

CATALYSTS FOR CHANGE

Youth-Driven Insights in Opioid Harm Reduction



Rebeca Calzada, Atika Juristia, Teresa Castro, Carolina Arredondo S.L., Vincentius Azvian, Alfonso Chávez, Susan Wambui, Walter Osigai Etepesit, Paul Sixpence.



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INTRODUCTION

The UNDOC 2023 World Drug Report provides insights into the prevalence of opioid use among individuals aged 15-65 in different regions. In Africa, the prevalence stands at 1.24%, which represents 9,670,000 people. Europe has 3,790,000 users, revealing a prevalence of 0.78%. The Americas reports 11,940,000 people who use opioids and a prevalence rate of 1.74%. Meanwhile, in East and Southeast Asia, 2,780,000 people experience opioid use, representing a prevalence of 0.17% (UNDOC, 2023).

The response to opioid use among young people remains a public health concern in every region of the cohort. Addressing the specific needs of young people who use opioids (YPWUO) demands a profound commitment to elevate their voices and support them to lead this urgent discussion. Furthermore, it is essential to acknowledge the role of harm reduction in responding to their needs and challenges.

The objective of this article is to present the results and recommendations from a discussion held by a cohort consisting of young people who are using opioids, harm reduction practitioners, or, in some cases, both, based in various regions worldwide. The discussion was divided into a series of conversations centered on understanding the needs and challenges faced by young people who use opioids (YPWUO) and harm reduction practitioners.

The article is organized into a total of five divisions. The initial division offers a concise elucidation of the employed methodology. Subsequently, the second division encompasses the political backdrop surrounding drug use and the availability of harm reduction services (HRS) in each respective setting where the collaborators are situated. The third division presents the prominent themes that emerged from online discussions regarding the barriers to access to harm reduction and health services and the needs of young individuals who consume opioids and harm reduction professionals. The fourth division expounds upon recommendations that aim to effectively address the necessities and challenges encountered by this particular group of young people who use opioids and harm reduction professionals. The fifth division concludes the article by providing some final remarks.

METHODOLOGY

This study involves a cohort of eight representatives of young people who use opioids and young harm reduction practitioners from Canada, Indonesia, Kenya, Mexico, Portugal, Uganda, The United States, and Zimbabwe. Throughout the research period, which extends from the 20th of October until the 15th of December, they gathered data related to opioid use among YPWUD and harm reduction practices within their local communities and countries. Utilizing a qualitative methodology, data for this research were collected through weekly group discussion meetings. Each collaborator responded to research questions, focused on the needs and challenges of YPWUO, the challenges harm reduction practitioners face while implementing harm reduction strategies, and recommendations on how to ensure HRS are accessible and take into consideration the well-being of YPWUO.

These discussions were centered around representatives' personal experiences. Moreover, they engaged in dialogue regarding the most effective strategies to meet the specific needs of YPWUO and facilitate positive transformation within this community. The meetings were conducted remotely, and a written record of the discussions was obtained. The discussions lasted approximately one hour each. The identification of key themes was achieved through an inductive approach.

1- In the following sections, these eight representatives will be referred to as “collaborators”. Referring to them as these attempts to acknowledge their expertise, promotes a reciprocal relationship between them and the research, and values them as active contributors during the research process (Gallego & Nørgaard, 2018; Peuravaara, 2014).

POLITICAL CONTEXT

Canada

In Vancouver, British Columbia, and Canada overall, the political landscape has shifted towards harm reduction and decriminalization. Health Canada granted an exemption until January 2026, allowing adults in B.C. to possess small amounts of certain illegal drugs without criminal charges. However, a new proposed bill in October 2023 seeks to ban illegal drug use in public places, introducing restrictions near building entrances, bus stops, playgrounds, and recreational areas (Public Safety and Solicitor General, n.d.).

Canada's regulatory framework for drug control is predominantly governed by the Food and Drug Act and the Controlled Drugs and Substances Act. These laws establish penalties for the possession, trafficking, exportation, and production of controlled substances. However, in recent years, there has been a shift towards a more lenient approach. As stated above, adults in British Columbia are not subject to criminal charges for the possession of up to 2.5 grams of certain illegal drugs for personal use, although possession for trafficking, production, or export remains a crime (Public Safety Canada, 2023).

The Government of Canada has taken some actions to address the overdose crisis. It has focused on prevention, treatment, and harm reduction strategies. Despite the existence of federal initiatives, the responsibility for healthcare, including harm reduction measures, lies within the provincial authority rather than the federal government. An illustration of this is evident in the province of Alberta, which is diverging from harm reduction efforts and leaning towards an abstinence-based model (Tran, 2024). Harm reduction measures include removing barriers to accessing drugs used for the treatment of opioid dependence, such as issuing a class exemption for patients, practitioners, and pharmacists prescribing and providing controlled substances in Canada, and approving injectable hydromorphone and diacetylmorphine as treatment options for patients for whom methadone was not effective. (Health Canada, 2023a).

POLITICAL CONTEXT

The Government of Canada has provided some funding to support people who use drugs. For instance, Health Canada's Substance Use and Addictions Program (SUAP) provides funding for a wide range of innovative and evidence-informed projects, including substance use prevention, harm reduction, and treatment initiatives across the country (Fischer et al., 2016). In 2022, the government announced nearly \$40 million in funding for 73 innovative community-led projects nationwide, aimed at improving health outcomes for those at risk of drug-related harms and overdose (Health Canada, 2022). Additionally, Budget 2022 proposed providing \$100 million over three years to support harm reduction, treatment, and prevention at the community level (Health Canada, 2022b).

Despite the progressive approach, it is important to note that any approval granted at the federal level requires approval at the provincial level. This intricate interplay becomes particularly pronounced in certain regions, exemplified by the challenges encountered in gaining approval for harm reduction initiatives and projects within provinces such as Alberta. The political willingness to upscale safer supply is rather weak considering that twenty-one safe supply programs are concentrated in one province and their funding will be terminated in March 2024 (Government of Canada, Health Canada, 2023). The perpetuation of drug prohibition undermines the efficacy of efforts to address the multifaceted challenges posed by illicit drug use.

POLITICAL CONTEXT

- **Indonesia**

The political situation regarding substance use in Indonesia is complex at the local and national levels, revealing diverse approaches and policies concerning drug use and harm reduction. At the local level, YPWUOs navigate a spectrum of policies, with some regions adopting progressive harm reduction measures such as outreach programs, community meetings, HIV education programs, and opiate substitution initiatives (Bresser, et al., 2019; Sawitri, et al., 2016). Despite these approaches, in the country challenges persist in enhancing the quality of YPWUOs' lives through these programs.

