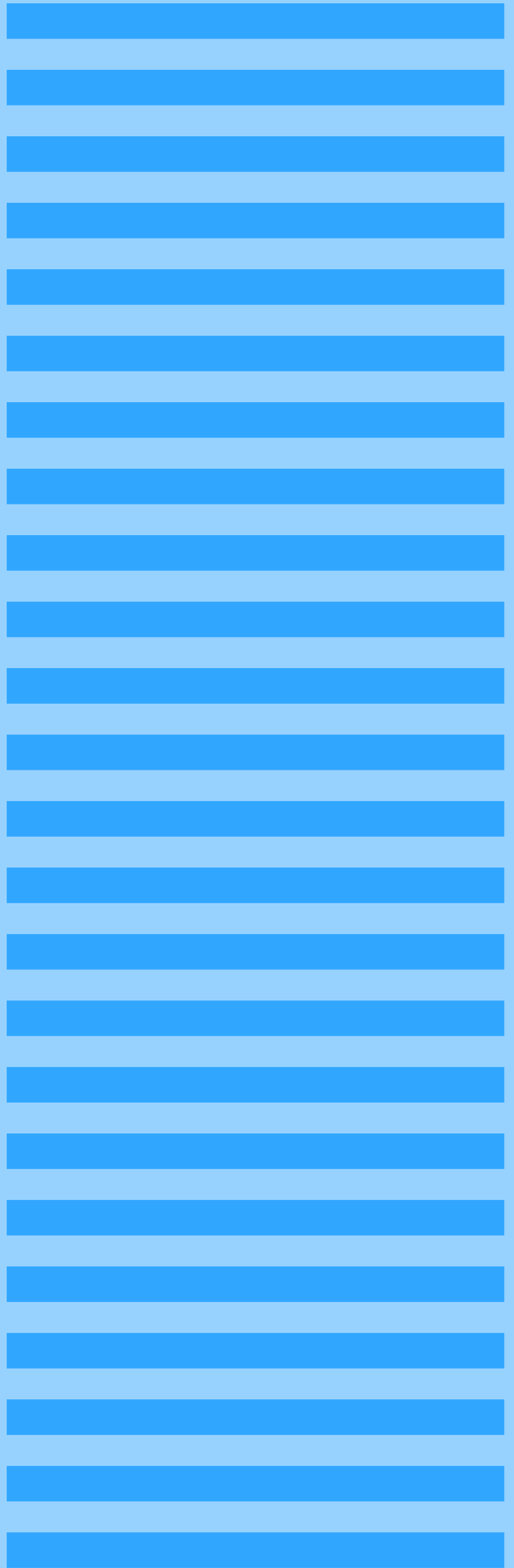


# THEMATIC CHAPTER: YOUTH



AUTHORS OF YOUTH CHAPTER: Charity Monareng and Ruby Rose Lawlor

---



**Charity Monareng** is the Executive Director of Students for Sensible Drug Policy International. She has previously worked with TB HIV Care in South Africa, where she passionately advocated for drug policy reform at national, regional and international levels. She serves on the Board of the South African Network of People Who Use Drugs (SANPUD), Digital Girl Africa and Stand Action. Charity is also pursuing her PhD in the Department of Public Law at the University of Cape Town, reflecting her deep commitment to law and public policy.



**Ruby Rose Lawlor** is the Executive Director of Youth RISE. She is a drug policy reform and harm reduction activist, with a background in grassroots youth activism. Ruby has worked with Students for Sensible Drug Policy, provided festival harm reduction through Chill Welfare in the UK, and while living in Uganda, she worked with the Human Rights Centre Uganda, and the Uganda Harm Reduction Network, implementing projects tailored to youth harm reduction and advocacy.

# YOUTH

For the first time, the *Global State of Harm Reduction* includes a chapter dedicated to young people and harm reduction. This chapter, based on data from a newly conducted survey, provides valuable insights into the experiences and challenges faced by young people who use drugs, and offers a comprehensive overview of the current state of harm reduction services available to this age group.

