



# Legislative Reform and Adolescent and Youth Sexual and Reproductive Rights:

Decriminalising consensual sex between adolescents and amending legislation which adversely impacts gay men and other men who have sex with men, transgender people, drug users and sex workers

#UPROOT BRIEF FOR POLICYMAKERS  
March 2018

This brief was produced by young people, aimed at policymakers, 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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All views and opinions expressed in this brief do not necessarily reflect those of the organizations that supported and participated in the development of this brief. For more information on the #uproot agenda, please visit [www.theyouthpact.org/uproot](http://www.theyouthpact.org/uproot)

# INTRODUCTION

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Adolescents and youth are categorised as vulnerable because of the developmental, psychological, social, and structural transitions that occur during this period of their lifespan, which makes them more susceptible to sexual and reproductive health issues, including to Sexually Transmitted Infections (STIs) and HIV.[1] The Committee on the Rights of the Child has noted that adolescence is a period of rapid physical, cognitive and social changes, and the progressive acquisition of the capacity to assume adult behaviours and increased responsibilities.[2] While adolescents experience this period of positive change and learning, they are also at risk due to specific vulnerabilities, including peer-pressure and the fact that they are constructing their own identities and exploring their sexuality.[3]

Adolescents and youth, especially those who identify as members of key populations including gay men and other men who have sex with men, transgender people, drug users and sex workers, often face legal barriers in accessing sexual and reproductive health information and services. In many instances their sexual orientations and behaviors are criminalised, directly impacting their ability and willingness to access services, making them especially vulnerable to acquiring HIV and other Sexually Transmitted Infections (STIs), making them more difficult to reach.

These populations are subjected to widespread criminalisation, discrimination, stigma and violence, which is often combined with their particular vulnerabilities as youth including power imbalances in relationships and alienation from family and friends.[4] These determinants increase their risk and vulnerability to HIV.[5]

There are approximately 1.8 billion young people (between the ages of 10 and 24) globally, out of which approximately 89 percent live in less developed countries, and as many as 600 million are adolescent girls between the ages of 10 and 19.[6] In 2016, there were approximately 610,000 new HIV infections among young people globally, out of which approximately 60% were among young women.[7] Worldwide in 2016, 4 million young people aged 15-24 years were living with HIV.

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This brief is aimed at policymakers, to provide them with an overview of the impact of criminalisation on the rights and health outcomes of adolescents and young people, identify the international law instruments which promote the revision, reform and repeal of these laws and policies where necessary, and provide key recommendations.

# CRIMINALISING SEX BETWEEN ADOLESCENTS

The implementation of laws that set a minimum age below which it is illegal for adolescents to engage in sexual intercourse seeks to protect young people from exploitation and harm. The main intention of legal minimum ages is to protect adolescents from taking responsibility for actions that they do not have the capacity to understand entirely, or from making decisions that they cannot fully comprehend.[8] Minors are argued to be unequal to adults, socially, economically, and legally and accordingly these laws are aimed at reducing the power adults may have over minors. [9] Unfortunately, while the laws aim to prevent predators and paedophiles from targeting minors, the effect of these laws also have the potential to criminalise sexual activities between adolescents as they do not consider that adolescents are consenting to have sex with other adolescents.[10]

**Criminalising consensual sexual acts between adolescents limit young people's rights to dignity and privacy, is not in their best interest and is a form of stigmatisation that is both degrading and invasive.**[11] Even where provisions that criminalise consensual sex between adolescents are not enforced, their symbolic impact has a severe effect on the social lives and dignity of those targeted, due to the fear of being arrested and prosecuted in public, before family and peers.

These laws have a number of negative impacts, including that they prevent adolescents from seeking help and create an atmosphere where adolescents feel that they cannot freely talk about sex and sexuality with parents and counsellors.[12] Criminalisation of consensual adolescent sex can also result in young persons being brought into increased interaction with state institutions in the form of imprisonment or diversionary programs for engaging in acts that are a normal part of adolescent development.