Indonesia maintains punitive policies regarding drug use. Any person using a prohibited drug is subject to a legal process called “sentenced-based rehabilitation”, in which they are mandated to undergo a rehabilitation process as part of their legal sentence. This approach is regulated by Act Law Number 35 of 2009, which has recently been incorporated into the broader framework of Criminal Law Number 1 of 2023 (Badan Pemeriksa Keuangan Republik Indonesia, 2023).

However, this proposal raises concerns about potential shifts in overcrowding from prisons to rehabilitation facilities. Mandatory rehabilitation for people who use drugs is criticized for conflicting with human rights, public health goals, and harm reduction principles. The regulation also mandates medical and social rehabilitation for all people who use drugs, even in cases where it contradicts the World Drug Report 2021, which indicates that only 13% of people who use drugs have health-related issues (Jaringan Reformasi Kebijakan Narkotika, 2022). The new amended rules overseeing the use of drugs now extend criminalization to drugs that haven't been officially categorized as narcotics. This expansion of criminalization goes against the core principle of legality in criminal law and potentially exacerbates issues of legality and human rights.

POLITICAL CONTEXT

Indonesia faces a significant disparity in mental health services, especially in rural areas, exacerbating health inequities for YPWUO. With approximately 10,000 health centers in the country, only 1,000 offer mental health services. The shortage of clinical psychologists and psychiatrists, concentrated mainly in Jakarta, compounds the problem. Specialized health services tailored for young people who use drugs (YPWUD) are rare, with only 15% of this population having access to healthcare, including health counseling and complete medications (Inti Muda Indonesia, 2021). The limited availability of these services accentuates the challenges faced by YPWUD in addressing their mental health needs.

POLITICAL CONTEXT

- **Kenya**

Kenya adopts a punitive approach in addressing drug policy. The Narcotic Drugs and Psychotropic Substances Control Act criminalizes various aspects of drug use, possession, trafficking, possession of drug-related paraphernalia, and even presence in spaces associated with drug consumption. The penalties outlined in the Act include imprisonment ranging from 20 years to life or substantial fines (Kenya National Commission on Human Rights, 2018).

Recent data on substance use among Kenyan youths aged 15–24 reveals diverse patterns of consumption. Approximately one in 11 people in this age group currently use at least one drug, and one in 20 engages in alcohol consumption. Tobacco and cannabis use are reported by one in 31 and one in 37 youths, respectively. Prescription drug use is relatively low, documented in one in every 1,000 youths. (NACADA, 2022). Concurrently, the prevalence of drug use in adolescents and young people aged 10–19, constitutes over 50% of drug users (Okoyo, et al., 2022; NACADA, 2017). Within the estimated population of 18,000 people who inject drugs (PWID) in Kenya, 11% are women, and HIV prevalence among this group ranges from 18.3% to 44%, although gender-disaggregated data are not reported (Springer, et al., 2015). A 2010 study on PWID in Nairobi and coastal regions highlighted that most individuals initiated drug injection between the ages of 20 and 29, with the youngest initiation reported at 11 years and the oldest at 53 years. Heroin was the predominant injected substance (98%), with a small percentage using cocaine (2%) or non-injecting methods like smoking or combining substances (Oguya, et. al., 2021).

POLITICAL CONTEXT

Socially, people who use opioids face stigma and discrimination in Kenyan culture (Kiburi, et al., 2022). This stigma is particularly greater for YPWUO, who face heightened discrimination and judgment from the community. Support services for women engaging in drug use in Kenya experience low utilization rates, and a study in 2023 revealed various barriers confronted by women seeking harm reduction and drug treatment services, including inadequate female-friendly facilities and recruitment challenges (Kamenderi et al., 2023). Furthermore, women who inject drugs in Kenya face multiple forms of stigma, such as rejection, social exclusion, low self-esteem, and difficulties in accessing health services (Mburu, et al., 2018). Notably, there is a lack of stigma data for YPWUO, emphasizing the urgent need for further research in this specific area to address the unique challenges faced by young individuals using opioids in Kenya.

There is a remarkable lack of data on youth-tailored harm reduction services in the context of opioid use in Kenya. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) outlines a set of services, including HIV testing, hepatitis B/C screening, vaccination, cervical cancer screening, referrals, legal support, needle and syringe programs, overdose prevention, safe sex practices, violence response, methadone programs, STI screening, psychosocial support, health education, among others (NACADA, 2020). Despite the recent availability of Opioid Agonist Therapy (OAT), its utilization is hindered by barriers in the workforce, policy limitations, and a lack of drug dependence knowledge (Springer, et al., 2015). The Support for Addictions Prevention and Treatment in Africa (SAPTA) further implements a WHO-guided Harm Reduction Service for PWIDs in Nairobi County. The SAPTA programs offer services such as peer education, condom distribution, risk assessment, dependence drug use counseling, HIV testing, needle and syringe programs, nutritional support, and a safe space for entertainment (Harm Reduction Programs With Those Who Inject Heroin: Global Fund/Red Cross Kenya – SAPTA, n.d.) In 2020, 17% of the total people who inject drugs SAPTA's clientele were young people who inject drugs assisted by the program (Rigoni, 2021).

POLITICAL CONTEXT

- **Mexico**

In Tijuana, local laws (Articles 136 and 137) label public drug use as an offense, which could result in a maximum 36-hour detention and mandatory treatment if deemed necessary. However, a potential conflict arises with the legal safeguards for the human rights of people in migration or street situations, as outlined in Article 177 BIS and Article TER of the Bando de Policía y Gobierno para el Municipio de Tijuana, 2009.

Mexico's federal government initiated a war on drugs in 2006, reflecting the country's anti-drug policies. Nationally, issues such as militarization and the absence of critical treatments like methadone and naloxone underscore the broader approach to substances. The current national methadone shortage exposes people who use drugs to health risks like withdrawal syndrome and increased consumption of unknown substances, leading to fatal overdoses and heightened disease transmission risks (Romero et al., 2023).

Despite the progress accomplished by civil society organizations in awareness, occupational health, overdose prevention, and human rights through workshops for public actors, the impact has been undermined by the introduction of new security forces such as the Mexican Army and the National Guard. The most recent national data on drug use patterns dates back to 2016, as the current government discontinued its collection. In October 2023, the health ministry resumed data collection without the participation of civil society organizations, and using a different methodology from previous national surveys. This change obstacles the ability to make meaningful comparisons with previous data (Secretaría de Salud, n.d.).