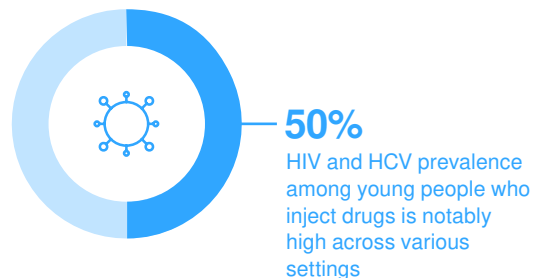
The past two years have seen some recognition that harm reduction services are crucial for protecting the health and human rights of people who use drugs. However, young people who use drugs remain underserved, as most harm reduction services have been designed for adults who use drugs (30 years and older).<sup>1</sup> This has created a gap in addressing the unique needs of adolescents (10-15 years old) and young people (15-24 years old).<sup>2</sup> Interventions for adolescents and young people continue to focus primarily on prevention and abstinence-based treatment, making harm reduction for this group a controversial subject.<sup>3</sup>

**Young people represent one of the largest demographic groups that uses drugs and have distinct substance use patterns that require specific, evidence-based and tailored harm reduction services.<sup>4</sup>**

Young people who inject drugs are 50% more likely to acquire HIV and hepatitis C (HCV) than their adult counterparts.<sup>5</sup> HIV and HCV prevalence among young people who inject drugs is notably high across various settings.<sup>6</sup> For example, in North America, young people are disproportionately affected by overdoses<sup>7</sup> and drug poisonings, and overdose is now the third leading cause of death among this age group.<sup>8</sup>

Adolescents and young people are often subject to different ethical and legal frameworks than older people who use drugs, which dictate the extent to which young people can access harm reduction services. These frameworks are often based on paternalistic paradigms, which prioritise young people's 'protection' against drug use over their autonomy.<sup>9</sup> This results in restrictive policies that do not fully address the realities of adolescent's and young people's lives and their drug use. The legal status of certain harm reduction interventions varies widely across regions and countries, leading to inconsistencies in the availability and accessibility of these services for adolescents and young people.<sup>10</sup>

**Young people who inject drugs are 50% more likely to acquire HIV and hepatitis C than their adult counterparts.**



**“ Young people and adolescents need services that are welcoming and inclusive, free of stigma and discrimination, without age-of-consent policies, which integrate innovative or creative services and provide young people with a safe and comfortable environment where their privacy is respected and protected.”**

# Youth-friendly harm reduction services: issues and challenges

Despite growing support for harm reduction services such as needle and syringe programmes (NSP), opioid agonist therapy (OAT) and HIV testing for people who use drugs across different populations, many countries provide little or no services specifically for young people who use drugs.<sup>11</sup> One of the biggest barriers highlighted by our research is the absence of youth-friendly harm reduction services. Young people and adolescents need services that are welcoming and inclusive, free of stigma and discrimination, without age-of-consent policies, which integrate innovative or creative services and provide young people with a safe and comfortable environment where their privacy is respected and protected. To be effective, youth-friendly

harm reduction services should meaningfully involve young people who use drugs as peers in their activities and decision-making processes.<sup>12</sup> Unfortunately, these kinds of services are lacking in most places.

Other significant barriers that prevent young people from accessing harm reduction services include stigma and discrimination within existing harm reduction services, and young people’s fear of negative repercussions if they come forward, such as getting a criminal record or their career or studies being affected. Another major issue is that young people who use drugs are often unaware of harm reduction services even when they are available.