While laws criminalising sex with young people are enacted on the basis that young people should be protected, and that it is in their best interests for these acts to be criminalised, they go beyond merely protecting young and instead criminalise acts that are a part of human development, leading to stigma, greater risk-taking during sex and a lack of guidance and education regarding safe sex.[13]

A major consideration in examining how to approach the rights of minors, including their sexual and reproductive rights is acknowledging that they are the bearers of the full gamut of human rights. Policy makers tasked with the protection and enforcement of these rights must consider whether there are legitimate reasons for limiting a child's fundamental rights due to his or her stage of development. The mere fact that they are minors does not impact the content of the right, but it should only be considered when determining whether the limitation of the right is justified.[14]

Some States implement a close-in-age exemption or defence which seeks to protect young people who engage in sexual activities below the legal minimum age, and who fall within a specific age bracket. This law is designed to exempt qualifying close-in-age couples from the age of consent law, or provide a legal defence in cases of prosecution.



**Policymakers should aim to strike a balance in which the laws provide protection against predators who seek to manipulate and target young people, but also contemplates the reality that adolescents are engaging in consensual sex with each other, even before they attain the minimum legal age of consent, and whether it is legal or not.**

## CRIMINALISING RELATIONS BETWEEN GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN (MSM)

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Globally, gay men and other men who have sex with men are 19 times more likely to be living with HIV than the general population. It is estimated that the median HIV prevalence among this group is 19 percent in Western and Central Africa and 13% in Eastern and Southern Africa.[15] In the United States, almost 72 percent of new HIV infections among MSM, are among youth aged 13 to 24 which is the only group that has shown a significant increase in estimated new HIV infections.[16]

The criminalisation of same sex sexual practices and other structural factors, such as stigma, discrimination and violence based on sexual orientation and gender identity, adversely impact the availability, access and uptake of HIV prevention, testing and treatment services among gay men and other men who have sex with men.[17]

Surveys have revealed that gay men and other men who have sex with men often have notably limited access to HIV prevention commodities, such as condoms, water-based lubricants, HIV information education and support for sexual risk reduction.[18] Fear of disapproval and discrimination by health-care providers deters many gay men and other men who have sex with men from accessing health services.[19]

To date, there are 72 countries which criminalise private, consensual sexual conduct between persons of the same sex. Additionally, the death penalty is 'allowed', and there is evidence of its enforcement in at least eight countries.[20] Many of these countries' laws include overly broad criminal legislation that punishes the public expression of same-sex sexual preferences or identities, as well as the distribution of information related to same-sex relationships.[21] These laws only have the effect of further inciting stigma, discrimination and other human rights violations towards gay men and other men who have sex with men.

Notably, in Nigeria and Uganda, the particularly restrictive forms of legislation have resulted in increased harassment and prosecution based on sexual orientation and gender identities, and has made it increasingly difficult for HIV outreach workers and service providers working with gay men and other men who have sex with men to reach them with information and services.[22]

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Gay men and other men who have sex with men are entitled to the full protection of their rights, as outlined in the Yogyakarta Principles and the supplemental YP+10, which act as a guide to human rights and affirms binding international legal standards in relation to sexual orientation and gender identity. These rights include the right to the highest attainable standard of non-discriminatory health care, the right to equality before the law and the equal protection of the law, and the right to privacy without any discrimination.

All HIV programmes and services must be grounded in the universal concepts of dignity and social justice and prevention and treatment programmes must be implemented as part of a general public health approach, even in countries where gay men and other men who have sex with men are criminalised. However, it is essential that at the same time, efforts must be directed towards decriminalisation.

Punitive legal and social environments make it difficult for gay men and other men who have sex with men to participate meaningfully in the design and implementation of programmes around the provision of HIV-related services. This is particularly concerning in the HIV response, because studies have demonstrated that the involvement of gay men and other men who have sex with men in peer outreach and other community-level behavioural interventions can reduce HIV risk behaviours by up to 25 percent.[23]

**It is essential that policymakers take steps to remove laws that criminalise, fuel stigma and discrimination against gay men and other men who have sex with men. These laws infringe their human rights, their right to health, threaten their autonomy and impact their health outcomes and livelihoods.**

## TRANSGENDER ADOLESCENTS AND YOUTH

UNAIDS terminology guidelines define transgender as “an umbrella term to describe people whose gender identity and expression does not conform to the norms and expectations traditionally associated with their sex at birth. Transgender people include individuals who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g. hormone therapy) and individuals who identify as having no gender, multiple genders or alternative genders.”[24]

Transgender adolescents and youth, especially trans women are among the populations most heavily affected by HIV. It is estimated that globally trans women are 49 times more likely to acquire HIV than all adults of reproductive age and 19 percent of transgender women are living with HIV.[25]