POLITICAL CONTEXT

For YPWUD, PrevenCasa is the sole organization in Tijuana that offers HRS. PrevenCasa does not require identification to access its services and is dedicated to providing free healthcare and HRS to improve the quality of life of a population facing challenging living conditions, such as young people who use drugs, young migrants, young people deported from the U.S., young sex workers, and young people experiencing homelessness. PrevenCasa's comprehensive services encompass medical and psychological consultations, syringe exchange programs, rapid tests for HIV and other diseases, personal hygiene supplies, a wound clinic, community showers, a safe consumption room for women, and workshops on overdose prevention, human rights, and self-care. Other organizations, such as the Refugee Health Alliance (RHA), and community kitchens like "El Comedor Salesiano," also contribute important health services, particularly for the migrant population.

POLITICAL CONTEXT

- **Portugal**

Portugal decriminalized the possession and consumption of all drugs in 2001 (DIÁRIO DA REPÚBLICA, 2000), resulting in positive outcomes in HIV/hepatitis rates, overdoses, and drug-related crimes (Slade, n.d.). However, essential measures foreseen in the decriminalization law took a considerable amount of time to be fully implemented. For example, drug consumption rooms were only established in 2019 and remain insufficient. Needle and syringe programs in prisons and heroin-assisted treatment are nonexistent. The provision of drug-checking services is limited to one drop-in center in Lisbon, inaccessible to the most vulnerable populations.

The legal framework in Portugal addresses administrative offenses related to drug use, with a significant portion (approximately half) occurring among the 16-24 age group (SICAD, 2022). The confidentiality rights of young people aged between 16 and 18 years old often take precedence over those of their legal representatives, particularly when the young person can exercise good judgment and when the situation involves topics like drug use and sexual health (Conselho Nacional de Ética para as Ciências da Vida, 2022). Although specific programs within therapeutic communities and youth consultations within treatment teams are intended for young people, most existing services target adults and do not address the particular needs of YPWUD.

In Portugal, the prevalence of illicit substance use is more common among older adolescents and young adults, specifically in the age range of 15-34 years old (SICAD, 2022). By the time they are 18 years old, around 2-3 in every 10 Portuguese youths have already used an illegal substance (SICAD, 2021). Despite this, the lifetime use of illicit substances among Portuguese students remains slightly lower than the European average (EMCDDA, 2018). However, obtaining reliable data and information regarding young people and drug use, particularly opioids, has proven to be extremely challenging.

POLITICAL CONTEXT

In a broader context, HRS are underfunded, unevenly distributed across Portugal, and not adapted to serve the intersections often linked to drug use. Drug-related health services for YPWUD, especially those who use opioids, are severely lacking. Programs specifically designed for YPWUD predominantly focus on prevention or treatment, with limited HRS only in specific contexts like nightlife. Unfortunately, this approach leaves the most vulnerable populations unsupported (Canêdo et al., 2022).

POLITICAL CONTEXT

- **Uganda**

On February 2, 2024, the President of Uganda enacted the Narcotic Drugs and Psychotropic Substances (Control) Bill into law, raising concerns about potential repercussions for the health and well-being of Ugandans. The legislation introduces severe penalties, imposing over 15 years of imprisonment for drug possession and life imprisonment for individuals engaged in drug supply. These punitive measures present a substantial threat to public health, anticipating a surge in imprisonments (Twaibu, 2024).

In Africa, regions like the West and Central account for half of the quantities of pharmaceutical opioids, particularly tramadol, seized globally between 2017 and 2021. Cannabis remains the most widely used substance in the African continent; the highest prevalence and increase in use are being reported in West Africa and Central Africa with rates between 5.2% and 13.3%. In the region, 10% of the population aged 15-64 used cannabis in 2021 and 1.2% of opioids, while global estimates are respectively 4.4% and 1.1% (UNDOC, 2023). The vast majority (70%) of people treated for drug-related dependence in Africa are under 35 years old (WHO Regional Office for Africa) (UNDOC, 2023).

In Uganda, the prevalence of drug dependence among youths in 2022 is 70.1% which is higher than East Africa which is approximated at 45.5%. The factors influencing drug use among young people who use drugs in areas such as Kampala district are related to socio-cultural factors, economic factors, and individual factors of drug dependence among youth. (Immaculate Nakibuuka, Margaret Joy Nalubega, International Committee of the Red Cross, Uganda. Faculty of Health Sciences at Uganda Martyrs University, Uganda 2022).

POLITICAL CONTEXT

Tramadol and codeine are the most used opioids in Africa. Particularly the situation is noted in West Africa, where drug dependence has risen (Usman, 2020; Alhassan, 2022). The availability and accessibility of these opioids, coupled with social stigmatization against people who use drugs, have contributed to their misuse. The punitive approach, the non-evidence-based drug policies, the weak public health response, the lack of social and political support for harm reduction services and the absence of proper health care providers trained to respond adequately have raised the challenges to address the opioid situation in Africa.

The absence of reliable data for evaluating the scope, patterns, and trends of opioid use poses a significant obstacle to preventing drug abuse and offering evidence-based treatment (UNODC, 2023). Furthermore, the lack of data concerning the effects of existing prohibitionist drug policies on health and other human rights, along with the absence of policies safeguarding YPWUO, impedes efforts to enhance access to harm reduction interventions.

POLITICAL CONTEXT

- **The United States**

In the United States, the possession, use, or distribution of drugs is prohibited under federal law. Federal drug possession charges can carry a more punitive penalty than state charges. In contrast, Oregon's Measure 110, enacted in 2021, marked a positive shift. Measure 110 aimed to decriminalize the possession of small amounts of drugs like heroin, methamphetamine, oxycodone, MDMA, and others. It emphasized a harm reduction approach to drug use. Instead of facing criminal charges, people found in possession of these drugs would be issued citations and given the choice to pay a fine or undergo a health assessment. Rather than being taken to jail, people were given a choice that would not further criminalize them. According to a report by the [Drug Policy Alliance](#), the first year of this measure led to a significant decrease in drug possession arrests, emphasizing comprehensive support instead of incarceration. Per the report, “drug possession arrests had already dropped by 50% during the first year of the COVID-19 pandemic...Once Measure 110 took effect in 2021, the monthly average fell by another 67% and continued to decline into 2022” (Drug Policy Alliance, 2023). Measure 110 approaches substance use from a holistic approach by providing mental health assistance, housing, primary care, peer support, and harm reduction resources.