## Barriers to access to harm reduction services: survey responses

	Eastern and Southern Africa	West and Central Africa	Asia	Latin America	North America	Oceania	Western Europe	Eurasia	Middle East & North Africa
ID requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	nd	nd
Fear of breaches of privacy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	nd	nd
Limited opening hours of services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	nd	nd
Stigma and discrimination	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	nd	nd
Fear of legal repercussions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	nd	nd
Lack of comprehensive youth-friendly services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	nd	nd
Age restrictions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	nd	nd
Parent/guardian consent requirement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	nd	nd
Fear of academic repercussions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	nd	nd
Limited awareness of services among young people who use drugs	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	nd	nd
Inaccessible location of services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	nd	nd

Yes  No nd = No Data

## Stigma and discrimination

Stigma and discrimination significantly hinder young people's access to harm reduction services. If young people belong to other marginalised groups, for instance if they are female, LGBTQI+, a migrant, a sex worker or neurodiverse, this stigma is compounded, making it difficult for them to seek help without fear of judgement or exclusion.

In Burundi<sup>13</sup> and Uganda, stigma continues to impede young people's access to harm reduction services, despite the presence of youth-friendly service initiatives, workshops and peer involvement.<sup>14</sup> In South Africa, the absence of youth-specific services worsens stigma, particularly for young women, many of whom end up in rehabilitation facilities where they may face additional discrimination.<sup>15</sup>

Similarly, in Nigeria, although youth-friendly harm reduction services exist, stigma and discrimination, especially towards young women and young LGBTQI+ people, along with concerns about privacy and legal repercussions, hinder access.<sup>16</sup> In Canada, stigma within healthcare settings, particularly if young people are female, LGBTQI+ and/or neurodiverse, discourages young people from getting the help and support they need, despite the presence of comprehensive harm reduction services.<sup>17</sup>

In Malaysia, government-provided harm reduction services are similarly hindered by stigma and discrimination, particularly against LGBTQI+ people, making it difficult for young people who use drugs to access vital services.<sup>18</sup> Across Mexico, Peru, Brazil, Argentina<sup>19</sup> and Costa Rica, stigma and discrimination against young women, neurodiverse people, people with disabilities and other marginalised groups prevents many young people from accessing harm reduction services, putting their health at risk.<sup>20</sup>

## Legal restrictions and fear of repercussions

Legal environments that impose strict penalties for drug-related offences also stop many young people from engaging in harm reduction services. Fear of legal consequences, parental notification and academic repercussions often deter young people from seeking support.

In Uganda, age restrictions, such as no access to services for people under 18 years old, combined with fears of academic and legal repercussions, significantly hinder young people's ability to access harm reduction services like NSP, OAT and HIV testing. Similarly, in Malaysia, the country's strict legal environment, creates a climate of fear among young people, deterring them from seeking harm reduction services, even when they are available.<sup>21</sup> In countries such as Austria and the UK, young people face the risk of parental notification and judgmental attitudes when seeking harm reduction services like NSPs and OAT.<sup>22,23</sup> Concerns about privacy breaches and potential academic consequences further discourage young people from accessing these essential services.<sup>24</sup>

People with intersecting criminalised identities, such as young sex workers who use drugs, often face multiple, compounded stigma and criminalisation, meaning that these populations are even more cautious and wary of available services due to concerns of legal repercussions.<sup>25</sup>

**'They threaten to notify parents of use (even when above 18 years), withholding diagnosis and prescriptions due to suspected drug use, being told religious-based drug services are the only option, being told I'm not serious about my health.'**

– Survey response from Austria (Students for Sensible Drug Policy International).

### Lack of services, lack of awareness

In many regions, harm reduction services are either non-existent or inadequate. Where they do exist, financial constraints and a lack of awareness about what services are available present further barriers for young people. These challenges are often exacerbated in rural areas where service provision is limited and young people may be unaware of their options. This urban-rural divide leaves many young people who use drugs and live in rural areas without access to the necessary support, which makes them more vulnerable to drug-related harms. In several countries a lack of employment and financial opportunities, particularly in rural areas, leaves young people without essential support,<sup>26</sup> something that is often exacerbated by a lack of free health services.<sup>27</sup>