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Transgender people face high rates of social and economic marginalisation and high rates of physical and sexual abuse. Transgender and gender nonconforming youth are particularly at risk for sexual abuse and for engaging in commercial or survival sex, further increasing their vulnerability to sexually transmitted infections.[26]



Notably, young transgender people may not develop a full awareness or understanding of their gender identity until their late adolescent years or young adulthood or may be hesitant to acknowledge their identity for fear of being subjected to transphobia and isolation.[27]

Transgender people face large amounts of stigma and discrimination especially in the healthcare sector, and are often subjected to ill treatment including refusal of care, harassment, verbal abuse and violence.[28] Within the health system there is a significant lack of knowledge of transgender people's health-related needs, which deters transgender people from accessing services. A study has shown that in instances where transgender women have had negative or transphobic experiences in the health-care system in the past, they were reluctant to get tested for fear that a diagnosis would require additional interaction with health-care providers.[29]

In many countries laws criminalise the sexual activities of transgender people given that when transgender people have sex with people of the same birth-assigned sex, their sexual acts are perceived as "homosexual".

Additionally, in some instances, laws completely ignore the existence of transgender people and deliberately withhold basic human rights from them, including not recognizing their gender identity, which results in severe stigma and discrimination against transgender people.[30]

The lack of supporting national legislation that enshrines and protects the rights of transgender people, makes it difficult for health programmes to be established aimed at providing hormone therapy and sex reassignment surgery. This leads to some transgender people seeking hormone therapy through informal sectors and increases their risk of HIV transmission.[31]

Additionally, this lack of legislative protection against discrimination for transgender people means there are often no safeguards against discrimination by health-service providers.

**Policies and laws must recognise gender identity, and address the specific needs of transgender people.**

## ADOLESCENTS AND YOUTH WHO INJECT DRUGS

People who inject drugs face stigma and are marginalised throughout the world. Biological, behavioural, and other structural factors put them at higher risk for HIV transmission.[32]

The criminalisation of drug use and the various policy barriers restrict injecting drug users' access to key hepatitis, HIV, drug treatment, and harm reduction services. Globally, a recent report on HIV/AIDS found that the HIV prevalence among young people under 25 who inject drugs was 5.2 percent.[33] Accordingly, it is essential that efforts are made to expand young people's access to core drug treatment, harm reduction, HIV, and hepatitis services. Where there are policies which restrict young injecting drug users' access to services, they ultimately undermine efforts to curb the HIV epidemic since they exclude key populations which have the most pressing needs for these services.[34]

Outside of sub-Saharan Africa, injecting drug use accounts for one in three new cases of HIV.[35] In Eastern Europe and Central Asia, it is estimated that 80 percent of all new HIV infections come from injecting drug use.[36] Notably, youth under 25 years old make up about seven of every 10 injecting drug users in Russia, Central Asia, and Central and Eastern Europe.[37]

People who inject drugs are often difficult to reach with information and services because they are criminalised, face arrest and imprisonment, and frequently experience police abuse.[38] Within this population of people who inject drugs, adolescents and young people have very specific and complex needs which extend beyond their drug use and include socio-economic determinants, including homelessness, dropping out of, or not accessing education, and unemployment.[39]

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International human rights law has established the obligation of States to protect children from the use of narcotic drugs and other psychotropic substances, and to establish and provide harm reduction services as well as HIV prevention and drug dependence treatment programmes.

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Young persons are more likely to share needles and syringes than their older counterparts but unfortunately they are less likely to have contact with an HIV prevention program.[40] They are also more likely to be injected by someone else, and to not be in full control of avoiding sharing needles.[41] Many drug treatment services cater exclusively to adults and addicts, and the needs of young people who inject drugs, especially those who have newly begun to inject and would not be deemed addicts, are overlooked.[42]

International human rights law has established the obligation of States to protect children from the use of narcotic drugs and other psychotropic substances, and to establish and provide harm reduction services as well as HIV prevention and drug dependence treatment programmes.[43] However, young people's access to information and harm reduction services is restricted by laws and policies that criminalise the use or possession of drugs, or of injecting equipment.[44]

Many national laws are framed to protect children from drug related harm and include restrictions limiting the ability of those under the legal age of majority from accessing harm-reduction services, and require mandatory reporting for certain healthcare professionals who interact with young people who use drugs. Further, there are instances where laws and policies are unclear or not sufficiently supportive, which leaves much to the discretion of the healthcare providers, without guidance, to decide whether to provide treatment and care. Often, healthcare providers can deny a service to young drug users.



