only 1,000 of those have mental health services. There are only 2,500 clinical psychologists and 600–800 psychiatrists in the country with a population of 270 million. The majority of these healthcare providers are concentrated in Indonesia’s capital city, Jakarta. While health services are generally open to

all young people, it is seldom to find specialized health services that are designed for drug users. There are only 15% of young people who use drugs in Indonesia who have access to healthcare, which includes health counseling and access to complete medications (Inti Muda Indonesia, 2021).

- **Kenya:**

In Kenya, the Narcotic Drug and Psychotropic Substances Control Act criminalizes the use of certain opioids, imposing penalties for possession. Article 8 of the Constitution prohibits possession of narcotic drugs and psychotropic substances, with varying sentences, including imprisonment for up to twenty years or a substantial fine. Article 15 addresses the unlawful possession of instruments for administering drugs, carrying a maximum penalty of ten years (National Council for Law, 2012).

Approximately 18,000 individuals inject drugs in Kenya, with 11% being women. About 20% of drug injectors are HIV positive, with women more susceptible to HIV infection. The initiation age for opioid use is 18 for heroin according to a recent national survey. A situational assessment in Nairobi and coastal regions showed that 91% of injectors were male, with heroin being the most commonly injected drug. The adjusted national HIV prevalence among injectors was 18.3%, with women at higher risk. Those initiating drug use at ages 11-19 faced the greatest HIV risk in Nairobi, while those aged 20-24 faced higher risks in the coastal region. A 2018 cross-sectional study on hepatitis C treatment showed 117 positive anti-HCV tests, with 88 having chronic hepatitis C. Of those treated, 96% achieved a sustained virological response. Despite the rising number of young people using opioids, no specific surveys target this group. A 2023 study on females who inject drugs found 12% bacterial vaginosis and 3% cervicitis in a Githurai slums sample.

Socially, young people who use opioids face stigma and discrimination in Kenyan culture. YPWUO hides due to negative attitudes and judgment from others, often labeled as criminals or "junkies."

Health services for drug use and harm reduction include HIV testing, treatment of minor ailments, hepatitis B/C screening, vaccination, cervical cancer screening, referrals, legal support, needle and syringe programs, overdose prevention, safe sex practices, violence response, methadone programs, STI screening, psychosocial support, nutrition support, health education, and support groups (NACADA, 2020).

- **Mexico:**

Locally in Tijuana, Articles 136 and 137 of the local law designate public substance consumption, as an infraction allowing detention for up to 36 hours, potentially leading to mandatory treatment if required. However, a seeming contradiction is presented with the legal protection of the human rights of those in migration or street situations, (Article 177 BIS and Article TER) (Bando de Policía y Gobierno para el Municipio de Tijuana, 2009).

Nationally, issues such as militarization, and the lack of treatments like methadone and naloxone, reflect the broader approach to substances. The current national methadone shortage exposes individuals to health risks like withdrawal syndrome and increased

consumption of unknown substances, leading to fatal overdoses and heightened disease transmission risks (Romero et al., 2023).

Despite progress in awareness, occupational health, overdose prevention, and human rights through workshops for public actors, the impact has been undermined by the introduction of new security forces like the Mexican Army and the National Guard. 2016 was the last year data was collected nationally because the current government canceled its continuity. Recently, the government has started collecting data again, although using a different methodology (Secretaría de Salud, n.d.).

For young people who use drugs, [Prevecasa](#) is the sole organization in Tijuana with a harm reduction program. They provide various services, including medical and psychological consultations, syringe exchange, rapid tests for HIV and other diseases, personal hygiene supplies, a wound clinic, community showers, a safe consumption room for women, and workshops on overdose prevention, human rights, and self-care. Other organizations, such as the Refugee Health Alliance (RHA), and community kitchens like "El Comedor Salesiano," also contribute important health services, particularly for the migrant population.

- **Portugal:**

In Portugal, the use of illicit substances is more common among young adults (15-34 years old) (SICAD, 2022). By the time they are 18 years old, around 2-3 in every 10 Portuguese youths have already used an illegal substance (SICAD, 2021). Still, lifetime use of illicit substances among Portuguese students is slightly lower than the European average (EMCDDA, 2018). That said, it has proven extremely difficult to find reliable data and information concerning young people and drug use, particularly opioids.

Portugal decriminalized the possession and consumption of all drugs in 2001 (DIÁRIO DA REPÚBLICA, 2000), yielding positive outcomes in HIV/hepatitis rates, overdoses, and drug-related crimes (Slade, n.d.). However, essential measures foreseen in the decriminalization law took a long time to implement. For example, drug consumption rooms were only established in 2019 and remain insufficient. Needle and syringe programs in prisons and heroin-assisted treatment are nonexistent. There is only one drop-in center providing drug-checking services, in Lisbon, which is unfortunately not accessible to the most vulnerable populations.

The legal framework in Portugal involves administrative offenses related to drug use, with a significant portion (around half) occurring among the 16-24 age group (SICAD, 2022). The confidentiality rights of underage individuals (between 16 and 18 years old) sometimes take precedence over those of their legal representatives, particularly when the young person can exercise good judgment and when the situation involves topics like substance use and sexual health (Conselho Nacional de Ética para as Ciências da Vida, 2022). While specific programs in therapeutic communities and youth consultations within treatment teams are supposed to exist for young people, most existing services target adults and do not address the particular needs of YPWUD.