In Liberia, the complete absence of harm reduction services is especially concerning.<sup>28</sup> Similarly, in Costa Rica, financial constraints and the absence of dedicated harm reduction services for young people who use drugs in rural areas are particularly pronounced, and this is in a context where awareness and availability of harm reduction services in general are already low.<sup>29</sup> Australia also struggles with limited services in rural regions, where financial barriers further restrict access.<sup>30</sup> Even in Australian cities, young women, young Indigenous people, young migrants and young LGBTQI+ people face additional barriers arising from treatment-related costs and limited awareness of services.<sup>31</sup> In Indonesia, the situation is dire. For example, in the city of Bandung only around a quarter of young people who inject drugs access NSP services, and rural areas face even more severe shortages.<sup>32</sup> In Mexico, the urban-rural divide means that, while harm reduction services are available in city nighttime venues like bars and clubs, young people in rural regions often go without adequate support.<sup>33</sup> In Aotearoa New Zealand, harm reduction services are concentrated in urban areas, leaving rural regions with minimal access to essential services like NSP, which are primarily available through pharmacies.

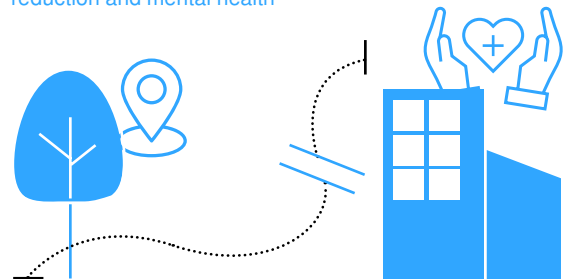
### Barriers that are unique to young people

The lack of youth-specific harm reduction services, coupled with the absence of youth-friendly approaches, significantly limits young people's ability to access the care they need. Services that fail to cater specifically to young people's needs often result in low engagement and poor outcomes. In South Africa, the lack of youth-specific harm reduction services means that young people, particularly young women, often end up in facilities not designed to meet their needs, such as general rehabilitation centres. This often leaves young women vulnerable to violence and abuse, not only from partners but also from law enforcement officers who coerce young women to provide sex in order to avoid arrest.

In Ireland, the scarcity of youth-specific services further exacerbates the challenges young people face, while stigma and legal fears hinder young people's access to the limited support on offer. This is especially the case in rural Irish areas where young people who use drugs often struggle to find the support they need.<sup>34</sup> When it comes to good practice, a strong example can be seen in Vietnam where Lighthouse Social Enterprise's High Fun initiative works to create youth-friendly environments by involving young peers in the process. However, this is a small-scale project, leaving many young people who use drugs in Vietnam without adequate support.<sup>35</sup>

#### The urban-rural divide

Many young people who use drugs and live in rural areas lack access to essential services including harm reduction and mental health



## PROVIDING SERVICES FOR YOUNG PEOPLE IN RURAL AND UNDERSERVED AREAS

Expanding health and social services to rural and underserved areas is vital for young people, who are often the most vulnerable and underserved group in these places. In many countries, urban centres receive the majority of resources, leaving rural youth with limited access to essential services, including those related to mental health, substance use and harm reduction.

In Eastern and Southern Africa, the disparity between urban and rural healthcare services is stark. Rural areas often lack the necessary infrastructure, trained personnel and youth-focused services, leaving young people who use drugs particularly vulnerable to drug-related harms. This limited access heightens health risks and restricts opportunities for lifesaving care. Similarly, in India, where a significant portion of the population lives in rural regions with inadequate healthcare, young people face considerable challenges in obtaining health services.<sup>36</sup> The concentration of harm reduction programmes in urban centres leaves rural youth, especially in northeastern states like Manipur and Nagaland, without sufficient support.<sup>37</sup> This service gap further complicates efforts to address substance use issues. In the USA, the overdose crisis has severely impacted rural communities, including young people, who often face difficulties in accessing harm reduction services. The scarcity of youth-friendly services in these areas has contributed to rising overdose rates, underscoring the urgent need to expand these services in underserved regions.<sup>38</sup>

