Adolescent and Youth Access to Harm Reduction Services

#UPROOT BRIEF FOR POLICYMAKERS

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JYAN Jamaica Youth Advocacy Network

The PACT

This brief was produced by young people, aimed at policy makers, to contribute with information on the main legal and policy barriers that we face when trying to access HIV and other sexual and reproductive health services, the extent to which harmful laws and policies can affect our health and jeopardize the realisation of our rights, and to share our recommendations on how to keep striving for more enabling policies.

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INTRODUCTION

It is estimated that there are 1.8 billion young people (between the ages of 10 and 24) out of the world population of approximately 7.3 billion,[1] and are one of the groups most affected by the global HIV epidemic. In 2016 approximately 1,700 young people aged 15-24 acquired HIV, and every 12 minutes a young person died because of AIDS, globally. There were approximately 610,000 new HIV infections among young people globally, out of which approximately 60% were among young women.[2]

Young key populations, which includes people who sell sex, men who have sex with men, transgender people as well as people who inject drugs, are at higher risk of HIV.[3] Notably, it is estimated that 12.7 million (8.9 million-22.4 million) people globally inject drugs,[4] around 80% of whom live in low- and middle-income countries.[5] Additionally, people who inject drugs accounted for 51% of HIV infections in eastern Europe and central Asia and 13% of new HIV infections in Asia and the Pacific in 2014.[6]

Unsafe injecting drug use is one of the key drivers of HIV and the mode of transmission of more than half of HIV infections in Belarus, China, Italy, Poland, Spain and Russia.[7]

Young people from one or more of these key populations are at heightened vulnerability to HIV because of widespread criminalisation, discrimination, stigma and violence.[8] Additionally, their status as youth makes them more susceptible to power imbalances in relationships and the possibility of being alienated from family and friends. These factors make it more likely for young people to engage in behaviour that put them at risk of HIV, such as frequent unprotected sex and the sharing of needles and syringes to inject drugs.[9]

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Although harm reduction is essential to HIV prevention, treatment and care for people who inject drugs, in a study where 158 countries reported drug use, only 91 of them explicitly reference harm reduction in their national policies.[10] Additionally, despite low ages of initiation into injecting drug use in many countries and significant differences in vulnerability and risk between younger and older people who inject drugs, there remains a lack of services focused on and accessible to young people.[11]

In 2016 only 90 countries had implemented needle and syringe exchange programmes (NSPs) to some extent, and 80 have at least one opioid substitution programme (OST). Of 158 countries and territories where injecting drug use has been reported, 68 still have no needle and syringe programmes in place, while 78 have no provision of opioid substitution therapy.[12]

Harm reduction programmes seek to prevent new HIV infections and reduce other harms associated with injecting drug use. Some of the most noted approaches include providing easy access to sterile needles to reduce infections from needle sharing, and replacing illegal opiates with prescribed medicine under medical supervision.[13] Unfortunately, young people may find it difficult to access these services because of a number of barriers which may include age restrictions or requirements for parental consent.[14]

The impact of the early implementation of successful harm reduction programmes has been seen in Australia, Switzerland and the UK, which have substantially reduced the number of new HIV infections among people who inject drugs.[15]

This brief is aimed at policymakers, to provide them with an overview of the impact of restrictive laws and policies on the availability and accessibility of harm reduction services for adolescents and young people, highlight the main barriers young people face and how this impacts their sexual and reproductive rights, and provide key recommendations.

BARRIERS TO ACCESSING HARM REDUCTION SERVICES

There is need for legal and policy frameworks relating to drug use and service delivery to be reviewed and amended to remove barriers so that young people can realise their right to health, and easily access available services.