**Policymakers must tackle the legal barriers that impede young drug users from accessing essential information and services. New policies must be rights-based and facilitate the development and implementation of programmes taking a comprehensive approach rather than a simple “don’t do drugs” messaging, and must instead encourage young people to seek information and harm reduction services.[43]**

Efforts must be made to ensure that services are youth friendly and that where health, social, legal and welfare programmes are developed, they are made easily accessible, confidential and free from stigmatisation.

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Portugal presents an aspirational example to providing safe harm reduction services and reducing HIV infections among drug users. In 2001 Portugal became the third member of the European Union to decriminalise the use of all drugs for personal consumption, and implemented a strategy focused on harm reduction and based on public health instead of criminal justice.[46]

Portugal developed Dissuasion Commissions which replaced the criminal courts in responding to individuals involved in drug use. The commissions, which are under the Ministry of Health, aim to inform people about, and dissuade them from drug use and to refer consenting persons to treatment.[47]

Since the amendment of its laws, Portugal saw a significant change with HIV infection decreasing from 104.2 new cases per million in 2000 to 4.2 cases per million in 2015,[48] the number of drug-related HIV infections decreased by 99%, and levels of drug use in the country fell below the European average.[49]

Additionally, drug use among adolescents decreased for several years after the decriminalisation policy came into effect. Where increased use was recorded, it is believed to have been linked to social, cultural or economic factors, rather than the removal of criminal penalties for drug possession.[50]

# ADOLESCENT AND YOUTH SEX WORKERS

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Sex workers include consenting female, male and transgender adults—as well as young people over the age of 18 years—who regularly or occasionally receive money or goods in exchange for sexual services. In instances where children (under the age of 18) are engaged in sex work they are considered to be victims of sexual exploitation.[51] Accordingly, reference to young sex workers for the purpose of this policy brief speaks to young persons over the age of 18 years and under the age of 25 years.

Statistics have revealed that a large number of sex workers began engaging in sex work prior to age 18. [52] Young sex workers are at a heightened risk of HIV and other sexually transmitted infections, incarceration, and other sexual and reproductive health issues including sexual and physical violence, stigma and discrimination.[53]

The criminalisation of sex work has a negative impact on the health, safety and well-being of sex workers, because it contributes to the reluctance of sex workers to go to the police when they are victims of a crime, or to seek HIV and other SRH services. Laws and policies which criminalise young sex workers, and restrict their access to HIV and other SRH services must be reformed, and/or repealed where necessary. In addition, healthcare professionals who will interact with young people who engage in sex work must be sensitised to ensure that services address the specific needs of young sex workers, and that services are provided in a non-judgmental, safe and confidential environment.

Evidence from countries where sex work has been decriminalised or sufficiently regulated reveal that the removal of criminal sanctions, safer indoor work spaces, and reduced policing targeting the sex industry can support health access and reduce societal stigma.[54] Where policy shifts are combined with peer-based empowerment it has proven to be effective in decreasing stigma, resulting in an increase in condom use and a decrease in HIV prevalence.

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## Laws and policies which criminalise young sex workers, and restrict their access to HIV and other SRH services must be reformed

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There is a critical need for policy and societal shifts to accept sex work as a legitimate occupation, to create conditions where persons involved in sex work feel safe to disclose their involvement in sex work to their support networks, and that there is improved access to innovative, accessible and non-judgmental health care delivery models for sex workers that include the direct involvement of sex workers in development and implementation. [55]



# CONCLUSION

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Policymakers must explore the impact that laws and policies which criminalise the behaviour of young key affected populations have on their human rights and sexual and reproductive health.

In many instances, there is need for thorough legal reform that takes into account that young people are rights holders who must be empowered to exercise these rights with the support of protective legislation, and within a healthcare system that is sensitive and youth friendly.