In general, harm reduction services are underfunded, unevenly distributed across Portugal, and not adapted to serve the intersections often linked to drug use. Drug-related

health services for YPWUD, especially opioids, are severely lacking. Programs aimed at YPWUD focus mainly on prevention or treatment, with limited harm reduction services only in specific contexts like nightlife. Unfortunately, this approach leaves the most vulnerable populations unsupported (Canêdo et al., 2022).

- **Uganda:**

In Africa, regions like the West and Central account for half of the quantities of pharmaceutical opioids, particularly tramadol, seized globally between 2017-2021. Cannabis remains the most widely used substance in the African continent; the highest prevalence and increase in use are being reported in West Africa and Central Africa with rates between 5.2% and 13.3%. The prevalence of cannabis and opioid use in West Africa and Central Africa remains higher. In the region, 10% of the population aged 15-64 used cannabis in 2021 and 1.2% of opioids, while global estimates are respectively 4.4% and 1.1%. The vast majority (70%) of people treated for drug-related dependence in Africa are under 35 years old (WHO Regional Office for Africa).

In Uganda, the prevalence of drug dependence among youths is 70.1% which is a lot higher than that of East Africa which is approximated at 45.5%. The factors influencing drug dependence among the youth in areas such Kampala district are related to socio-cultural factors, economic factors, and individual factors of drug dependence among youth. (Immaculate Nakibuuka, Margaret Joy Nalubega, International Committee of the Red Cross, Uganda. Faculty of Health Sciences at Uganda Martyrs University, Uganda 2022).

Tramadol and codeine are the most dependent opioids in Africa. These two substances are affordable, less expensive, highly available, and may be abused for their analgesic, perceived calming, and anti-fatigue effects to improve physical, intellectual, and working performances in Africa. The African opioid crisis is evident mainly with substances such as tramadol and codeine prescription opioids, fueled by cheap prescriptions and drug trafficking. Obstacles to controlling the crisis include the absence of quality data, weak public health response, deficient evidence-based drug policies, health care workers not properly trained to respond to the crisis, lack of resources, and poorly support of harm reduction interventions.

As well, there is a need to stop stigma and discrimination, strengthen prevention, and underscore the need to better understand drug-related issues from a human rights-based approach to provide better care for people suffering from dependent drug use.

The lack of reliable data to assess the extent, patterns, and trends of this consumption is a major obstacle to prevention and demand reduction efforts in the African region (UNODC, 2023). Quality evidence-based data from epidemiological and aetiological studies should be available for policy formation and interventions that suit the African peculiarities. Access to ICEMs in Uganda is hindered by multiple aspects, among which health system barriers are one of the most important. Barriers were experienced owing to lack of prioritization, difficulties in finding the balance between access and control, deficiencies in the workings of the estimate and distribution system, lack of good practices to better respond the needs of YPWUO in Uganda, lack of human resources and funding, and

stigma that YPWUO experience. To improve access to ICEMs in Uganda, health system strengthening with active engagement from all stakeholders is needed.

- **The United States:**

Similarly, to other parts of the world, the use of opioids in the United States among young people has continued to increase. According to a report by the CDC (Center for Disease Control and Prevention), in 2017, among 5% of high school students had reported that they were using substances such as cocaine, inhalants, heroin, methamphetamines, ecstasy, and hallucinogens. As well, about 14% of students had stated that they misused prescription opioids (CDC, 20170).

According to a report by the U.S. Congress Non Partitional Analysis, between the years 2016 and 2018, congress enacted three laws that focused on lowering the demand and supply of opioids. Most of the funding went towards agencies (such as the police) tasked with responding to substance/opioid use. Despite these laws and strategies to “reduce” harm, there have been more harmful consequences. Needle exchange and naloxone, although somewhat accessible, face stigma, and in certain states like Oregon, fentanyl testing strips are still classified as "paraphernalia," hindering distribution, especially to underage individuals. The consequences include increased overdose deaths and criminalization of young people who use drugs.

In contrast, Oregon's Measure 110, enacted in 2021, marked a positive shift. According to a report by the Drug Policy Alliance, during the first year of Measure 110, led to a significant decrease in drug possession arrests, emphasizing comprehensive support instead of incarceration.

Per the report, “drug possession arrests had already dropped by 50% during the first year of the COVID-19 pandemic...Once Measure 110 took effect in 2021, the monthly average fell by another 67% and continued to decline into 2022” (Drug Policy Alliance, 2023). Measure 110 approaches substance use from a holistic approach by providing mental health assistance, housing, primary care, peer support, and harm reduction resources.

Regarding estimates of young people using drugs, there is a lack of reliable current data. While graphs from the CDC's High School YRBS 2021 show marijuana as the most prevalent substance, better-integrated data is necessary for a comprehensive understanding of drug use among young people. According to a report from NCDAS in 2020, of teens between the ages 12 – and 17, 1.6% have reported opioid use, while teens 17 years old and older, report a 3.6% use (National Center for Drug Abuse Statistics, 2020). While youth do not report to be the biggest percentage of people who use drugs, it is by no means a low number.