There remains a lack of youth-specific information and harm reduction, HIV and drug policies and programmes, and where these services exist many young persons under 18 are either excluded due to their age, or cannot access them without parental consent.[16] Youth are criminalised for drug use and once they come in contact with justice systems they are likely to be sent to mandatory treatment or rehabilitation facilities, or to youth detention centres or jails.[17] Additionally, they may suffer other punishments such as expulsion from school and other educational institutions which may have dire long term impacts.[18]

The current legal and policy barriers which young injecting drug users people face include:

Criminalisation of the use or possession of drugs or of injecting equipment can deter people from seeking services because of their fear of arrest and prosecution. Additionally, these laws may deter harm-reduction service-providers from offering assistance and providing information or services because of fear that they may be subjected to legal repercussions.[19]

Police harassment and violence also deter young people who inject drugs from seeking harm reduction services. The fact that young injecting drug users may be targeted by the police for arrest or extortion, and where they are in possession of a needle or syringe and it may be taken as evidence of drug use, is a deterrent for those who want to seek services.[20] Additionally, the sites that provide these services also run the risk of being targeted by police as a location to harass or arrest young people who inject drugs. Where young drug users come in contact with law enforcement agencies, the fact that they are considered juveniles may lead to them facing additional discrimination, disrespect and cruel treatment.[21]

Legal minority status of young people who are under the age of majority poses an additional barrier to accessing harm-reduction services. To protect the rights of adolescents, child protection laws and policies that aim to protect children from significant harm must be examined when considering how adolescents who inject drugs will gain access to safe, confidential services which are free from discrimination.

For adolescents who inject drugs, access to needle and syringe programmes is often limited because of stigma, marginalization and law enforcement practices.[22] A 2012 survey revealed that 18 of 77 countries reviewed had age restrictions for needle and syringe programs, which despite their infrequency, still remains a notable barrier.[23] Similarly, in at least 29 of the 74 countries where opioid substitution therapy (OST) was recorded as being available, there were age restrictions which would ultimately hinder clinicians from making decisions in the best interests of the individual client.[24]

Mandatory parental consent or **evidence of previous failed attempts at detoxification or other drug treatment** requirements may further limit the ability of young people, especially those who fall below the legal age of majority to access harm reduction services.[25]

Where there is uncertainty around the legal and policy situation and there is a lack of clear support for the protection of the rights of young people who use drugs, the decision on whether or not they can gain access to harm reduction services will be based on the decisions of individual healthcare professionals. The moral and ethical concerns of these healthcare providers about condoning or facilitating drug use for young persons, especially young persons under the age of 18, may hinder their willingness to provide judgement-free healthcare and harm reduction services.[26]

There are also a number of social barriers which may prevent young drug users from accessing harm reduction services. Many young persons dismiss harm reduction and healthcare services as unfriendly and may be fearful that they will be subjected to discrimination, or that their information will not be kept confidential.[27]

SITUATIONAL ANALYSIS

Young people who inject drugs are at risk of acquiring HIV through the use of unsterilised needles and through engaging in unsafe sex. In some countries, low average ages of initiation into injecting drug use are common, and significant numbers of people who inject drugs report initiating in adolescence.[28] In Bangkok, Thailand[29] the average age of initiation into injecting was recorded at 18, in Nepal and Bangladesh[30] it was recorded at 17 and in Albania and Romania it was 16.[31] While in some regions and countries significant numbers of young people under 18 inject drugs, there are far fewer adolescents and young people injecting drugs in Latin America and sub-Saharan Africa.[32]

In Bangkok, Thailand the average age of initiation into injecting was recorded at 18, in Nepal and Bangladesh it was recorded at 17 and in Albania and Romania it was 16.

Given numerous legal and social barriers which young injecting drug users face in navigating healthcare systems, they may find it difficult to obtain information, sterile injecting equipment, drug dependence treatment, and HIV testing, counselling and treatment. Additionally, where programmes are established for young people they are often not designed to respond to the overlapping vulnerabilities of young people who inject drugs or the specific challenges in working with legal minors.[33]

Harm reduction programs should seek to target young key populations with specially-crafted interventions that address their needs. This includes lesbian, gay, bisexual and transgender (LGBT) youth, homeless youth, young women and girls, young survivors of sexual abuse, in conflict with the law, involved with gangs, those who face mental health issues,[34] and young people who are unemployed or disadvantaged by other socio-economic determinants.[35] and whose youth coincides with economic recession[36] are also susceptible to risk.

