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Implementation of the international drug control treaties: other matters arising from the international drug control treaties**Statement submitted by Youth RISE (Resource, Information, Support and Education) Limited, a non-governmental organization in special consultative status with the Economic and Social Council****

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* [E/CN.7/2024/1](#).

** Issued without formal editing.



My name is Beatrix, and I am a member of the International Working Group at Youth RISE (Resources, Information, Support and Education).

We are a global network of young people who use drugs and young people affected by drug policies. We mobilize youth to engage in full-spectrum harm reduction and drug policy reform.

A big part of our work focuses on research, with an aim to bring our lived and living experience of drug use and knowledge of the issues facing young people into the centre of guidelines and policy documents.

Today, I would like to share some outcomes and recommendations from a recent study Youth RISE has conducted to understand the needs and challenges faced by young people who use opioids and help develop an adequate public health response.

The participants of this study were young people who are using opioids, and harm reduction practitioners, or, in some cases, both. They covered the regions of North and Latin America, Europe, Southeast Asia, and Eastern and Southern Africa.

It immediately emerged in the discussions of the group that the constantly changing, unpredictable nature of the illicit drug market poses the biggest, most urgent issue for the health of young people who use drugs globally.

The adulterated drug supply increases possible harm such as overdose, and this is in a global context where young people who use drugs largely lack access to harm reduction services, safe supply programs and medication-assisted treatment options.

Harm reduction services like overdose prevention sites are still not widely established in most places, and much fewer of these services were specifically designed to be accessed by young people, especially those under 18.

Similarly, drug-checking services and drug test strips are unavailable or illegal in most countries. Where they are available, it has been observed that young people are the most likely to make use of these services and are also the most willing to discard or opt out of taking substances that prove to be adulterated or of unknown purity and quality.

Prohibition of drug use and its consequences are seen as the biggest current challenge by young people who use opioids. This includes legal restrictions on the availability of naloxone to respond to overdoses. Naloxone is often only available on prescription and at a cost, and inaccessible by young people.

It was stressed by the participants that criminalization, stigma and discrimination against young people who use drugs puts young people further at risk.

The consequences of a drug-related criminal charge are life-altering in any case, but affect young people especially negatively. Criminalization and the resulting stigma often lead to isolation from family and community, reduced access to education, reduced prospects for employment, limited access to housing and financial instability – all causing further harm.

Young people who use opioids have reported experiencing stigmatization from social and health services, and a fear of surveillance and legal repercussions, discouraging them from accessing support through these institutions.

The participants of our study further emphasized the risks that young women who use opioids, youth with a migration background, and indigenous youth face, as they were identified as the most stigmatized and excluded by these institutions and even within the communities of people who use drugs.

The collaborators of the study highlighted the urgent need for supportive services to acknowledge the reality of drug use in general and among young people in particular and provide an adequate response focused on health.

This must include the distribution of safe consumption equipment and naloxone, ensuring safe supply, and the availability of drug checking; providing flexible services

with the removal of age restrictions, as well as providing non-coercive treatment options. It was also further emphasized that evidence-based drug education and information about drugs and the drug market should be widely available to young people, in an accessible format, along with training in overdose response and care.

Participants highlighted the importance of meaningfully including young people in the design, implementation, and delivery of services, as well as involving young people who use opioids in data collection to gain more accurate insights to inform responses.

Finally, and crucially, young people who use opioids and harm reduction practitioners who participated in the study stressed that decriminalization of drug use and harm reduction services are necessary – but this alone would be inadequate. To address the risks, we urge our governments to explore the development of comprehensive legal regulatory frameworks for drugs, so that a safer supply can be ensured for all people who use drugs.

I thank you again for the opportunity to highlight these insights from our study. And we look forward to further opportunities to work together to keep every member of our communities safe.