## ADDRESSING STIGMA AND DISCRIMINATION AGAINST YOUNG WOMEN, YOUNG LGBTQI+ PEOPLE AND YOUNG MIGRANTS

Young people face stigma surrounding drug use which can be particularly harsh. In conservative societies, such as those in the Middle East and North Africa, young women who use drugs are often stigmatised and excluded, and face both social ostracism and harsh legal penalties like corporal punishment.<sup>39</sup> This stigma discourages them from accessing harm reduction services or seeking support, increasing their vulnerability to health risks such as HIV and other sexually transmitted infections (STIs).

Young migrants also face significant challenges in accessing harm reduction services. With the current state of harm reduction provision already being limited to legal citizens in many countries across the world, young migrants and refugees have little to no access to harm reduction services. In Europe, for example, young migrants often encounter language barriers, cultural differences and legal restrictions that prevent them from receiving appropriate care. Countries like Greece and Italy, which serve as entry points into Europe for many migrants, struggle to provide adequate health services to migrant populations, and when healthcare is received it is often inadequate or insufficient. Migrants in irregular situations are often unaware of the services they are entitled to due to a lack of targeted information regarding their rights which results in many people not being able to access healthcare services even when they are available. This leaves young migrants at increased risk of HIV, STIs and other blood-borne diseases.<sup>40</sup>

LGBTQI+ youth, particularly young transgender people, often experience discrimination and violence both within their communities and from healthcare providers. In countries like Russia<sup>41</sup> and Uganda<sup>42</sup>, where anti-LGBTQI+ sentiments and laws are widespread, young LGBTQI+ people face severe difficulties in accessing harm reduction services. The fear of discrimination and legal repercussions



can lead young LGBTQI+ people to avoid healthcare services altogether, which further compounds their marginalisation.<sup>43</sup> Addressing stigma and discrimination is crucial to improving access to harm reduction services for young people. This includes comprehensive education, training for healthcare providers and the implementation of non-discriminatory policies. Ensuring that young people, regardless of their gender, sexual orientation or migration status, can receive the care they need without fear of judgement or exclusion is essential to their wellbeing.

## WAYS TO IMPROVE HARM REDUCTION SERVICES FOR YOUNG PEOPLE AND ADOLESCENTS

UN agencies have not yet formally outlined the elements that are needed for effective youth-friendly harm reduction services, but research from youth-led organisations highlights crucial components. For example, Youth Lead, Youth RISE and Y+’s *Harm Reduction Services for Young People Who Use Drugs: Case studies report*, which details specific examples of how programmes and initiatives around the world tailor their services to young people, lays out recommendations to ensure harm reduction services truly meet the needs of this population.<sup>44</sup> Key to effective services is the meaningful engagement of young people who use drugs in all aspects of service planning, implementation and evaluation. Including young people who use drugs as peer workers in harm reduction initiatives can make other young people more likely to relate to those services and trust them. Organisations such as CORE in Oregon, USA,<sup>45</sup> Trip! in Toronto, Canada<sup>46</sup> and Juana Banga in Lithuania<sup>47</sup> ensure this meaningful engagement by including young people who use drugs in decision making relating to services and including them in governance structures. These organisations also include young people who use drugs as peer workers in outreach activities and provide services like peer-to-peer counselling.<sup>48</sup> They do this because

young people may find it easier to discuss sensitive issues with their peers who have been through similar experiences.