In conclusion, a more harm reduction-oriented approach, like Measure 110, is needed in the U.S., redirecting funding from law enforcement to community organizations engaging with the population. Health services for young people who use drugs are limited, In Oregon, specifically in Lane County, one of the main organizations that is pioneering that work is CORE (Community Outreach through Radical Empowerment). While several organizations will serve people 15 and older, CORE is well known for its focus on putting young people's voices at the forefront of their harm reduction programs.

- **Zimbabwe**

Opioid problematic use and dependence among young people in Zimbabwe is an issue of growing concern. Despite there being limited recent data on YPWUO in Zimbabwe, research on youth drug use indicates that drug use dependence among young people has increased from 43% in 2017 to 57% in 2019 (Zimbabwe Civil Liberties and Drug Network, 2019).

YPWUO in Zimbabwe mainly have access to codeine-containing cough mixtures that are relatively easy to access and inexpensive (Marumbwa, 2023).

Zimbabwe, just like the majority of other sub-Saharan African nation-states, has zero tolerance towards drug use and possession, even for personal use. It, therefore, follows that Zimbabwe's drug laws, specifically the Dangerous Drugs Act and the Criminal Codification and Reform Act (Chapter 9:23, Section 157) criminalize people who use drugs.

In 2020, full-spectrum harm reduction advocates working in collaboration with various government departments adopted Zimbabwe's first action plan towards cutting drug demand and supply while adhering to harm reduction principles. The policy is known as the Zimbabwe National Drug Master Plan. The plan seeks to recognise opioid use as a health challenge rather than as a criminal issue (Government of Zimbabwe - Ministry of Health and Child Care, 2020).

YPWUO raise concerns around violence, stigma, discrimination, access to health and rehabilitation services as well as being shut out of education and employment opportunities. On the other hand, harm reduction practitioners raise concerns about the lack of political will to engage in comprehensive drug reform, limited financial and mental health support services as well as community-based support interventions aimed at full spectrum harm reduction.

3. Key themes identified

The subsequent section presents themes identified during the discussions held by the eight collaborators over a three-week period of online meetings. These themes were developed and selected based on the most frequently mentioned topics.

This section is further divided into two sub-sections: the challenges and needs of young people who use opioids, and the challenges faced by harm reduction practitioners in implementing harm reduction strategies and programs. Each sub-section provides illustrative quotes from the transcript to support each theme.

Challenges and Needs of Young People Who Use Opioids

- **Access to safe supply and drug testing:**

Safe supply, especially in terms of opioids, was identified as an important concern of the collaborators. The absence of a safe drug supply is associated with increased harm for people who use drugs and a higher risk of suffering negative consequences, such as overdosing. Moreover, the absence of drug testing facilities and safe consumption spaces contributes to the challenges that YPWUO commonly face, by denying them the possibility of

knowing what their substances contain and forcing them to consume in very unsafe conditions.

Collaborators pointed out the political inaction existent in each of their contexts when it comes to safe supply and stressed that decriminalization alone is inadequate: comprehensive and proper drug regulation is needed to ensure safer supply and reduce unnecessary suffering and overdoses.

"I think a lot of countries are politically lazy as well, not, you know, not treating the opioid problem seriously because now we have everything is laced, right? And there's no safe supply. There's no option for safe supply." (A)

"I just wanted to comment that decriminalization is clearly not enough. We did it in 2001 and I mean it's better, but it's clearly not enough. So yeah, definitely regulate everything". (Teresa)

- Stigma and discrimination:

Stigma and discrimination are the main issues present in the discussions. Stigma is perceived among the collaborators as the result of misinformation about the complexity and multiplicity of factors intertwined with drug use among young people and as the basis of myths regarding opioid use. Also, punitive laws are seen as fuel for stigma, affecting not only young people but entire communities.

"One of the biggest challenges affecting young people in Uganda that use opioids is that most of these young people are affected by stigma and most of them are kind of denied in the community. And the acceptance rate of the people who use opioids is very low. And you find that like in schools, most of them are rejected and sent away from schools. And therefore, you will see that they are dropping out of school and their future is shattered. So most of them are not able to continue their education and also leading to a problem of limited opportunities for these people to grow in their career and have families of their own and be able to flourish in life." (Walter)

Collaborators emphasized the importance of considering intersectionality, acknowledging that various factors such as age, drug use, routes of administration, gender identity, ethnicity, economic status, race, migration status, place of residence, etc. can contribute to increasing the stigma and discrimination that YPWUO already face.

"...but it's of course much harder when people share multiple vulnerabilities. It's already a challenge to be someone who uses drugs. When you are someone who uses drugs, a migrant, not cis, not a white male Portuguese, it's even harder." (Teresa)

Among the intersections, young women who use opioids were recognized as a population that experiences greater stigma.