The Political Declaration on HIV and AIDS has noted that many national HIV prevention, testing and treatment programmes provide

insufficient access to services for key populations who are at a higher risk of HIV. [56]

States committed, through this Declaration, to intensify national efforts to create an enabling, legal, social and policy environment within each national context to eliminate stigma, discrimination and violence related to HIV. This would include promoting access to HIV prevention, treatment, care and support and providing legal protections for people living with, at risk of and affected by HIV. An essential element of this would be reinforcing the respect for privacy and confidentiality, and promoting and protecting all human rights and fundamental freedoms.

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Policymakers must ensure that laws, policies and regulations are mindful of the realities of the different young key affected populations.

These laws, policies and regulations will have to be responsive to emerging issues, and must seek to tackle stigma, discrimination and exclusion, and to enable young people's access to HIV and other SRH services.

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# References

1. Bekker, Linda-Gail, and Sybil Hosek. "HIV and Adolescents: Focus on Young Key Populations." *Journal of the International AIDS Society* 18.2Suppl 1 (2015)
2. UN Committee on the Rights of the Child (CRC), General comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child, 1 July 2003, CRC/GC/2003/4,
3. CRC Committee General Comment No. 4 (2003), Adolescent health and development in the context of the Convention on the Rights of the Child, CRC/GC/2003/4, para 2
4. Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations – 2016 Update. Geneva: World Health Organization; 2016. Annex 6, Briefs on young key populations.
5. A Technical Brief HIV and Young People Who Inject Drugs- WHO
6. The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future. New York: UNFPA; 2014.
7. Turning the tide against AIDS will require more concentrated focus on adolescents and young people, Available at <https://data.unicef.org/topic/hiv aids/adolescents-young-people/>
8. Legal minimum ages and the realization of adolescents' rights: A review of the situation in Latin America and the Caribbean, UNICEF
9. Brittany Logino Smith, Glen A. Kercher, Adolescent Sexual Behavior and the Law, Crime Victims' Institute, Criminal Justice Center, Sam Houston State University, March 2011
10. Ibid
11. Teddy Bear Clinic for Abused Children v Minister for Justice and Constitutional Development [2013] ZACC 35 (3 October 2013)
12. Ibid
13. Emily Christie, Criminalising Consensual Sex Between Young People Breaches their Rights to Privacy and Dignity, Human Rights Law Centre, 2013
14. Ibid
15. UNAIDS Gap Report 2014
16. Centers for Disease Control and Prevention (CDC) HIV among Youth Fact Sheet, Atlanta: CDC; 2014
17. UNAIDS, Gap Report 2014
18. Davies NE, Karstaedt AS. Antiretroviral outcomes in South African prisoners: a retrospective cohort analysis

# References

19. AIDS and Rights Alliance for South Africa, Prisons Care and Counselling Association, Human Rights Watch. Unjust and unhealthy: HIV, TB and abuse in Zambian prisons. New York: Human Rights Watch; 2010
20. ILGA, State-Sponsored Homophobia a World Survey of Sexual Orientation Laws: Criminalisation, Protection and Recognition, 2017. Available at: [http://ilga.org/downloads/2017/ILGA\\_State\\_Sponsored\\_Homophobia\\_2017\\_WEB.pdf](http://ilga.org/downloads/2017/ILGA_State_Sponsored_Homophobia_2017_WEB.pdf)
21. CRC Article Jamaludin F. Transsexuals: declare us as women. The Star Newspaper. 21 January 2001 Available at <http://ai.eecs.umich.edu/people/conway/TS/MalaysianTS.html>, 12
22. Kuyper L. Wijzen C. Gender identities and gender dysphoria in the Netherlands. Arch Sex Behav. 2014;43(2):377–385.
23. United Nations Office on Drugs and Crime, Policy brief. HIV Prevention, Treatment and Care in Prisons and other Closed Settings: A Comprehensive Package of Interventions. Vienna: United Nations Office on Drugs and Crime; 2013 Available at [http://www.unodc.org/documents/hiv-aids/HIV\\_comprehensive\\_package\\_prison\\_2013\\_eBook.pdf](http://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf)
24. UNAIDS Terminology Guidelines 2015
25. . Welz T, Hosegood V, Jaffar S, Bätzing-Feigenbaum J, Herbst K, Newell ML. Continued very high prevalence of HIV infection in rural KwaZuluNatal, South Africa: a population-based longitudinal study. AIDS. 2007;21(11):1467–1472.
26. Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care
27. UNAIDS, Technical Brief; HIV and Young Transgender People
28. Report of the International Task Team on HIV-related Travel Restrictions. Findings and recommendations. Geneva: Joint United Nations Programme on HIV/AIDS; 2008
29. Amon J, Todrys K. Access to antiretroviral treatment for migrant populations in the global South. Int J Hum Rights. 2009;6(10):154–177.
30. Ibid
31. Ryan, C, & Futterman, D. Lesbian and gay youth: Care and Counselling. Adolescent Medicine.1997; 8(2)
32. A Growing Need: Young People Who Inject Drugs Face Barriers To Access
33. UNAIDS. Global AIDS response progress reporting. Geneva: UNAIDS; 2014.
34. A Growing Need: Young People Who Inject Drugs Face Barriers To Access
35. United Nations Office on Drugs and Crime (UNODC) (2016) 'World Drug Report 2016'