According to a report by the U.S. Congress Non-Partisan Analysis, between the years 2016 and 2018, Congress enacted three laws that focused on lowering the demand and supply of opioids. These legislations focused on directing funds towards initiatives supporting research and education on pain management, the establishment of treatment and recovery centers, campaigns targeting drug use, the extension of Medicaid coverage for substance use treatment, and the regulation of controlled substances. (“The Opioid Crisis and Recent Federal Policy Responses,” 2022). Most of the funding went towards agencies (such as the police) tasked with responding to substance/opioid use. Despite these laws and strategies to “reduce” harm, there have been more harmful consequences. Needle exchange and naloxone services, although somewhat accessible, face stigma, and in certain states like Oregon, fentanyl testing strips are still classified as “paraphernalia,” hindering distribution, especially to underage individuals.

POLITICAL CONTEXT

The consequences include increased overdose deaths and criminalization of not only young people but everyone who uses drugs. The consequences include increased overdose deaths and criminalization of young people who use drugs (Krieger, et al., 2018; Peiper, et al., 2019)

Similarly, to other parts of the world, the use of opioids in the United States among young people has continued to increase. According to a report by the CDC (Center for Disease Control and Prevention), in 2017, among 5% of high school students had reported that they were using substances such as cocaine, inhalants, heroin, methamphetamines, ecstasy, and hallucinogens. As well, approximately 14% of students stated that they misused prescription opioids (CDC, 20170). Regarding estimates of young people using drugs, there is a lack of reliable current data. While graphs from the CDC's High School YRBS 2021 show marijuana as the most prevalent substance, better-integrated data is necessary for a comprehensive understanding of drug use among young people. According to a report from NCDAS in 2020, of teens between the ages 12 – and 17, 1.6% have reported opioid use, while teens 17 years old and older, report a 3.6% use (National Center for Drug Abuse Statistics, 2020). While youth, 15 years and older, do not report to be the biggest percentage of people who use drugs, it is by no means a low number.

In conclusion, a more harm reduction-oriented approach, like Measure 110, is needed in the U.S., redirecting funding from law enforcement to community organizations engaging with the population. Health services for YPWUD are limited. In Oregon, specifically in Lane County, one of the main organizations that is pioneering that work is CORE (Community Outreach through Radical Empowerment). While several organizations will serve people 15 and older, CORE is well known for its focus on putting young people's voices at the forefront of their harm reduction programs.

POLITICAL CONTEXT

- *Zimbabwe*

Zimbabwe, just like the majority of other sub-Saharan African nation-states, has zero tolerance towards drug use and possession, even for personal use. It, therefore, follows that Zimbabwe's drug laws, specifically the Dangerous Drugs Act and the Criminal Codification and Reform Act (Chapter 9:23, Section 157) criminalize both the possession and use of drugs.

Opioid use and dependence among young people in Zimbabwe is an issue of growing concern. Despite there being limited recent data on YPWUO in Zimbabwe, research on youth drug use indicates that drug use dependence among young people has increased from 43% in 2017 to 57% in 2019 (Zimbabwe Civil Liberties and Drug Network, 2019).

YPWUO in Zimbabwe mainly have access to codeine-containing cough mixtures that are relatively easy to access and inexpensive (Marumbwa, 2023).

In 2020, harm reduction advocates working in collaboration with various government departments adopted Zimbabwe's first action plan towards reducing drug demand and enabling people who use and inject drugs to get HRS. The policy is known as the Zimbabwe National Drug Master Plan. The plan seeks to recognize opioid use as a health challenge rather than as a criminal issue (Government of Zimbabwe - Ministry of Health and Child Care, 2020). Despite the Master Plan's commendable efforts to enhance harm reduction accessibility and its involvement of health, education, and social welfare ministries, prevention remains a primary focus in addressing drug-related issues. Additionally, security and law enforcement components continue to be integral aspects of the overall plan.

KEY THEMES IDENTIFIED

The subsequent section presents themes identified during the discussions held by the eight collaborators over the research period. These themes were developed and selected based on the most frequently mentioned topics.

This section is further divided into two sub-sections: the challenges and needs of young people who use opioids, and the challenges faced by harm reduction practitioners in implementing harm reduction strategies and programs. Each sub-section provides illustrative quotes from the transcript to support each theme.

Challenges and Needs of Young People Who Use Opioids

- *Access to Safe Supply and Drug Testing:*

Safe supply, especially in terms of opioids, was identified as an important concern of the collaborators. In unregulated environments, the absence of a safe drug supply is associated with increased harm for YPWUD, as they may encounter substances with higher potency or unexpected additives. Additionally, they may engage in riskier behaviors, such as sharing needles, exacerbating the potential for harm and the transmission of infections. Moreover, the absence of drug testing facilities and safe consumption spaces contributes to the challenges that YPWUO commonly face, forcing them to consume in very unsafe conditions.

KEY THEMES IDENTIFIED

Collaborators pointed out the political inaction existent in each of their contexts when it comes to safe supply and stressed that just decriminalization alone is inadequate: comprehensive and proper drug regulation is needed to ensure safer supply and reduce unnecessary suffering and overdoses.

“I think a lot of countries are politically lazy as well, not, you know, not treating the opioid problem seriously because now we have everything is laced, right? And there's no safe supply. There's no option for safe supply.” (A)

“I just wanted to comment that decriminalization is clearly not enough. We did it in 2001 and I mean it's better, but it's clearly not enough. So yeah, definitely regulate everything [drugs]”. (Teresa)

- Stigma and Discrimination:

Stigma and discrimination are the main issues present in the discussions. Stigma is perceived among the collaborators as the result of misinformation about the complexity and multiplicity of factors intertwined with drug use among young people and as the basis of myths regarding opioid use. Also, punitive laws are seen as the underpinning for stigma, affecting not only young people but entire communities.

“One of the biggest challenges affecting young people in Uganda who use opioids is that most of these young people are affected by stigma and most of them are kind of denied in the community. And the acceptance rate of the people who use opioids is very low. And you find that like in schools, most of them are rejected and sent away from schools. And therefore, you will see that they are dropping out of school and their future is shattered. So most of them [young people who use opioids] are not able to continue their education and also leading to a problem of limited opportunities for these people to grow in their career and have families of their own and be able to flourish in life.” (Walter)

KEY THEMES IDENTIFIED

Collaborators emphasized the importance of considering intersectionality, acknowledging that various factors such as age, drug use, routes of administration, gender identity, ethnicity, economic status, race, migration status, place of residence, etc. can contribute to increasing the stigma and discrimination that YPWUO already face.