"in Kenya, women who use drugs because of our culture are stigmatized by society. They are ridiculed more harshly. The same drug that a man is using, but when a woman takes that drug, they are ridiculed, they are labeled and this makes them not even to go and seek services." (Susan)

“My concern is for culturally marginalized groups, especially women. They are usually very vulnerable and I wish we had more overdose prevention sites and inhalation tents just for women.” (A)

Many collaborators noted that young migrants and indigenous who use opioids are in particular vulnerability as well: *“I think that some important challenges have to do with the intersection of drug policies and migrations policies. So many young people who are consuming drugs in our community are generally homeless due to their deportation from the United States to Mexico. So they are separated from their families, and all that aggravates the situation by not having access to employment, housing, or health from the Mexican state.” (Alfonso)*

“We have a drug consumption room, and our young population is mainly migrant, mostly from Nepal, Bangladesh, and India, so that's also a big problem because if they are not in a regular situation in the country, they cannot have access to any social benefits, nothing. It's like they don't exist.” (Teresa)

“...the majority of people who are facing stigma and not having any resources are women and native slash indigenous. So there is this tension between Canadians, like white Canadians, and native indigenous youths. Especially girls and women, they all missing. They're just missing, murdered, raped, like all sorts of things. So they don't get anything. And those are the 80% of the overdoses that I attend to, or drug poisoning events that I attend to are basically women and natives because no one takes care of them.” (A)

However, for some collaborators, geography matters: *“I want to highlight the availability of the services... methadone services are only available in a big city, mainly in the capital city like Jakarta or in another big city such as Denpasar and Bali province. A lot of people who [illegally buy] this opioid, methadone, and suboxone from the market, they don't have the services to respond to their conditions.” (Azvian)*

Additionally, the stigma faced by YPWUO is executed by different actors such as state institutions, health care providers, civil society organizations, and even within the people who use drugs communities. In other words, intersectionality exacerbates the challenges faced by YPWUO.

“When it comes to young people who use inject drugs I think they're more facing stigma instead of the young people who use like tramadol, or those who don't inject it drugs” (Azvian)

“There's also stigma between people who use drugs, people who use different substances, and that annoys me a lot. If you use a certain substance, you feel like you are different or superior than someone that uses another substance.” (Teresa)

“A stigma from people who recovered. Or they say that they maintained abstinence for a long time, and maintained their sobriety. They have a different relationship with the opioids, with the drugs, and then they start to have the stigmatizing, actually being a perpetrator of this stigma. To people who are not sober yet or not planning to be sober. Yeah, that's interesting because I see like, okay, sure, you have a different relationship with drugs now, but you can't stigmatize people who aren't in your shoes now.” (A)

- Lack of healthcare and supportive services:

The readiness of healthcare practitioners to address the needs of young people who use drugs is a recurring theme. Concerns are raised about the lack of quality and compassionate services, with a focus on the inadequacy of healthcare practitioners. Immigrants would have a lower quality of life and lower access to healthcare due to their status.

Stigma and surveillance practices from healthcare and social services are some of the main constraints to providing adequate, youth-tailored, and supportive responses. This has a negative impact on YPWUO, which as a result, may decide not to seek these services.

"...not a lot of services are targeted to youth. And that goes along with the idea of like, oh, youth should not be using drugs. Youth is just like this very precious thing that we think and we just refuse to think that there is even the possibility of them experimenting with drugs, which we all have done, especially as a youth." (Carolina).

Overall, YPWUO face difficulty in accessing certain medications like buprenorphine, limited psychological support services are available for younger individuals, and there is an absence of services adapted to the needs of the community, especially harm reduction-related needs.

"Currently, there are no health care providers who are sensitive to the needs of young people who consume opioids. So I think from the health care provider itself, the barrier is still huge when it comes to their need to access services." (Walter)

"It really shook me that the public health department was not allowed to do a needle exchange... We were not able to give clients a needle. So that was just bonkers to me because if they're coming to a governmental institution for support and we cannot do that, then we're failing our community."(Carolina)

"And everything is very hard to get. Everything's a big process. Methadone is easy, but everything else is very hard to reach. If you want buprenorphine, it's very difficult. You have to go through I don't know how many appointments. Psychiatry is very hard to access. Even general practice medicine is very difficult to access. And like I said, all the services are not built for this community and for its specificities." (Teresa)

- Lack of housing:

Lack of housing emerges as a pervasive concern in all regions discussed, reflecting a global housing crisis, predominantly in the United States, Portugal and Canada. Lack of housing is a major barrier for young people globally, impacting access to basic needs, education, healthcare services, harm reduction services, and any other type of social service.

Also, the lack of housing for young people who use opioids and other drugs represents a major challenge to harm reduction practitioners, as collaborators have mentioned: *"It's very hard to do anything with someone that doesn't have a house because that's the basic needs."* (Teresa). Gentrification often leads to the displacement of low-income residents, including homeless youths, as property values and rents increase in revitalized areas (Gaetz, et al., 2018).