Notably, young people who are incarcerated are also at risk of being excluded from harm reduction efforts given that the provision of harm reduction services in prison settings continues to be inadequate. In 2016, it was estimated that only 8 countries which were reviewed implement needle exchange programs in at least one prison.[37] This was entirely unavailable to prisoners in seven out of the nine regions reviewed in the Global State report.[38] Similarly, opioid substitution therapy is only provided in prisons in 52 countries. The provision of harm reduction in prisons is not merely a policy option, but a legally-binding human rights obligation that must be prioritised and sufficiently funded by political leaders.[39]

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INTERNATIONAL LAW AND CHILDREN AND YOUTH WHO INJECT DRUGS

Various UN human rights bodies have hailed the importance of harm reduction programmes as part of fulfilling the right to the highest attainable standard of physical and mental health, noting that a harm reduction approach is the most effective way of protecting rights, limiting personal suffering, and reducing the incidence of HIV.[40] Denial of harm reduction services has the potential to amount to cruel and degrading treatment.

The Convention on the Rights of the Child, 1989

The UN Convention on the Rights of the Child (CRC) requires that States take legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances.[41]

The importance of the provision of accessible harm reduction services is intricately linked to a number of provisions in the CRC including the child's right to health,[42] the principle of non-discrimination which applies to young people's access to services,[43] the best interests of the child[44] and the role of drug use and its effects on the right to life, survival and development.[45]

The right to health as enshrined in Article 24 of the Convention on the Rights of the Child recognises the right to the enjoyment of the highest attainable standard of health and to facilitate the treatment of illness and rehabilitation of health. This right is also protected under the International Covenant on Economic Social and Cultural Rights (ICESCR) which tasks States with the prevention, treatment and control of epidemic diseases which has been interpreted to include establishing prevention and education programmes, including harm reduction services[46] targeting sexually-transmitted infections, in particular HIV/AIDS.[47] It has been argued that where States implement barriers to harm reduction programs for injection drug users without providing effective alternatives, it amounts to an interference with the human right to health.[48]

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The child's right to life (children as defined under the CRC as those younger than 18 years), survival and development under the Convention[49] can be deemed as violated where the child dies from drug overdose, and it can be deemed as a result of government action or inaction.

Similarly, the right to non-discrimination[50] highlights that where adults have access to harm reduction services which have restrictions prohibiting persons under 18 years from accessing these services, and does not facilitate the provision of similar services to children, it ultimately amounts to discrimination in respect of access to health services. Further, the rights which are enshrined in the CRC ought to be enjoyed by all young people regardless of their ethnicity, sexual orientation and health status.

UN Special Rapporteur on the Right to Health and High Commissioner for Human Rights

The importance of harm reduction services and the protection of the rights of drug users was reiterated by both the UN Special Rapporteur on the Right to Health and the UN High Commissioner for Human Rights.

The United Nations High Commissioner for Human Rights has noted that the criminalization of the possession and use of drugs causes significant obstacles to the right to health[51] and has called for harm reduction programmes to be made available for people who use drugs, especially those in prisons and other custodial settings.[52]

The UN Special Rapporteur on the Right to Health has encouraged States to scale up investment for harm reduction, and stressed the need for proactive and results-oriented discussion of harm reduction, adding that "repressive responses to inter alia drug use…and non-violent low level drug offences pose unnecessary risks to public health and create significant barriers to the full and effective realisation of the right to health…" with a devastating impact on people who use drugs.[53]

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POLITICAL COMMITMENTS ON HARM REDUCTION

United Nations General Assembly Special Session on Drugs

In 2016 the UN General Assembly Special Session on Drugs secured the commitment of governments to minimise the adverse public health and social consequences of drug abuse and encouraged the implementation of targeted interventions including medication assisted therapy, injecting equipment programmes, and antiretroviral therapy.[54] The resolution also acknowledges and affirms the commitments under the Sustainable Development Goals to end the epidemics of AIDS and tuberculosis, and other communicable diseases by 2030 among people who use drugs, including people who inject drugs.

