



Mid-Term Review Challenges - Response on behalf of Youth RISE (Resources, Information, Support, Education)

Challenge: The availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world.

Response: 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, and we mobilize youth to engage in full-spectrum harm reduction and drug policy reform.

We have identified and actively work to address the critical issue of access to Opioid Agonist Treatment and comprehensive harm reduction services for young people in West Africa. In West Africa, a staggering 10% of the 15-64 age group uses cannabis, and 1.2% uses opioids, figures that surpass global averages. This trend underscores a dire need for effective harm reduction interventions and holistic drug education. Yet, we face a significant gap in the availability of Opioid Agonist Treatment services and necessary medications, particularly for our young people.

In Côte d'Ivoire, the situation is particularly concerning. The country, a hub for cannabis cultivation and a transit point for drugs, has seen a rise in youth opioid consumption. Despite government efforts through the National Program for the Fight against Smoking, Alcoholism, Drug Addiction, and other Addictions and the Inter Ministerial Committee for the Fight Against Drugs, challenges persist in medical care and social reintegration of PWUD. The limited availability of Methadone and the cultural perception of Opioid Agonist Treatment as a form of drug legalization further complicate the situation.

Nigeria presents a similar challenge. With 40% of high-risk people who use drugs in need of treatment, the country faces a substantial service gap. The criminalization of drug use, lack of Opioid Agonist Treatment services until the proposed 2024 pilot, and increasing HIV prevalence among people who inject drugs highlight the urgency of the situation. The Nigerian government must prioritize policy actions to decriminalize drug use, provide essential drugs for Opioid Agonist Treatment, and increase domestic funding.

Ghana's scenario is in its nascent stages, with harm reduction mapping still underway. The lack of operational harm reduction strategies and Opioid Agonist Treatment services, coupled with poor domestic funding, underscores the need for greater investment and support.

In November 2023, UNODC, UNICEF, WHO, INPUD and Youth RISE conducted a 2-day Youth Consultation on Tailoring Harm Reduction Services to Young People Who Use Drugs, which established a dialogue between the academic community and the community of young people who use drugs. During the consultation, latest evidence and expertise were given on challenges and recommendations regarding our population, and youth friendly harm reduction services coverage, accessibility, and gaps. There were two main messages as key takeaways from this consultation, that there is a severe lack of data and research on YPWUD, their needs, experiences, and challenges, and that harm reduction services that are youth-friendly are few and far between. Young people are the future, and ensuring that we have access to harm reduction services, including Opioid Agonist Treatment is essential.



Where there is coverage of this service, YPWUD often struggle to access it, or to know that it is an option for them.

Youth friendly and accessible harm reduction services can not be achieved without meaningful engagement of young people who use drugs in the design, implementation, monitoring and evaluation of harm reduction services and supporting policies.

Age-restrictions and related barriers must be removed from these services, and young people who use drugs should be hired as peers to ensure young people are aware of these services and support their integration into them.

Member states and UN bodies must ensure that harm reduction services are youth-friendly and holistic drug education is improved for young people to know these services exist. We need youth-led harm reduction initiatives and a policy overhaul. We need to ensure broader access to essential controlled medicines for pain and palliative care, and address the cultural and systemic barriers that hinder effective harm reduction and Opioid Agonist Treatment Services.

We must work together as a global community to safeguard the health and human rights of young people who use drugs.