Rigid social service structures, like appointment systems, exacerbate difficulties for YPWUO, leaving many without chances of accessing any type of support. In that sense, collaborators stressed that social and healthcare services are designed for people with specific characteristics, such as: being a citizen, having a permanent address, and being over 18 years old. *“I was actually homeless because of not being able to get the resources that I needed when I was a teenager. And I immigrated from Indonesia. But I was in an abusive household and I wasn't able to reach out for help because the system assumes that, okay, you have a mom, you have a dad, you have kids, everything is healthy. In most cases, it's not like that. So you're not always coming from a functional family, a non-abusive household.”* (A)

Challenges Faced by Harm Reduction Practitioners

- *Policy issues and political inaction:*

Collaborators emphasized the urgent necessity for policy changes, as it is one of the major challenges for effectively responding to the needs of YPWUO. Current policies and political inaction contribute to the lack of safe supply, delays in making naloxone accessible, punitive responses over supportive ones, discrimination and stigma towards YPWUO, and fueling gender-based violence.

“Sometimes the punitive policy has also contributed to gender-based violence because you don't expect a young person, a young woman to go and tell the police that they have been raped and accept that they are drug users. So the police will not even listen to them, they will attack the drug users in them. So punitive drug laws and policies have greatly contributed to the vulnerability of young people, stigma and discrimination.” (Susan)

- *Harm reduction services:*

Harm reduction services are crucial for the wellness of YPWUO. Some of the collaborators discussed the importance of harm reduction services, especially from an abolition perspective, to avoid penalizing young individuals using drugs: *“How can we do harm reduction from an abolition perspective, because a lot of young individuals are hesitant, or at least in my experience, had been hesitant to engage with governmental institutions because of the surveillance that happens. So how can we do services that are not penalizing individuals, young individuals who are using drugs and need more supporting services that do not stigmatize them based on whatever?”* (Carolina)

The collaborators reflected on the limited number of harm reduction services that are youth-tailored and the need to include young people in the design of harm reduction programs and services: *“We have a lack of dedicated harm reduction services because most, if not all, of the services we have for young people are for prevention. So, there's no... I mean, there is harm reduction for young people, but for... Nightlife context, not for other types of context.”* (Teresa)

Barriers to accessing harm reduction services were mentioned such as rigid service structures (for example, an appointment system that may not accommodate the realities of many YPWUO or age-related restrictions), and discrimination from mental health and healthcare practitioners.

However, many collaborators express how they can contribute to making harm reduction services more accessible to young people who use drugs, including those who lack housing, are migrants, or have a different cultural background: *“We don’t ID people. I never ID people. I don’t give a crap. Someone can be 14, or 15, and if they’re using meth or opioids, they can still call us, and we are going to be there supervising them doing dope sitting... So what’s going on right now is that 12 years old who are using opioids and meth, they would basically have to use in the alleys because they cannot use in the overdose prevention sites because they will be ID’d and then basically someone, you know, they will talk about pimps And it’s like, you shouldn’t you shouldn’t talk about pimps when you’re 12 years old.”* (A)

“We have a specific space, we have a specific time and space every Friday. We open only for women and non-binary people because we know that our service is mainly used for men and sometimes it might be, I can’t find the word, [but it is not] very inviting for women. So we try to have that space only for them. It’s not a lot, but it’s what we can do [for] now.” (Teresa)

Age discrimination from state institutions is an issue recognized among collaborators, where in each context is expected that young people do not use drugs: *“At the same time, what is really challenging in Canada is because we just closed an overdose prevention site specifically for youth because they think that, oh, youth shouldn’t use drugs. But like, you know, it doesn’t stop youth from using like they will use they’ll do whatever they want.”* (A)

In a broad sense, it is recognized that YPWUO need urgent services tailored to their age, cultural background, gender, migrant status, etc. In other words, harm reduction services need to have an intersectional approach, recognizing that each context and social status distributes harm and risks differently.

- Lack of access to naloxone

Lack of access to naloxone represents one of the major concerns of harm reduction practitioners, due to the negative impact it has on the YPWUO and communities. The absence of naloxone is highlighted as the result of legal restrictions, political inaction, impracticality of time-consuming processes, and the need for a prescription for its access.

“For naloxone access, I had to be sat down for 30 minutes just for naloxone that I also have to pay for, which makes no sense. Someone would be blue outside and you don’t have 30 minutes. You only have 6 minutes to say that... I need to do something, and you don’t have Narcan with you. So what happened was a lot of CPR in which I broke some ribs because there’s no naloxone, there’s no oxygen, there’s just nothing. So you only can do life-saving breaths.” (A)

“In Mexico, we need a prescription for access to Narcan. You can’t use it without a prescription, sorry. And we don’t have free access to Narcan.” (Alfonso)

Collectively, the collaborators underscore the urgent need for improved policies, education, and access to naloxone to respond effectively to overdoses. The experiences shared highlight the real-life consequences of limited access to this life-saving medication and advocate for changes to ensure a more responsive and supportive approach to individuals who use drugs.

- Trauma and mental health:

Harm reduction practitioners face significant challenges, including handling trauma resulting from their work. The need for mental health support, therapy, and self-care is emphasized. Some operate in contexts where drug use, crime, and law enforcement abuses are common and, therefore, witness and often have to intervene in many crises.