The Special Session also committed to recognising drug dependence as a 'complex, multifactorial health disorder' which impacts people in a way that makes them prone to relapses and which has social causes and consequences which can be prevented and treated through effective scientific evidence-based drug treatment, care and rehabilitation programmes and developing rehabilitation, recovery and social integration programmes.[55]

United Nations 2016 Political Declaration on HIV and AIDS

The 2016 Political Declaration on HIV and AIDS highlighted that many national HIV prevention, testing and treatment programmes provide insufficient access to services for key populations including people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population.[56]

While some countries have expanded health-related risk and harm reduction programmes and other essential interventions that prevent the transmission of HIV, there has been a lack of global progress made in reducing transmission of HIV among people who inject drugs. The marginalization of and discrimination against people who use drugs that occurs as a result of the application of restrictive laws, hampers access to HIV related services. Accordingly, the Political Declaration calls on States to ensure that injecting drug users have access to such interventions, including in treatment and outreach services, prisons and other custodial settings.[57]

Countries are encouraged to use the 'Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users' which was jointly issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS,[58] which seeks to assist government agencies, non-government organizations (NGOs) and other agencies involved in harm reduction in developing, implementing, monitoring and evaluating HIV prevention, treatment and care programmes for people who inject drugs.[59]

Through the Declaration, States committed to establishing prevention interventions, including outreach through traditional and social media and peer-led mechanisms that are aimed at minimizing the adverse public health and social consequences of drug abuse. This includes medication-assisted therapy programmes, injecting equipment programmes, pre-exposure prophylaxis for people at high risk of acquiring HIV and other key interventions that prevent the transmission of HIV, focusing on young people, particularly young women and girls.[60]

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THREATS TO HARM REDUCTION EFFORTS

A major concern for the advancement of harm reduction efforts has been the availability of funding to sustain and expand this work. International donors provide the majority of financial resources to fund harm reduction programmes to reduce and prevent the transmission of HIV in low- and middle-income countries.[61]

Unfortunately, many middle income countries where large populations of people who inject drugs live, do not qualifying for support from The Global Fund for AIDS, Tuberculosis and Malaria.[62] Notably, the Global Fund has warned some middle income countries who had previously qualified for funding that they should begin or build on transition preparations during the 2017-2019 period, and listed 24 countries that will become ineligible for GFATM support in the coming years.[63]

Domestic harm reduction programmes are also suffering from budget cuts. In Europe, where harm reduction has been widely supported, there has been a drop in government funding and the European Union has flagged that the continuation of some programmes are uncertain.[64]

There is an opportunity for the 2019 Political Declaration on Drugs to adequately address the emerging issues with sustainable funding for harm reduction efforts, and to ensure that legislative and policy frameworks are supportive and seek to operate in the best interest of affected children, adolescents and young people.

KEY RECOMMENDATIONS TO POLICYMAKERS

Harm reduction efforts must be scaled up to reduce new HIV infections and protect the rights of all young people including those who use drugs.

While many countries do not have a clearly defined age of consent to access harm reduction, personal biases of healthcare workers and those tasked with providing services to injecting drug users impact the ability and desire of young persons to access these services.

Accordingly, policy makers must remove laws and policies that are based solely on age and ought to establish policies which affirm that young persons can consent to these services without parental consent, giving due consideration to their evolving capacity, their physical and emotional maturity, their peculiar vulnerabilities including if they belong to a key population, which further increases their risk of HIV, and ensure that age is not the sole consideration.

Laws and policies must include clear child protection protocols and methodologies to allow for the fair assessment of capacity to allow young people to independently consent to treatment and services without parental consent.[65]

1. Policymakers must review and amend restrictive laws, policies and guidelines that directly or indirectly prevent young drug users from accessing harm reduction and HIV services. This includes laws that demand parental consent to access services or those which restrict young people below the age of majority from accessing services.

2. Policymakers must ensure that where no laws, policies or guidelines exist to govern the provision of harm reduction services to drug uses, that they develop relevant legislation to govern the provision of these services. The legislation must be rights-based and youth-focused and must be informed by the meaningful participation of youth and adolescent who use drugs. These laws and policies must appreciate that adolescents and youth are rights-holders and not merely beneficiaries, and must encourage harm reduction programmes to be grounded on these principles.

3. Policymakers must ensure that laws, policies and regulations enshrine principles of non-discrimination and reaffirm international principles of non-discrimination in the provision of all health care services and harm reduction services to young people who use drugs. All legislation must encourage the provision of safe environments in healthcare facilities free from all forms of discrimination, and respect the notions of confidentiality and privacy of all people.