“...but it's of course much harder when people share multiple vulnerabilities. It's already a challenge to be someone who uses drugs. When you are someone who uses drugs, a migrant, not cis, not a white male Portuguese, it's even harder.” (Teresa)

Among the intersections, young women who use opioids were recognized as a population that experiences greater stigma.

“in Kenya, women who use drugs because of our culture are stigmatized by society. They are ridiculed more harshly. The same drug that a man is using, but when a woman takes that drug, they are ridiculed, they are labeled and this makes them not even to go and seek services.” (Susan)

“My concern is for culturally marginalized groups, especially women. They are usually very vulnerable and I wish we had more overdose prevention sites and inhalation tents just for women.” (A)

Many collaborators noted that young migrants and indigenous people who use opioids are in particular vulnerability as well:

“I think that some important challenges have to do with the intersection of drug policies and migrations policies. So many young people who are consuming drugs in our community are generally homeless due to their deportation from the United States to Mexico. So they are separated from their families, and all that aggravates the situation by not having access to employment, housing, or health from the Mexican State.” (Alfonso)

KEY THEMES IDENTIFIED

“We have a drug consumption room, and our young population is mainly migrant, mostly from Nepal, Bangladesh, and India, so that's also a big problem because if they are not in a regular situation in the country, they cannot have access to any social benefits, nothing. It's like they don't exist.” (Teresa)

“...the majority of people who are facing stigma and not having any resources are women and native/indigenous. So there is this tension between Canadians, like white Canadians, and native indigenous youths. Especially girls and women, they all missing. They're just missing, murdered, raped, like all sorts of things. So they don't get anything. And those are the 80% of the overdoses that I attend to, or drug poisoning events that I attend to are basically women and natives because no one takes care of them.” (A)

However, for some collaborators, geography matters:

“I want to highlight the availability of the services... methadone services are only available in a big city, mainly in the capital city like Jakarta or in another big city such as Denpasar and Bali province. A lot of people who [illegally buy] this opioid, methadone, and suboxone from the market, they don't have the services to respond to their conditions.” (Azvian)

Additionally, the stigma faced by YPWUO is executed by different actors such as state institutions, health care providers, civil society organizations, and even within the people who use drugs communities. In other words, intersectionality exacerbates the challenges faced by YPWUO.

KEY THEMES IDENTIFIED

“When it comes to young people who use inject drugs I think they're more facing stigma instead of the young people who use like tramadol, or those who don't inject it drugs” (Azvian)

“There's also stigma between people who use drugs, people who use different substances, and that annoys me a lot. If you use a certain substance, you feel like you are different or superior than someone that uses another substance.” (Teresa)

“A stigma from people who recovered. Or they say that they maintained abstinence for a long time, and maintained their sobriety. They have a different relationship with the opioids, with the drugs, and then they start to have the stigmatizing, actually being a perpetrator of this stigma. To people who are not sober yet or not planning to be sober. Yeah, that's interesting because I see like, okay, sure, you have a different relationship with drugs now, but you can't stigmatize people who aren't in your shoes now.” (A)

KEY THEMES IDENTIFIED

- Lack of Healthcare and Supportive Services:

The readiness of healthcare practitioners to address the needs of YPWUD is a recurring theme. Concerns are raised about the lack of quality and compassionate services, with a focus on the inadequacy of healthcare practitioners. In addition, young migrants may face challenges in achieving a comparable quality of life and accessing healthcare services due to their migratory status.

Stigma and surveillance practices from healthcare and social services are some of the main constraints to providing adequate, youth-tailored, and supportive responses. This has a negative impact on YPWUO, which as a result, may decide not to seek these services.

“...not a lot of services are targeted to youth. And that goes along with the idea of like, oh, youth should not be using drugs. Youth is just like this very precious thing that we think and we just refuse to think that there is even the possibility of them experimenting with drugs, which we all have done, especially as a youth.” (Carolina).

Overall, YPWUO face difficulty in accessing certain medications like buprenorphine, limited psychological support services are available for younger people, and there is an absence of services adapted to the needs of the community, especially harm reduction-related needs.

“Currently, there are no health care providers who are sensitive to the needs of young people who consume opioids. So I think from the health care provider itself, the barrier is still huge when it comes to their need to access services.” (Walter)

KEY THEMES IDENTIFIED

“It really shook me that the public health department was not allowed to do a needle exchange... We were not able to give clients a needle. So that was just bonkers to me because if they're coming to a governmental institution for support and we cannot do that, then we're failing our community.”(Carolina)

“And everything is very hard to get. Everything's a big process. Methadone is easy, but everything else is very hard to reach. If you want buprenorphine, it's very difficult. You have to go through I don't know how many appointments. Psychiatry is very hard to access. Even general practice medicine is very difficult to access. And like I said, all the services are not built for this community and for its specificities.” (Teresa)

KEY THEMES IDENTIFIED

- Lack of Housing:

Lack of housing emerges as a pervasive concern in all regions discussed, reflecting a global housing crisis, predominantly in the United States, Portugal, and Canada. Lack of housing is a major barrier for young people globally, impacting access to basic needs, education, healthcare services, HRS, and any other type of social service.

Also, the lack of housing for young people who use opioids and other drugs represents a major challenge to harm reduction practitioners, as collaborators have mentioned: “It’s very hard to do anything with someone that doesn’t have a house because that’s the basic needs.” (Teresa). Gentrification in many contexts is leading to the displacement of low-income residents, including youths experiencing homelessness.

Rigid social service structures, like appointment systems, and expensive services exacerbate difficulties for YPWUO, leaving many without chances of accessing any type of support. In that sense, collaborators stressed that social and healthcare services are designed for people with specific characteristics, such as: being a citizen, having a permanent address, and being over 18 years old.