"I've seen not only deaths, I've seen, you know, basically people dying in the alleys, which is just insane. I think that no youth deserves to die in the alleys unattended or in the shelter... I'm just actually doing my job and the public policies don't support me to do it. And there are not enough benefits whatsoever. It's like, they don't even care that we're seeing a lot of deaths or overdoses. They don't even care about that. It's like, there are no extra benefits of going to counseling for free. Like, no, none of that." (A)

"I always tell the people that I see them [people who use drugs] more than my family. So we have known each other for many years. So when we lose a person, it's very hard because, you know, you don't believe that. So it's harder when it's an overdose situation, you know. So it's complicated. I don't know..." (Alfonso)

"I can say that I've faced a lot of trauma in this journey, in my drug use journey and recovery journey. I have seen people die in my hands. I have seen police brutality among people who use drugs. I have seen mob justice, people being beaten by like the general population. I've gone through a lot of trauma." (Susan)

The collaborators highlighted ways of coping with trauma such as therapy, psychiatry, and medication and some of them mentioned the use of drugs. Others emphasized the importance of allowing oneself to grieve and honor lost loved ones, and clients. Seeking support from organizations working with various key populations facing similar challenges and attending wellness days, and recreational activities were mentioned as strategies to address overwhelming and traumatizing experiences. Trauma and the stress present in the work of harm reduction practitioners highlight the complex and challenging situation they face while supporting YPWUO.

Another shared challenge among the collaborators is the resource constraints that severely limit harm reduction efforts. The mental health of harm reduction practitioners is significantly affected due to the stress from the absence of resources. The lack of human resources, equipment, and stable funding creates barriers to providing effective and sustained support for YPWUO.

"...underfunding of harm reduction projects. They are never 100% funded, so we have to find the rest of the money somewhere, and it's never long-term. We never know if... We always have to apply every year to see if we will have a job next year. So that's not very good for the workers. That's a big challenge." (Teresa)

"And there is also a problem of limited resources, human resources, health care resources for young people who use drugs. So you find that in the health care facilities, we only have people handling people with psychiatric problems. But when it comes to harm

reduction, there is totally no one in these health care facilities... So it's kind of, like there is no one there for them.” (Walter)

“We are the only harm reduction program in the city. And so it's making me think that the resources, it's a big challenge for the next few years. At the same time, in our country, we have militarization now, and the new government put a new security body in the streets. So it's very complicated, our situation right now. And I think that this is the most complicated thing for the harm reduction programs.” (Alfonso)

4. Recommendations

The following section presents the strategies and resources identified by the collaborators as the most supportive for the well-being of YPWUO and resources for enhancing initiatives to better support harm reduction practitioners' work with YPWUO.

- *Supportive services, no surveilled services:*

Healthcare and harm reduction services should be supportive-centered, aiming to create environments that focus more on understanding and prioritizing empathy rather than punitive measures or surveillance. The main goal should be addressing the needs and challenges that YPWUO face in a non-judgmental manner. Supportive services should promote access to healthcare, and social and harm reduction services by creating welcoming services.

“A lot of people are using drugs on the street, and people see this as bad, that they should be in treatment. But understanding that if they have a safe space to do it, if we would be open to that idea, then, you know, it wouldn't be as visible, which is kind of sucky for that to be the reason in which people would support that. But the support for a safe consumption site is important.” (Carolina)

Collaborators expressed these services must engage healthcare and social practitioners who adopt a non-judgmental approach to care, avoiding stigmatizing language or attitudes that may make young people feel ashamed or hesitant to seek help. Supportive services must acknowledge the reality of drug use in general and among young people in particular, and these must include the distribution of pipes, syringes, needles, safe supply, naloxone distribution, and providing non-forced treatment.

“In Indonesia, the main gap of information is coming from the healthcare provider as well. So I think it's important to also acknowledge the roles that they're giving, the right and wrong judgmental information.” (Azvian)

Regarding treatment, there's a consensus between the collaborators that forcing individuals into treatment is not effective and may even be harmful, as it doesn't address the underlying issues such as trauma, housing, and financial resources. At the same time, treatment approaches must be evidence-based and individualized approaches (considering the unique circumstances of the context and person) rather than a one-size-fits-all model. Collaborators pointed out that a broader definition of treatment should include supportive care, prevention, and addressing real-life problems.

“Furthermore, I think youth need to have more access to drug-checking services. These services need to be anonymous and rapid. The problem with Canada is that there is not enough housing for people who use opioids, especially youth. Mandated treatments should not be offered to youths, rather we need to focus on providing options. Recovery is just one of the options.” (A)

- Comprehensive drug education:

Collaborators stressed that there’s a lack of access to evidence-based information about drugs. This gap is present not only among young people who use drugs but is extended to the police, media, public officials, healthcare and social providers, decision-makers, parents, tutors, educators, and society in general. Comprehensive drug education is seen as necessary by the collaborators for communities at large to dispel myths and misconceptions surrounding drugs, young people who use drugs, and drug use. Providing accurate information about opioids, naloxone, and drugs, in general, is crucial to fostering an environment where YPWUO feels empowered to make informed decisions about their health.

