



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

Challenge: Drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased.

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.

Youth RISE emphasizes the need to review and reform data collection practices that enable the understanding of a more complete picture and better equip countries to respond to drug-related challenges. Investigation efforts should strive to collect disaggregate data by relevant factors, including health status (such as drug dependence and people living with disabilities), age, sex, race and ethnicity, sexual orientation, and gender identity. It should also include questions assessing the reasons for substance consumption. Such questions can help to understand, for instance, if people living with disabilities are taking illegal or controlled substances for self-medicating purposes and barriers to accessing the medication they need.

State parties should strive to conduct data collection in collaboration with community-based organizations and academic institutions. Evidence-gathering efforts should prioritize outcome-oriented metrics that measure the positive and negative economic, social, cultural, and environmental impacts of these policies. For such a purpose, it is advised that data collection balance qualitative and quantitative research methods.

When it comes to implementation, States must urgently refrain from criminalizing essential healthcare services, such as harm reduction, and instead provide robust funding for the sustainable operation of these programs. This includes investing in needle and syringe programs, drug-checking initiatives, and supervised consumption facilities. States must recognize the value of such services for the promotion of public health. Drug checking plays an invaluable role in informing public health responses to contaminated supply issues, as seen with certain programs in Europe. The results from drug checking can better inform health staff in the case of impure and dangerous substances in the illegal market, allowing for the preparation of the health system to respond to and prevent fatal overdoses. Tailored models that engage vulnerable communities, such as sex workers and young people who use drugs, warrant replication and scale-up. Take-home naloxone should be freely available to curb loss of life.

It is essential that younger users have full access to these life-saving interventions and are meaningfully included in their design, implementation and evaluation. Specifically, States should acknowledge the need for and support youth-led peer support networks. Such grassroots services foster empathy, respect and reduce stigma. Young people with lived and living experiences in harm reduction should meaningfully participate in designing and guiding programs tailored to their needs. Parental consent requirements and age barriers that



restrict access to services contravene human rights and public health and, hence, must be removed. Guaranteeing anonymity and safety within harm reduction spaces is also critical. Designated areas within consumption facilities, for example, protect vulnerable youth, such as LGBTQI+ individuals and women, from threats of violence and harassment. Authorities must seek and incorporate ongoing feedback to strengthen responsiveness of all services.

Public officials require sensitization to understand harm reduction as health promotion, not law enforcement. Training for police and healthcare workers should emphasize rights-based, collaborative approaches to mitigating overdose risk. Drawing from effective partnerships elsewhere, training can build cooperation between services and authorities focused on prioritizing user wellness above punitive interventions.

Youth RISE echoes the recommendations from OHCHR and urges State parties to consider drug policies that shift away from the punitive paradigm, such as decriminalization and regulation. The criminalization of drug use pushes people who use drugs to engage in riskier practices that contribute to rising numbers of overdoses. For example, the decriminalization of drug use itself can mitigate unsafe practices exacerbating overdose crises, as evidenced by Portugal, which decriminalized all drugs more than 20 years ago, points out. It can also contribute to better use of financial resources, leading to better use of public investment. Only through robust yet compassionate implementation will State parties fulfill human rights obligations in this critical domain.