“I was actually homeless because of not being able to get the resources that I needed when I was a teenager. And I immigrated from Indonesia. But I was in an abusive household and I wasn’t able to reach out for help because the system assumes that, okay, you have a mom, you have a dad, you have kids, everything is healthy. In most cases, it’s not like that. So you’re not always coming from a functional family, a non-abusive household.” (A)

KEY THEMES IDENTIFIED

- Lack of Youth Tailored Harm Reduction Services:

HRS are crucial for the wellness of YPWUO. Some of the collaborators emphasized the significance of these services from an abolitionist perspective, aiming to prevent the sanctioning of YPWUD. HRS help to avoid penalizing YPWUD by not criminalizing them (creating a non-punitive environment), and instead encouraging them to seek support, while providing education, and resources to enhance their overall well-being. However, surveillance within health services can create barriers to access for YPWUD:

“How can we do harm reduction from an abolition perspective, because a lot of young individuals are hesitant, or at least in my experience, had been hesitant to engage with governmental institutions because of the surveillance that happens. So how can we do services that are not penalizing individuals, young individuals who are using drugs and need more supporting services that do not stigmatize them based on whatever?” (Carolina)

The collaborators reflected on the limited number of HRS that are youth-tailored and the need to include young people in the design of harm reduction programs and services:

“We have a lack of dedicated harm reduction services because most, if not all, of the services we have for young people are for prevention. So, there's no... I mean, there is harm reduction for young people, but for... Nightlife context, not for other types of context.” (Teresa)

Barriers to accessing HRS were mentioned such as rigid service structures (for example, an appointment system that may not accommodate the realities of many YPWUO or age-related restrictions), and discrimination from mental health and healthcare practitioners.

KEY THEMES IDENTIFIED

However, many collaborators express how they can contribute to making harm reduction services more accessible to YPWUD, including those who lack housing, are migrants, or have a different cultural background:

“We don't ID people. I never ID people. I don't give a crap. Someone can be 14, or 15, and if they're using meth or opioids, they can still call us, and we are going to be there supervising them doing dope sitting... So what's going on right now is that 12 years old who are using opioids and meth, they would basically have to use in the alleys because they cannot use in the overdose prevention sites because they will be ID'd and then basically someone, you know, they will talk about pimps and it's like, you shouldn't you shouldn't talk about pimps when you're 12 years old.” (A)

“We have a specific space, we have a specific time and space every Friday. We open only for women and non-binary people because we know that our service is mainly used for men and sometimes it might be, I can't find the word, [but it is not] very inviting for women. So we try to have that space only for them. It's not a lot, but it's what we can do [for] now.” (Teresa)

2- According to the collaborators, harm reduction from an abolitionist perspective involves an approach that prioritizes compassion, support, and addresses the root causes of issues, rather than punitive measures. This approach seeks to move away from punitive and criminal justice responses towards a more empathetic and holistic model.

KEY THEMES IDENTIFIED

Age discrimination from state institutions is an issue recognized among collaborators, where in each context, there is an underlying concern that providing HRS for young people under 18 may be perceived as encouraging drug use. However, it is crucial to emphasize the detrimental impact of such assumptions, as they not only perpetuate age-based discrimination but also hinder the provision of necessary support and care.

“At the same time, what is really challenging in Canada is because we just closed an overdose prevention site specifically for youth because they think that, oh, youth shouldn't use drugs. But like, you know, it doesn't stop youth from using like they will use they'll do whatever they want.” (A)

It is widely recognized that YPWUO need urgent services tailored to their age, cultural background, gender, migrant status, etc. In other words, HRS need to have an intersectional approach, recognizing that each context and social status distributes harm and risks differently.

KEY THEMES IDENTIFIED

- Trauma and Mental Health:

Recognizing the experiences of YPWUO regarding trauma and mental health is relevant for understanding the complex landscape they navigate. Often, this population faces various challenges that impact their well-being. It's noteworthy that there's a significant overlap between harm reduction service practitioners and YPWUO, particularly in the realm of peer work.

The nature of harm reduction practitioner's work often exposes them to situations that demand a deep emotional and psychological toll. The need for mental health support, therapy, and self-care is emphasized. Some operate in contexts where drug use, crime, and law enforcement abuses are prevalent and, therefore, witness and often have to intervene in many crises.

"I've seen not only deaths, I've seen, you know, basically people dying in the alleys, which is just insane. I think that no youth deserves to die in the alleys unattended or in the shelter... I'm just actually doing my job and the public policies don't support me to do it. And there are not enough benefits whatsoever. It's like, they don't even care that we're seeing a lot of deaths or overdoses. They don't even care about that. It's like, there are no extra benefits of going to counseling for free. Like, no, none of that." (A)

"I always tell the people that I see them [people who use drugs] more than my family. So we have known each other for many years. So when we lose a person, it's very hard because, you know, you don't believe that. So it's harder when it's an overdose situation, you know. So it's complicated..." (Alfonso)

KEY THEMES IDENTIFIED

“I can say that I've faced a lot of trauma in this journey, in my drug use journey and recovery journey. I have seen people die in my hands. I have seen police brutality among people who use drugs. I have seen mob justice, people being beaten by like the general population. I've gone through a lot of trauma.” (Susan)

The collaborators highlighted ways of coping with trauma such as therapy, psychiatry, and medication and some of them mentioned the use of drugs. Others emphasized the importance of allowing oneself to grieve and honor lost loved ones, and clients. Seeking support from organizations working with various key populations facing similar challenges and attending wellness days, and recreational activities were mentioned as strategies to address overwhelming and traumatizing experiences. Nonetheless, it is worth mentioning that some of these services are often expensive and inaccessible. Trauma and the stress present in the work of harm reduction practitioners highlight the complex and challenging situation they face while supporting YPWUO.

Another shared challenge among the collaborators is the resource constraints that severely limit harm reduction efforts. The mental health of harm reduction practitioners is significantly affected due to the stress from the absence of resources. The lack of human resources, equipment, and stable funding creates barriers to providing effective and sustained support for YPWUO.

“...underfunding of harm reduction projects. They are never 100% funded, so we have to find the rest of the money somewhere, and it's never long-term. We always have to apply every year to see if we will have a job next year. So that's not very good for the workers. That's a big challenge.” (Teresa)

KEY THEMES IDENTIFIED

“We are the only harm reduction program in the city. And so it's making me think that the resources, it's a big challenge for the next few years. At the same time, in our country, we have militarization now, and the new government put a new security body in the streets. So it's very complicated, our situation right now. And I think that this is the most complicated thing for the harm reduction programs.” (Alfonso)

“And there is also a problem of limited resources, human resources, health care resources for young people who use drugs. So you find that in the health care facilities, we only have people handling people with psychiatric problems. But when it comes to harm reduction, there is totally no one in these healthcare facilities... So it's kind of, like there is no one there for them [YPWUO].” (Walter)

RECOMMENDATIONS

The following section presents the strategies and resources identified by the collaborators as the most supportive for the well-being of YPWUO and resources for enhancing initiatives to better support harm reduction practitioners' work with YPWUO.