“I remember yesterday we were walking the street and trying to contact some people. And one policeman stopped us and said, hey, what are you doing? And we started talking with the police. And finally, the police asked me if we had Naloxone to use. So we have to give it to the police and talk about how to use it, etcetera. So I think it's important to educate the police. They don't know how to use it. We are in the Red Strip (Tijuana), so when it's an emergency call, they are the first who came to the, you know, to the point. And so he told us, 'I'm the first to come'.” (Alfonso)

Drug education should include community workshops that cover naloxone and overdose care training, healthcare, and human rights. The focus should be to have a better understanding of drug-related issues within the community. Also, drug education should create and promote evidence-based narratives about drugs, challenging myths and stereotypes, and presenting a nuanced perspective rather than just stigmatized frames.

“It's just there's a lot of misinformation you know, especially now with fentanyl. it's like the new thing, there's a lot of misinformation. Last week I heard 'but weed can be laced with fentanyl'. And they're like [the person], 'it's in the news', I was like, 'that's fake!!' There's just a lot of misinformation going there.” (Carolina).

Also, collaborators acknowledged the constantly changing landscape of the illegal drug market and, therefore, stressed the importance of ongoing capacity building within harm reduction organizations. Staff members need to stay up-to-date with the latest information on drug adulterants and market trends.

- Community engagement and advocacy:

Community engagement, activism, and advocacy are acknowledged as essential tools for addressing systemic issues related to opioid use among young people. Recognizing the broader societal context, collaborators stress the need for community-driven initiatives to bring about positive change. It should be noted that community engagement also means knowledge mobilization. One of the strategies to engage the community is to establish knowledge exchange programs.

A main issue is the engagement with community organizations actively involved in harm reduction services and establishing connections with peer support networks. Some collaborators expressed too the need for sending policy briefs to the government to catalyze policy changes related to the use of drugs and youth and their access to healthcare.

- Develop data:

Collaborators expressed that improving the collection and analysis of accurate and comprehensive data on young people who use drugs is crucial for enhancing healthcare and harm reduction services. Accurate data provides valuable insights into the needs, patterns, and challenges faced by YPWUO. This information is essential for tailoring harm reduction services and facilitating more targeted and effective interventions.

“More data on the topic is needed; we need information in order to do whatever is needed to better respond to young people who use opioids’ needs.” (Teresa)

A critical consideration when it comes to data collection is the creation of a non-stigmatizing atmosphere to avoid criminalization and to collect reliable data. Reliable data serves as a foundational element for informing policy decisions and programming related to harm reduction.

“We just we don’t need just more data in general, we need like reliable data, and also like when it comes to gathering that data, it’s very important that we create the atmosphere that a good atmosphere for young people who use opioids.” (Susan)

Also, some collaborators mentioned the need for more knowledge exchange programs to allow young opioid users to support and share knowledge and best practices to each other.

- Youth-tailored healthcare and harm reduction services:

Collaborators highlight the importance of more consultations with youths who use opioids, letting young who use drugs lead the design, and delivery of healthcare and harm reduction services and interventions. This approach ensures that interventions are relevant, empathetic, and resonate with the unique needs of YPWUO.

Youth-tailored services include providing easy access to harm reduction services, making it necessary to remove age restrictions, offering flexible services, and recognizing the specific realities of many YPWUO (for example, this might involve weekend hours, online resources, or mobile health units). Other key elements in tailored services discussed included providing safe consumption equipment, condoms, or information on safer substance use practices.

“The existing programs would benefit from more consultation with youths who use opioids.” (A)

The need for effective implementation capacity building, especially among healthcare providers was recognized as crucial too. This involves training and education programs to equip providers with the necessary knowledge such as communications and culturally sensitive practices to better respond to the challenges faced by YPWUO. Young

peer-workers are essential in youth-tailored services as they have personal experience with drug use and can establish rapport with YPWUO, fostering trust and understanding.

- *Policy changes and stakeholders' active engagement, not only commitment:*

Collaborators highlighted the urgent need for policy changes. Recognizing the limitations of decriminalization alone, they advocate for comprehensive regulation of all drugs to ensure safe supply and support the delivery of health and social care and harm reduction services.

"I think the best strategy should be to offer both a safer supply of opioids, treatment options, and overdose prevention sites specifically designed for youths. The deaths in Canada are mostly due to a 'laced' supply of opioids. People do not know what is inside of their drugs. Prohibition never worked and only led to more deaths. I need policy-makers to actually listen to the recommendations from front-line workers, the coroner's office that we need safer supply on the streets." (A)

"I think the first thing is at the policy level, in terms of drug policy reform, because in my context, in Zimbabwe, the country has got a zero tolerance on drug use. So that is the first aspect that we need to decriminalize as well. Personal drug use and possession of drugs for personal use." (Paul).

A comprehensive policy change entails a shift from punitive measures to a regulatory framework that prioritizes the health and well-being of YPWUO.

"I would say the regulation of all drugs. So not decriminalization, but actual regulation of all drugs. Very important." (Teresa)

Beyond mere involvement, collaborators stress the importance of active engagement from all stakeholders. This includes policymakers, healthcare providers, community organizations, and individuals directly affected. Active engagement ensures that everyone is working together in a coordinated and collective effort to address the complex challenges linked to opioid use among young people.