4. Policymakers must ensure that laws, policies and regulations enshrine principles of non-discrimination and reaffirm international principles of non-discrimination in the provision of all health care services and harm reduction services to young people who use drugs. All legislation must encourage the provision of safe environments in healthcare facilities free from all forms of discrimination, and respect the notions of confidentiality and privacy of all people.

5. Policymakers must make efforts to continuously frame policies and interventions in the context of social determinants such as poverty, homelessness and social exclusion, which may jeopardize young people's access to drug related services.[66]

6. Policymaker must ensure that relevant regulations are implemented to govern the work of professionals who may directly impact the willingness and ability of young drug users to access services. Specifically, regulations must ensure that law enforcement and healthcare professionals are aware of the rights of young people who use drugs, and provide opportunities for these young people to seek redress where their rights are violated by these officials.

References

1. General Assembly Resolution, A/RES/50/81, 1995

2.Secretary-General's Report to the General Assembly, A/36/215, 1981

3.Legal Minimum Ages and the Realization of Adolescents' Rights: A review of the situation in Latin America and the Caribbean

4.The Guttmacher Institute, "Confidential Reproductive Health Services for Minors: The Potential Impact of Mandated Parental Involvement for Contraception", Available at <http://www.guttmacher.org/pubs/journals/3618204.html>.

5. IPPF,Qualitative research on legal barriers to young people's access to sexual and reproductive health services, June 2014, p.8; These countries include Austria, Denmark, Estonia, Finland, France, Hungary, Ireland, Iceland, Luxemburg, Portugal, Sweden and the United Kingdom

6. In the Central African Republic, girls under the age of 18 are prohibited from accessing contraception ; IPPF, "Contraceptive Security: Securing Contraceptives for Economic Development", Fact Card 7, November 2011

7.In the USA, all States allow minors to access STI testing and services though 11 States establish a minimum age (usually 12–14) below which a minor cannot consent, while 26 States and the District of Columbia allow all minors (12 and older) to consent to contraceptive services; Guttmacher Institute, "State Policies in Brief: Minor's Access to STI Services", March 2014, Available at <http://www.guttmacher.org/statecenter/spibs/spib_MASS.pdfNote>; Guttmacher Institute, "An Overview of Minors' Consent Law", January 2018, Available at <https://www.guttmacher.org/print/state-policy/explore/overview-minors-consent-law>

8. Marie Stopes International, "Delivering Sexual and Reproductive Health Services to Young People: Key Lessons from Marie Stopes International's Programmes", February 2014, p6

9. .Ibid

10. Catheraine Cook, et al. The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts, Harm Reduction International, 2016

11. HIV and young people who inject drugs: A technical brief, WHO 2015

12. Harm Reduction International (2016) 'Global State of Harm Reduction'

13. Harm Reduction and HIV Prevention, Avert. Available at https://www.avert.org/professionals/hiv-programming/prevention/harm-reduction

14. HIV and young people who inject drugs: A technical brief, WHO 2015

15. Catherine Cook et al, Harm Reduction International (2016) 'The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts'

16. Overview and analysis of harm reduction approaches and services for Children and Young People Who Use Drugs, Harm Reduction for children young people who use drugs in Ukraine: Reaching the Underserved, 2015.

References

17. Ibid

18. Ibid

19. Harm Reduction International. The Global State of Harm Reduction 2012. Towards an integrated response. Section 3.2: Excluding Youth? A global review of harm reduction services for young people. http://www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf

20. Joint United Nations Programme on HIV/AIDS (UNAIDS) 2006. International Guidelines on HIV/AIDS and Human Rights (2006 Consolidated Version). Geneva: UNAIDS.

21. HIV Prevention among young injecting drug users - United Nations Office on Drugs and Crime, Vienna

22. Ann NY Acad Sci. 2004 Jun; 1021:1-22 Adolescent brain development: a period of vulnerabilities and opportunities. Keynote address, University of Pittsburgh Medical Centre

23. Harm Reduction International. The Global State of The Global State of Harm Reduction 2012. Towards an integrated response.http://www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf

24. Fletcher A and Krug A (2012) 'Excluding youth? A global review of harm reduction services for young people, in The Global State of Harm Reduction 2012: Towards an integrated response, Harm Reduction International, 2012.