# References

36. UNICEF, People Who Use Injecting Drugs. 2008. Available from: [www.unaids.org/en/PolicyAndPractice/KeyPopulations/InjectDrugUsers/](http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/InjectDrugUsers/)
- 37.(UNICEF, UNAIDS, WHO. Young People and HIV/AIDS: Opportunity in Crisis. New York: UNICEF, 2002; Weibel W, Koester S, Pach III A, et al. IDU Sexual Networks in Bangladesh and Indonesia: Epidemic and Intervention Implications. Bangkok: Family Health International/Asia Region, 2008.
38. Technical Brief HIV and Young People Who Inject Drugs WHO
39. Ibid
40. Bailey S, Huo D, Garfein R, et al. The use of needle exchange by young injection drug users. *Epid and Soc Sci* 2003;34(1):67-70; Guydish J, Brown C, Edgington R, et al. What are the impacts of needle exchange on young injectors? *AIDS and Behav* 1999;4(2):37-146
41. Guydish J, Kipke M, Unger J, et al. Drug-injecting street youth: a comparison of HIV-risk injection behaviors between needle exchange users and nonusers. *AIDS and Behav* 1997;1(4):225-32.
42. Global Youth Network/United Nations Office on Drugs and Crime. HIV Prevention among Young Injecting Drug Users. New York: United Nations, 2004.
43. FXB Center for Health and Human Rights and Open Society Foundations (2013). Health and Human Rights Resource Guide. Available at: [http://fxb.harvard.edu/wp-content/uploads/sites/5/2013/09/HHRRG\\_Chapter-4.pdf](http://fxb.harvard.edu/wp-content/uploads/sites/5/2013/09/HHRRG_Chapter-4.pdf)
44. Technical Brief HIV and Young People Who Inject Drugs WHO
- 45.Ibid
46. Drug decriminalisation in Portugal: setting the record straight. Available at <http://www.tdpf.org.uk/resources/publications/drug-decriminalisation-portugal-setting-record-straight>
47. Artur Domosławski, Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use, 2011, Open Society Foundations. Available at <https://www.opensocietyfoundations.org/sites/default/files/drug-policy-in-portugal-english-20120814.pdf>
48. Susana Ferreira, Portugal's radical drugs policy is working. Why hasn't the world copied it? Available at <https://www.theguardian.com/news/2017/dec/05/portugals-radical-drugs-policy-is-working-why-hasnt-the-world-copied-it>
49. How the New UN Secretary-General Can Reshape Global Drug Policy, Available at <https://www.globalcitizen.org/en/content/new-un-secretary-general-drug-policy/>



## References

50. The Success of Portugal's Decriminalisation Policy – in seven charts. Available at <http://www.tdpf.org.uk/blog/success-portugal%E2%80%99s-decriminalisation-policy-%E2%80%93-seven-charts>
51. UNAIDS Terminology Guidelines, UNAIDS 2015
52. Silverman JG. Adolescent female sex workers: invisibility, violence and HIV. Arch Dis Child. 2011;96(5):478–81. Available at <http://adc.bmj.com/content/96/5/478.long>
53. Technical Brief, HIV And Young People Who Sell Sex, WHO 2015
54. Ibid
55. Lazarus, L., Deering, K., Nabess, R., Gibson, K., Tyndall, M., & Shannon, K. (2012). Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. Culture, Health & Sexuality, 14(2), 139-150.
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, General Assembly, A/RES/70/266

*“The PACT is a great example of how we can work together to make a difference in the lives of young people. It is a testament to the power of community and the importance of listening to the voices of young people.”*

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