Specialised programmes should address the unique needs of young people, offering comprehensive, evidence-based education on substance use, harm reduction and sexual health. Utilising digital platforms and social media can make these programmes more engaging and relevant to young people. Lighthouse Social Enterprises, which runs the youth-friendly High Fun initiative in Vietnam, offers online platforms such as GTown to provide online outreach and a virtual community space covering topics like chemsex and risk reduction.<sup>49</sup>

Creating a non-judgmental, supportive environment within harm reduction services is crucial. Key to achieving this is creating physical safe spaces and drop-in centres that are tailored to young people; DrogArt in Slovenia is a good example of this.<sup>50</sup> To create such an environment, staff should be trained to address the specific concerns of young people, including issues related to mental health, gender, sexuality and cultural background. It is also important to provide trainings and education to existing healthcare service providers (such as healthcare professionals in family planning clinics) to make these spaces more youth-friendly and the staff less judgmental.<sup>51</sup> This approach can reduce stigma and encourage young people to seek help without fear of discrimination or legal consequences. Services should be offered without age restrictions or parental consent requirements, ensuring confidentiality to increase accessibility.

Improving accessibility also involves expanding services to rural and underserved areas, offering flexible hours and integrating harm reduction into existing youth-focused health and social services. Mobile units and pop-up clinics at events that young people attend can help reach those less likely to visit traditional healthcare settings. To support this, targeted outreach and public information campaigns should be designed to raise young people’s awareness about available services in ways that young people will engage with and trust.

**“ Key to effective services is the meaningful engagement of young people who use drugs in all aspects of service planning, implementation and evaluation.”**

## Policy developments

Adolescents and young people are disproportionately affected by drug laws and policies, yet progress in youth-friendly harm reduction services has been slow.<sup>52</sup> Globally, there is a growing recognition of the need to address the unique challenges faced by young people who use drugs. A 2023 report by Dr. Tlaleng Mofokeng, the Special Rapporteur on the right to health for the UN, highlighted the need for tailored interventions for young people, noting the negative impact of punitive policies on their access to healthcare.<sup>53</sup>

National efforts have seen some improvements. In Canada, recent policy changes have expanded youth-friendly services like drug consumption rooms and naloxone distribution. Portugal has integrated harm reduction services into its broader healthcare system, including drug checking at youth-centric events like festivals.

Despite these advancements, significant challenges remain. Many policies still fail to fully address the needs of young people who use drugs, especially in regions where punitive measures overshadow harm reduction, such as Southeast Asia where countries like the Philippines have harsh anti-drug policies. This is also the case in parts of Eastern Europe and the Middle East where criminalisation continues to take precedence over health-focused approaches. This is despite the global community, including organisations like UNAIDS and OHCHR, advocating for more inclusive drug policies that prioritise health over punishment.

---

## Recommendations for designing services



Ensure programming is engaging and relevant for young people who use drugs



Engage young people in developing the spaces where harm reduction services are provided



Create a non-judgemental and supportive environment



Integrate harm reduction into existing youth-focused health and social services



Acknowledge poly-drug use, addressing different drugs and drug combinations



Sensitise and educate youth service providers and parents, while always respecting the rights of young people and prioritising their wellbeing



Provide staff with necessary support and training so they are sensitive to young people's specific concerns and experiences, including those related to mental health, gender, sexuality and cultural background



Pay attention to intersectionality – some young people may belong to more than one marginalised group

---

## Recommendations for monitoring and evaluating services



Involve young people in monitoring and evaluating services



Involve young people in recommending changes and adapting approaches to service provision

---

## Recommendations for creating enabling and supportive legal environments



Advocate for non-prohibitionist drug policies, and policies that do not criminalise conduct associated with sex, reproduction, HIV, homelessness and poverty



Advocate for the removal of legal barriers to assist underage people who use drugs



Advocate for the collection of disaggregated data on young people who use drugs

## Recommendations for providing services



Provide comprehensive, evidence-based education on substance use, harm reduction practices and sexual health



Provide a comprehensive package of services in one location



Use digital platforms and social media



Hire young people who use drugs as staff members



Prioritise youth-led peer initiatives



Do not require parental consent for young people to use services



Remove age-related barriers to access



Guarantee privacy and confidentiality



Provide youth-specific services



Reach young people who use drugs where they are by employing youth peers and expanding outreach to areas where young people who use drugs gather