25. Harm Reduction International. The Global State of The Global State of Harm Reduction 2012. Towards an integrated response. Section 3.2: Excluding Youth? A global review of harm reduction services for young people. http://www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf

26. World Health Organisation: Inter-Agency Working Group on Key Populations, HIV and young people who inject drugs: A Technical Brief, 2014. Available at http://www.who.int/hiv/pub/guidelines/briefs_pwid_2014.pdf,

27. HIV Prevention among young injecting drug users - United Nations Office on Drugs and Crime, Vienna

28. Damon Barrett, Neil Hunt, Claudia Stoicescu, Injecting Drug Use Among Under-18s A Snapshot of Available Data - December 2013

29. Wattana W et al (2007) 'respondent-driven sampling to assess characteristics and estimate the number of injection drug users in Bangkok, Thailand', Drug and Alcohol Dependence 90(2-3):228–33.

30. UNICEF (2012b) Mapping and behavioral study of most at risk adolescents to HIV in specific urban/semi-urban locations in Bangladesh. Dhaka: UNICEF Bangladesh

References

31. Busza J et al (2011) 'Street-based adolescents at high risk of HIV in Ukraine', Journal of epidemiology and Community Health 65(12):1166–70

32. Harm Reduction International, Injecting Drug Use Among Under-18s A Snapshot of Available Data

33. UNDP Age of Consent Research, 2016

34. Hadland Se (et al (2012) 'Childhood sexual abuse and risk for initiating injection drug use: a prospective cohort study', Preventive Medicine 55(5): 500–4

35. Spooner C, Hall W, lynskey M (2001) Structural determinants of youth drug use. National Drug and Alcohol research Centre, University of new South Wales.

36. Arkes J (2011) 'recessions and the participation of youth in the selling and use of illicit drugs', International Journal of Drug Policy, 22(5):335–40

37. Global Harm Reduction Report 2016

38. Ibid

39. Ibid

40. OHCHR (2009) United Nations High Commissioner calls for focus on human rights and harm reduction in international drug policy. Geneva: OHCHR.

41. Article 33

42. Article 24

43. Article 2

44. Article 3

45. Article 6

46. Committee on Economic Social and Cultural Rights, Concluding Observations, Tajikistan, (E/C.12/TJK/CO/1), para. 70; and Ukraine (E/C.12/UKR/CO/5), para. 28.

47. Committee on Economic, Social and Cultural Rights, General Comment 14, para. 16.

48. Human Rights Watch – Drug Policy and Human Rights, 2006

49. CRC Article 6

50. CRC Article 2

51. OHCHR (2015) Statement by by Mr. Zeid Ra'ad Al Hussein, United Nations High Commissioner for Human Rights, at the high-level panel on public health and human rights approaches to the world drug problem. Geneva: OHCHR.

References

52. United Nations Human Rights Office of the High Commissioner (2015) Study on the impact of the world drug problem on the enjoyment of human rights. Geneva

53. OHCHR (2015) Open letter by the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, Daniel Puras, in the context of the preparations for the UNGASS 2015.

54. UN General Assembly (2016) 'S-30/1. 'Our joint commitment to effectively addressing and countering the world drug problem' Resolution adopted by the General Assembly, 19 April 2016'

55. Ibid, para (i)

56. Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, A/RES/70/266, Para 42

57. Ibid, para 43

58.Ibid
59.WHO, UNODC, UNAIDS TECHNICAL GUIDE For Countries To Set Targets For Universal Access To HIV Prevention, Treatment And Care For Injecting Drug Users 2012 Revision

60. Ibid, para 62 (d)

61. UNAIDS (2013) 'Global Report 2013'

62. Eurasian Harm Reduction Network (2012) 'Quitting While Not Ahead: The Global Fund's retrenchment and the looming crisis for harm reduction in Eastern Europe & Central Asia'

63. Global Fund (2016) 'Projected Transitions from Global Fund support by 2025 - projections by component'

64. Harm Reduction International (2017), 'Harm reduction investment in the European Union'

65. UNFPA Age of Consent Research

66. Adam Fletcher and Anita Krug, Excluding Youth? A global review of harm reduction services for young people in Harm Reduction International, 2012 The Global State of Harm Reduction Towards an Integrated Response

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