

Health concerns of adolescents who are in a sexual minority



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For the *Morbidity and Mortality Weekly Report* see http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm?_cid=ss6007a1_w

Growing up is never easy. Among the many challenges that adolescents face is the development of sexual orientation and identity. Nonetheless, because young people are often perceived as healthy, they have been largely neglected in global public health, as detailed in a study by Fiona Gore and colleagues in *The Lancet* today.

Compared with their peers, adolescence is an even more difficult period for sexual minorities. In *Morbidity and Mortality Weekly Report*, research shows that students in grades 9–12 (normally 14–17 years) who are in a sexual minority—homosexual, lesbian, and bisexual students and students who were unsure of their sexual identity and had sexual contact with both sexes—were more likely to engage in risky health behaviours than were other students. The findings are based on a survey of 156 145 students in seven states and six large urban school districts over 2001–09. The risky behaviours included: behaviours that contribute to unintentional injuries and violence; attempted suicide; tobacco and alcohol use; unprotected sexual behaviours; poor weight management; and physical inactivity.

Understanding the reasons for the increased prevalence of risky behaviours in this group is necessary to identify effective interventions. Unfortunately, neither the report nor the few available data are able to provide explanations for these behaviours. Large longitudinal studies with rigorous methods are needed. Moreover, although the report calls for the development of public health as well as school health policies and practices to reduce risky behaviours in students in sexual minorities, it ignores another important role—that of health professionals. Health professionals' knowledge of patients' sexual orientation is an important predictor of the physical and mental health issues that some young people experience. Health professionals should inquire sensitively about sexual orientation and sexual behaviours in all adolescent patients, and ensure confidentiality. A safe and supportive clinical environment addressing the unique needs of adolescents who are in a sexual minority must be established. ■ *The Lancet*

Russia's punitive drug laws



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See *Editorial Lancet* 2009; 374: 1213

See *Comment Lancet* 2010; 376: 208–11

For more on Russia's "total war on drugs" see <http://www.guardian.co.uk/world/2011/jun/08/russia-total-war-on-drugs>

For the *Global Commission on Drugs Policy* report see <http://www.globalcommissionondrugs.org/Report>

For more on *UN-endorsed and WHO-endorsed treatments* see <http://www.ihra.net/files/2010/06/17/WorldAIDSdayBriefing.pdf>

Life is especially difficult for the 6 million drug addicts living in Russia because methadone is banned, and they are reluctant to use the few available needle and syringe exchange programmes for fear of being exposed. New drug laws are being drawn up by the Russian Government in its "total war on drugs". These will go against the recommendations of the report by the Global Commission on Drugs Policy, on June 2, to "End the criminalization, marginalization and stigmatization of people who use drugs but who do no harm to others", and the evidence-based treatments endorsed by organisations such as the UN Office on Drugs and Crime, UNAIDS, and WHO.

If the new laws are enacted, drug addicts will face imprisonment or be forced to undergo treatment for their addiction. And the treatment of drug dealers will be akin to that of serial killers. The new laws will stigmatise drug addicts, and violate their human rights, notably their right to health. Imprisonment of drug users is counterproductive and will only compound the transmission of HIV. Prisoners are also exposed to tuberculosis, hepatitis C, violence, and abuse. According

to Chris Beyrer, Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, "...the narcologic and psychiatric establishments must join the mainstream of modern science and support and use opioid substitution therapy, with methadone, buprenorphine, or Suboxone. Continuing to make evidence-based addiction treatment illegal will only maintain Russia's very high rates of dependence".

Although Russia is attempting to deal with its increasing rate of drug addiction, albeit without compassion, the HIV epidemic will continue unabated if imprisonment and forced treatment are the only options given to addicts. Substitution therapy and needle and syringe exchange programmes will not encourage addiction, but will bring drug addicts into contact with people who will, hopefully, be able to help them. So rather than enacting punitive laws that will discourage addicts from seeking help for their chronic illness, the Russian Government needs to have a treatment infrastructure and reform its public health policy. ■ *The Lancet*