Expand services to rural and underserved areas



Have flexible opening hours

---

## Recommendations for providing services



Provide mobile units and pop-up clinics at events that young people go to, such as festivals and community gatherings



Provide evidence-based, judgement-free information, presented in ways that will appeal to young people



Provide fun and recreational activities



Increase young people's awareness of available services through targeted outreach and public information campaigns



Foster autonomy and decision making among adolescents and young people who use drugs



Inform young people about other youth-friendly services and provide referrals



Invest in building a relevant network of non-stigmatising and youth-friendly healthcare providers for referrals and support



Enable capacity building and knowledge sharing among harm reduction, health and social services providers



Document and share information about your activities with young people who use drugs

- 1 United Nations Human Rights Office of the High Commissioner, (2023), *Human rights challenges in addressing and countering all aspects of the world drug problem*, OHCHR, Geneva.
- 2 Barret, D., et al., (2022), 'Child-centred harm reduction', *International Journal of Drug Policy*, vol. 109, e103857.
- 3 United Nations Human Rights Office of the High Commissioner, (2023), *Human rights challenges in addressing and countering all aspects of the world drug problem*, OHCHR, Geneva.
- 4 United Nations Office on Drugs and Crime (2024), *World Drug Report: Contemporary Issues*, UNODC, Vienna.
- 5 Artenie, A., et al., (2023), 'Incidence of HIV and hepatitis C virus among people who inject drugs, and associations with age and sex or gender: a global systematic review and meta-analysis', *Lancet Gastroenterology and Hepatology*, vol. 8, no. 6, p.533-552.
- 6 Ibid.
- 7 Canédo, J., et al., (2022), 'Harm reduction call to action from young people who use drugs on the streets of Vancouver and Lisbon', *Harm Reduction Journal*, vol. 19, no. 43.
- 8 Barret, D., et al., (2022), 'Child-centred harm reduction', *International Journal of Drug Policy*, vol. 109, e103857.
- 9 Ibid.
- 10 Ibid.
- 11 Stowe M., et al., (2022), 'The challenges, opportunities and strategies of engaging young people who use drugs in harm reduction: insights from young people with lived and living experiences', *Harm Reduction Journal*, vol. 19, no. 83.
- 12 Youth LEAD, Youth RISE and Y+, (2021), *Harm Reduction Services for Young People Who Use Drugs: Case studies report*, YL, YR and Y+, Bangkok, Dublin, Amsterdam and Cape Town.
- 13 Nduwayezu, L., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Burundi'.
- 14 UNAIDS (7 May 2021) 'Pioneers of the harm reduction response in Uganda' [online article, accessed September 2024], UNAIDS, Geneva. Available from [www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210507\\_pioneers-harm-reduction-uganda](http://www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210507_pioneers-harm-reduction-uganda).
- 15 Monareng, C., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, South Africa'.
- 16 Bashorun, O., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Nigeria.'
- 17 Delair, L., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Canada'.
- 18 Tham, J., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Malaysia'.
- 19 Ahumada, C., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Argentina'.
- 20 Grill, F.B., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Peru'; Marques, R., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Brazil'.
- 21 Darshan, S. and S. Narayanan, (2022), 'Mandatory corporal punishment and its consequences on repeat drug offenders in Malaysia: Call to action', *International Journal of Drug Policy*, vol. 99.
- 22 Head, H., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, UK'.
- 23 Chagnon, J., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, USA'.
- 24 Anonymous, (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Austria'.
- 25 Youth RISE, (2022), *Young Sex Workers Who Use Drugs: Issues and Recommendations Narrative Research*, YR, Dublin and Amsterdam.