- Supportive Services, Non-surveilled Services:

Healthcare and HRS should be comprehensive and supportive-centered, aiming to create environments that focus more on understanding and prioritizing empathy rather than punitive measures or surveillance. The main goal should be addressing the needs and challenges that YPWUO face in a non-judgemental manner. Supportive services should promote access to healthcare, social services, and HRS by creating welcoming environments.

“A lot of people are using drugs on the street, and people see this as bad, that they should be in treatment. But understanding that if they have a safe space to do it, if we would be open to that idea, then, you know, it wouldn't be as visible, which is kind of sucky for that to be the reason in which people would support that. But the support for a safe consumption site is important.” (Carolina)

Collaborators expressed these services must engage and train healthcare and social practitioners who adopt a non-judgmental approach to care, avoiding stigmatizing language or attitudes that may make young people feel ashamed or hesitant to seek help. Supportive services must acknowledge the reality of drug use in general and among young people in particular, and these must include the distribution of pipes, syringes, needles, safe supply, naloxone distribution, and providing non-forced treatment.

RECOMMENDATIONS

- Comprehensive Drug Education:

Collaborators stressed that there's a lack of access to evidence-based information about drugs. This gap is present not only among YPWUD but is extended to the police, media, public officials, healthcare and social providers, decision-makers, parents, tutors, educators, and society in general. Comprehensive drug education is seen as necessary by the collaborators for communities at large to dispel misconceptions surrounding drugs, YPWUD, and drug use and consequently reduce stigma and discrimination. Providing accurate information about opioids, naloxone, and information on mitigating risks, is crucial to fostering an environment where YPWUO feels empowered to make informed decisions about their health.

“I remember yesterday we were walking the street and trying to contact some people. And one policeman stopped us and said, hey, what are you doing? And we started talking with him. And finally, the policeman asked me if we had Naloxone to use. So we have to give it to the policeman and talk about how to use it, etcetera. So I think it's important to educate them [the police]. They don't know how to use it. We are in the Red Strip (Tijuana), so when it's an emergency call, they are the first who came to the, you know, to the point. And so he told us, ‘I'm the first to come or to be there, and maybe I can do something, you know’.” (Alfonso)

Drug education should include community workshops that cover naloxone and overdose care training, healthcare, and human rights. The focus should be to have a better understanding of drug-related issues within the community. Also, drug education should create and promote evidence-based narratives about drugs, challenging myths and stereotypes, and presenting a nuanced perspective rather than just stigmatized frames.

RECOMMENDATIONS

“It's just there's a lot of misinformation you know, especially now with fentanyl. it's like the new thing, there's a lot of misinformation. Last week I heard 'but weed can be laced with fentanyl'. And they're like 'it's in the news', I was like, 'that's fake!!' There's just a lot of misinformation going there.” (Carolina).

Also, collaborators acknowledged the constantly changing landscape of the illegal drug market and, therefore, stressed the importance of ongoing capacity building within harm reduction organizations. Staff members need to stay up-to-date with the latest information on drug adulterants and market trends.

RECOMMENDATIONS

- Gather Data:

Collaborators expressed that improving the collection and analysis of accurate and comprehensive data on YPWUD is crucial for enhancing healthcare and HRS. Accurate data provides valuable insights into the needs, patterns, and challenges faced by YPWUO. This information is essential for tailoring HRS and facilitating more targeted and effective interventions.

“More data on the topic is needed; we need information in order to do whatever is needed to better respond to young people who use opioids’ needs.” (Teresa)

A critical consideration when it comes to data collection is the creation of a non-stigmatizing atmosphere to avoid criminalization and to collect reliable data. Reliable data serves as a foundational element for informing policy decisions and programming related to harm reduction.

“We don't need just more data in general, we need like reliable data, and also like when it comes to gathering that data, it's very important that we create a good atmosphere for young people who use opioids.” (Susan)

RECOMMENDATIONS

- *Youth-tailored Healthcare and Harm Reduction Services:*

Collaborators highlight the importance of more consultations with youths who use opioids, letting YPWUD lead the design, delivery, and evaluation of healthcare and HRS also being part of the workforce as peer workers. This approach ensures that interventions are relevant, empathetic, and resonate with the unique needs of YPWUO adapting efficiently to the evolving patterns of drug use.

“...Counselors aren't usually peers, they, it's like they talking over us, you know, it's like, okay, you never even tried weed, you know, like, what do you even know? They aren't hired based on life experience or life competencies. So they only, um, look at the resume. Okay, sure. You're a counselor, but they are talking over people who actually use drugs” (A)

Youth-tailored services include providing easy access to HRS, removing age restrictions, offering flexible services, and recognizing the specific realities of many YPWUO (for example, this might involve weekend hours, online resources, or mobile health units). Other key elements in tailored services discussed included providing safe consumption equipment, condoms, or information on safer substance use practices, regardless of age.

“The existing programs would benefit from more consultation with youths who use opioids.” (A)

The need for effective implementation capacity building, especially among healthcare and harm reduction providers was recognized as crucial too. This involves training and education programs to equip providers with the necessary knowledge such as communications and culturally sensitive practices to better respond to the challenges faced by YPWUO. Young peer-workers are essential in youth-tailored services as they have personal experience with drug use and can establish rapport with YPWUO, fostering trust and understanding.

RECOMMENDATIONS

- Policy Changes and Stakeholders' Active Engagement:

Collaborators highlighted the urgent need for policy changes. Recognizing the limitations of decriminalization alone, they advocate for comprehensive regulation of all drugs to ensure safe supply and support the delivery of health and social care and HRS.

“I think the best strategy should be to offer both a safer supply of opioids, treatment options, and overdose prevention sites specifically designed for youths. The deaths in Canada are mostly due to a ‘laced’ supply of opioids. People do not know what is inside of their drugs. Prohibition never worked and only led to more deaths. I need policy-makers to actually listen to the recommendations from front-line workers, the coroner’s office that we need safer supply on the streets.” (A)

“I think the first thing is at the policy level, in terms of drug policy reform, because in my context, in Zimbabwe, the country has got a zero tolerance on drug use. So that is the first aspect that we need to decriminalize as well. Personal drug use and possession of drugs for personal use.” (Paul).

A comprehensive policy change entails a shift from punitive measures to a regulatory framework that prioritizes the health and well-being of YPWUO.

