



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

**Challenge:** The rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high.

**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.

Drug use is ever growing amongst young people, and recent findings show that there is a 50% higher average risk of HIV and HCV acquisition for young people who inject stimulant drugs, which highlights that punitive drug policies are not serving their intended purpose and in fact causing significant harms to our population.

Recent UNAIDS data highlights that many countries still have restrictive laws and policies surrounding the "age of consent", which prohibits access to sexual and reproductive health rights, harm reduction, and related services. Such limitations unleash harmful outcomes in various aspects of young people's lives. For instance, an estimated 250,000 Adolescent Girls and Young Women (AGYW) were newly infected with HIV in 2021, with 82% of them from Sub-Saharan Africa. Such numbers might indicate the reason why adolescent girl schooling completion rates remain low, with only 44% completing lower secondary school and 26% completing higher secondary school. Following UNAIDS recommendations, member states should reform such laws to remove inherent biases. This includes removing punitive laws that criminalize sex work, drug use, LGBTQ+ identities, and gender-affirming care.

According to the systematic literature review on HIV and HCV incidence among people who inject drugs, aggregating 130 studies from 2000 to 2022 and conducted by Artenie et al. (2022), there is a 50% higher average risk of HIV and HCV acquisition for young injectors (median age 25). Women who inject drugs face a 40% higher average risk of HIV and a 20% higher risk of HCV, likely influenced by elevated levels of stigma and violence. HIV and HCV incidence among people who inject drugs are high across many settings. This is especially the case among young people and women. Limited and heterogenous data hampers monitoring progress toward the 2030 WHO and UNAIDS targets which can only be achieved if monitoring of key populations is intensified, according to Trickey (2019).

Young people's ability to exercise our right to independent and informed decision-making on our health, free of coercion, violence and discrimination is limited by age of consent laws and the context of punitive drug measures. Available evidence demonstrates that YPWUD are systematically excluded from accessing healthcare services due to unfavorable eligibility criteria including age of consent laws, which determine the age that a person can consent to and access health services. In some countries, YPWUD under the age of 18 cannot access harm reduction services, HIV testing, and SRHR interventions without the consent of their legal guardian. This is troubling, as YPWUD sometimes experience family rejection. Hence, they are discouraged from seeking the health and support services they require. Age



of consent policies seek to protect youth, but they pose a barrier to accessing services and may result in poor health outcomes for youth.

Among barriers to access treatment and harm reduction services for YPWUD there is fear of stigmatization and discrimination that comes from the side of service providers, which makes YPWUD to avoid vital services. Young people are not encouraged to learn about drugs which results in their resistance to seek needed assistance. Moreover, opinions of young people are not considered during the design process of drug-related programmes. Necessary services are hard to access for those who are under 18 years old.