- 26 Williams, E., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Liberia'.
- 27 Kehinde, O. and E.I. Effiong for Youth RISE, (2021), *UHC Issues for Young People Who Use Drugs and Other Young Inadequately Served Populations*, YR, Dublin, Amsterdam.
- 28 Ibid.
- 29 Abrams, M., (2024) 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Costa Rica'.
- 30 Reiki, N., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Australia'.
- 31 Wind, K. R., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Australia'; Scott, E., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Australia'.
- 32 UNAIDS, (2022), *HIV and young people from key populations in the Asia-Pacific region*, UNAIDS, Geneva.
- 33 Calzada, R., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response Mexico'.
- 34 Lawlor, R., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Ireland'.
- 35 Barret, D., et al., (2022), 'Child-centred harm reduction', *International Journal of Drug Policy*, vol. 109, e103857.
- 36 Chatterjee, S., A. Singh and S. Kar, (2022), 'Rural healthcare services in India: Challenges and the way forward', *The Lancet Regional Health Southeast Asia*, vol. 6, e10060.
- 37 Parmar, A., R. Chakraborty and Y. Balhara, (2024), 'Current status of harm reduction in India: Are we doing enough?', *Indian Journal of Psychiatry*, vol. 66, no. 4.
- 38 Mun, C., H. Schuler and R. Baker, et al., (2023), 'Rural communities face more than an opioid crisis: Reimagining funding assistance to address polysubstance use, associated health problems, and limited rural service capacity', *The Journal of Rural Health*, vol. 39, no. 4.
- 39 Karbasi, A., et al., (2023), 'An evolving HIV epidemic in the Middle East and North Africa (MENA) region: A scoping review', *International Journal of Environmental Research and Public Health*, vol. 20, no. 5.
- 40 de Kock, C., (2022), *Responding to drug-related problems among migrants, refugees and ethnic minorities in Europe*, EUDA, Lisbon.
- 41 Lopatto, L., (14 August 2023), 'Russia's war on the LGBTQI+ community continues' [online article, accessed September 2024], Wilson Centre, Kennan Institute, Washington DC. Available from [www.wilsoncenter.org/blog-post/russias-war-lgbtq-community-continues](http://www.wilsoncenter.org/blog-post/russias-war-lgbtq-community-continues).
- 42 OutRight Action International, (2023), *Challenges faced by LGBTQI+ youth activist for their full participation in public life*, ORI, New York.
- 43 Asylum Research Centre, (2023), *Uganda: Query response on the situation and treatment of the LGBTQI+ community*, ARC, London.
- 44 Nduwayezu, L., (2024), 'Global State of Harm Reduction 2024: Youth and Harm Reduction survey response, Burundi'.
- 45 Community Outreach Through Radical Empowerment, 'These are our programs' [web page, accessed September 2024], CORE, Eugene, OR. Available from <https://coreeugene.org/>.
- 46 Trip! Project, 'About us' [web page, accessed September 2024], TP, Toronto. Available from <https://tripproject.ca/about-us/>.
- 47 Juana Banga, 'Apie mus', [web page, accessed September 2024], JB, Vilnius. Available from <https://youngwave.lt/apie-mus/>.
- 48 de Kock, C., (2022), *Responding to drug-related problems among migrants, refugees and ethnic minorities in Europe*, EUDA, Lisbon.
- 49 Barret, D., et al., (2022), 'Child-centred harm reduction', *International Journal of Drug Policy*, vol. 109, e103857.
- 50 Eurasian Harm Reduction Association, 'Stigma and Drogart Drop-In Centres In Ljubljana, Slovenia' [web page, accessed September 2024], EHRA, Vilnius. Available from <https://harmreductioneurasia.org/harm-reduction/needle-and-syringe/stigma-and-drogart>.
- 51 Barret, D., et al., (2022), 'Child-centred harm reduction', *International Journal of Drug Policy*, vol. 109, e103857.
- 52 United Nations Human Rights Office of the High Commissioner, (2024), *Drug use, harm reduction and the right to health*, OHCHR, Geneva.
- 53 United Nations Human Rights Office of the High Commissioner, (2023), *Human rights challenges in addressing and countering all aspects of the world drug problem*, OHCHR, Geneva.