RECOMMENDATIONS

- Policy Changes and Stakeholders' Active Engagement:

“I would say the regulation of all drugs. So not just decriminalization, but actual regulation of all drugs. Very important.”
(Teresa)

Beyond mere involvement, collaborators stress the importance of active engagement from all stakeholders. This includes policymakers, healthcare providers, community organizations, and individuals directly affected. Active engagement ensures that everyone is working together in a coordinated and collective effort to address the complex challenges linked to opioid use among young people.

“I would think about strengthening the health care systems. To be able to support these young people and also active engagement and concerted efforts from all stakeholders. We also need policy reforms and involvement, not just involvement but a commitment to ensure that the compliance of the well-being of these young people who use opioids is respected and also appropriate data collection.” (Walter)

RECOMMENDATIONS

- Resources and Sustainable Funding for Harm Reduction Organizations:

Harm reduction efforts require essential resources to support YPWUO and population who use drugs general. These resources involve items like pipes, syringes, needles, naloxone, safe consumption rooms, ensuring decent salaries for harm reduction workers, and training harm reduction practitioners on YPWUO needs and challenges.

“Since January, we don't have pipes being given by the government. So almost a year now. So that would be a very important thing in our case. Even our drug consumption rooms are not designed for smokers. They are designed for people who inject, which is not the norm anymore, at least here.” (Teresa)

Available funding of HRS is essential for better-supporting harm reduction practitioners' work. It enables the provision of essential services and resources necessary for an effective intervention.

“And as well as the availing of resources, if we could have more resources internally from the State, and as well as development partners to support harm reduction processes. So that's another aspect. And I also think, especially in terms of the resources that we need as civil society organizations, I think they should be devolved down to communities to create service points within communities where people who use drugs are able to access these services, especially young people who use drugs, are able to access these services without stigma and discrimination.” (Paul)

RECOMMENDATIONS

Collaborators pointed out that funding entities must set realistic goals and timeframes. This ensures that the objectives align with the practical needs and challenges faced by harm reduction organizations.

“I think one-year funding is not enough to even run a robust program. The goals need to be determined by people who are actually doing the work, not people who give the fundings. Four-year limitations are, I think better, with the possibility of extension. The expectations need to be based on numerous studies and field reports, keeping in mind the opinions of youth who use opioids. The resource that we need the most, I think, is federal and provincial government funding. There needs to be more investment into making a robust infrastructure for harm reduction services such as drug checking, culturally sensitive programs, and overdose prevention sites.” (A)

Collaborators stressed the need for increasing human resources dedicated to harm reduction work, which entails securing sufficient funding for salaries and expanding the workforce, also through the inclusion of peers in the workforce.

RECOMMENDATIONS

- Cover Basic Needs of YPWUO:

Collaborators emphasized that covering and improving access to housing, healthcare, education, employment, and mental health care, are crucial factors to better address the needs of YPWUO. A call for more social support is highlighted, acknowledging the variety of needs of individuals.

“The well-being of youth who use opioids also depend on their determinants of health. Providing low barrier employment, housing and easier access to safer opioids should be the priority.” (A)

There's a recognition that social support systems need to be flexible and less strict to respond to the diverse circumstances of young people, especially those who use drugs. Fixed rules are seen as barriers for YPWUO. Flexibility ensures that the support provided aligns with the practical realities faced by YPWUO.

“I would say more social support in general because a lot of times I feel like I have nothing to give to people. Like they need so many things and I have nothing to give to them. And not as strict, I don't know if I already talked about this before, I'm not sure, but like the rules of social support, more flexible rules because sometimes there are specific measures to help but they are so strict that I mean most, I would say even most people, so most people who use drugs and people, in general, cannot obey that rule, those rules.” (Teresa)

FINAL REMARKS

The harm reduction approach acknowledges the inherent risks of drugs while recognizing the impracticality of expecting universal abstinence. Political unwillingness, alongside societal expectations for youth to refrain from all drug use, erect additional barriers for them to access essential health services such as drug-checking, opioid agonist therapy, low-barrier employment services, and more. YPWUO experience the intersectionality between drug use and age that increases their vulnerability to the obstacles and challenges that were addressed in the present article.

While collecting national information regarding young people who use drugs, specifically opioids, all the participants agreed that more data is required for a deeper understanding of this population and topic, and consequently for the development of accurate and youth-tailored harm reduction responses and advocacy efforts.

The lack of dedicated services aimed at the specific needs that YPWUO shares was evident in all countries, which creates greater difficulties in the services provision intervention with this community. Relevant efforts have been made to aggregate harm reduction projects with youth-friendly components, drawing recommendations from practical experiences for harm reduction practitioners, researchers, policymakers, donors, and other relevant stakeholders interested in comprehending and improving interventions for this population.

Addressing political unwillingness on these matters is necessary to effectively serve YPWUO, and so funding harm reduction organizations. Effectively serving YPWUD requires addressing political reluctance on these issues, including advocating for covering their basic needs and securing funding for harm reduction organizations.

FINAL REMARKS

Although the existing harm reduction responses differ by country, it became clear that harm reduction interventions are the most suitable answer to many, if not all, the listed demands. Putting into practice harm reduction's concept of "*nothing about us without us*", we must ensure that the decisions regarding these interventions are led by the key population, not only when it comes to the design, but also in the implementation and evaluation. Simultaneously, it is necessary to guarantee adequate funding, workforce, resources, and facilities for HRS to operate properly.

A shared observation, among collaborators, is that the abstinence-based model is proven to be less effective than the harm-reduction model. Prohibitionist drug policies and political unwillingness accompanied by societal expectations for youths to refrain from using drugs, reinforce stigma, discrimination, and misinformation, violate YPWUO's human rights, and inhibit their access to social and health services.

Recognizing the interconnectedness of housing, healthcare, stigma, and policy challenges underscores the imperative for a holistic and collaborative approach to address the complex issues faced by YPWUO. Their meaningful engagement in the development and implementation of strategies becomes essential in creating solutions that effectively address their diverse needs while promoting inclusivity and empowerment.

Two countries involved in this research have implemented decriminalization legislation: Portugal and Canada. Based on these experiences, we can conclude that decriminalization has shown to be insufficient when it comes to saving the lives of those who are using opioids and creating a safer environment for all people who use drugs. In the interest of YPWUO's health and well-being, it is imperative to go further and advocate for a political and legislative change that includes the regulation of all currently illicit drugs.

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