"I would think about strengthening the health care systems. To be able to support these young people and also active engagement and concerted efforts from all stakeholders. We also need policy reforms and involvement, not just involvement but commitment to ensure that the compliance of the well-being of these young opioid users is respected and also appropriate data collection and distribution system of the young opioid users." (Walter)

- *Resources and sustainable funding for harm reduction organizations:*

Harm reduction efforts require essential resources to support YPWUO and individuals in general. These resources involve items like pipes, syringes, needles, naloxone, safe consumption rooms, and ensuring decent salaries for harm reduction workers.

"Since January, we don't have pipes being given by the government. So almost a year now. So that would be a very important thing in our case. Even our drug consumption rooms are not designed for smokers. They are designed for people who inject, which is not the norm anymore, at least here." (Teresa)

Available funding of harm reduction services is essential for better-supporting harm reduction practitioners' work. It enables the provision of essential services and resources necessary for an effective intervention.

“And as well as the availing of resources, if we could have more resources internally from the state, and as well as development partners to support harm reduction processes. So that's another aspect. And I also think, especially in terms of the resources that we need as civil society organizations, I think they should be devolved down to communities to create service points within communities where people are able to access, where drug users, people who use drugs are able to access these services, especially young people who use drugs, are able to access these services without stigma and discrimination.” (Paul)

Collaborators pointed out that funding entities must set realistic goals and timeframes. This ensures that the objectives align with the practical needs and challenges faced by harm reduction organizations.

“I think one-year funding is not enough to even run a robust program. The goals need to be determined by people who are actually doing the work, not people who give the fundings. Four-year limitations are, I think better, with the possibility of extension. The expectations need to be based on numerous studies and field reports, keeping in mind the opinions of youth who use opioids. The resource that we need the most, I think, is federal and provincial government funding. There needs to be more investment into making a robust infrastructure for harm-reduction services such as drug checking, culturally sensitive programs, and overdose prevention sites.” (A)

Collaborators stressed the need for increasing human resources dedicated to harm reduction work. This involves adequate funding for salaries, and expanding the workforce to effectively address the needs and complexities associated with supporting YPWUO.

- Cover basic needs of YPWUO:

Collaborators emphasized that covering and improving access to housing, healthcare, and mental care, are crucial factors to better address the needs of YPWUO. A call for more social support is highlighted, acknowledging the variety of needs of individuals.

“The well-being of youth who use opioids also depend on their determinants of health. Providing low barrier employment, housing and easier access to safer opioids should be the priority.” (A)

There's a recognition that social support systems need to be flexible and less strict to respond to the diverse circumstances of young people, especially those who use drugs. Fixed rules are seen as barriers for YPWUO. Flexibility ensures that the support provided aligns with the practical realities faced by YPWUO.

“I would say more social support in general, because a lot of times I feel like I have nothing to give to people. Like they need so many things and I have nothing to give to them. And not as strict, I don't know if I already talked about this before, I'm not sure, but like the rules of social support, more flexible rules because sometimes there are specific measures to help but they are so strict that I mean most, I would say even most people, so most people who use drugs and people in general cannot obey that rule, those rules.” (Teresa)

5. Final Remarks

The harm-reduction model acknowledges the inherent risks of drugs while recognizing the impracticality of expecting universal abstinence. Political indifference, alongside societal expectations for youth to refrain from all drug use, erect additional barriers for them to access essential health services such as drug-checking, Opioid Agonist Therapy, low-barrier employment services, and more. YPWUO experiences an intersectionality between drug use and age that increases their vulnerability to the obstacles and challenges that were addressed in the present article.

While collecting national information regarding young people who use drugs, specifically opioids, all the participants agreed that more data is required for a deeper understanding of this population and topic, and consequently for the development of accurate and youth-tailored harm reduction responses and advocacy efforts.

The lack of dedicated services aimed at the specific needs that YPWUO shares was evident in all countries, which creates greater difficulties in the intervention with this community.

Addressing political apathy and unwillingness on these matters is necessary to effectively serve YPWUO, and so covering their basic and funding harm reduction organizations.

Although the existing harm reduction responses differ by country, it became clear that harm reduction interventions are the most suitable answer to many, if not all, the listed demands. Putting into practice harm reduction's concept of "nothing about us without us", we must ensure that the decisions regarding these interventions are led by the key population, not only when it comes to the design, but also in the implementation and evaluation. Simultaneously, it is necessary to guarantee adequate funding, workforce, resources, and facilities for harm reduction services to operate properly.

A shared observation, among collaborators, is that the abstinence-based model is proven to be less effective than the harm-reduction model. Prohibitionist drug policies and political apathy, accompanied by societal expectations for youths to refrain from using drugs, reinforce stigma, discrimination and misinformation, violate YPWUO's human rights and stop them from accessing social and health services.

The interconnectedness of housing, healthcare, stigma, and policy challenges underscores the need for a holistic and collaborative approach to address the complex issues faced by YPWUO.

Two countries involved in this research have implemented decriminalization legislation: Portugal and Canada. Based on these experiences, we can conclude that decriminalization has shown to be insufficient when it comes to saving the lives of those who are using opioids and creating a safer environment for all people who use drugs. In the interest of YPWUO's health and well-being, it is imperative to go further and advocate for a political and legislative change that includes the regulation of all substances. The existing political apathy must be addressed to effectively serve YPWUO, answer to their needs and guarantee funding for harm reduction organizations.

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