

---

# HARM REDUCTION SERVICES FOR YOUNG PEOPLE WHO INJECT DRUGS

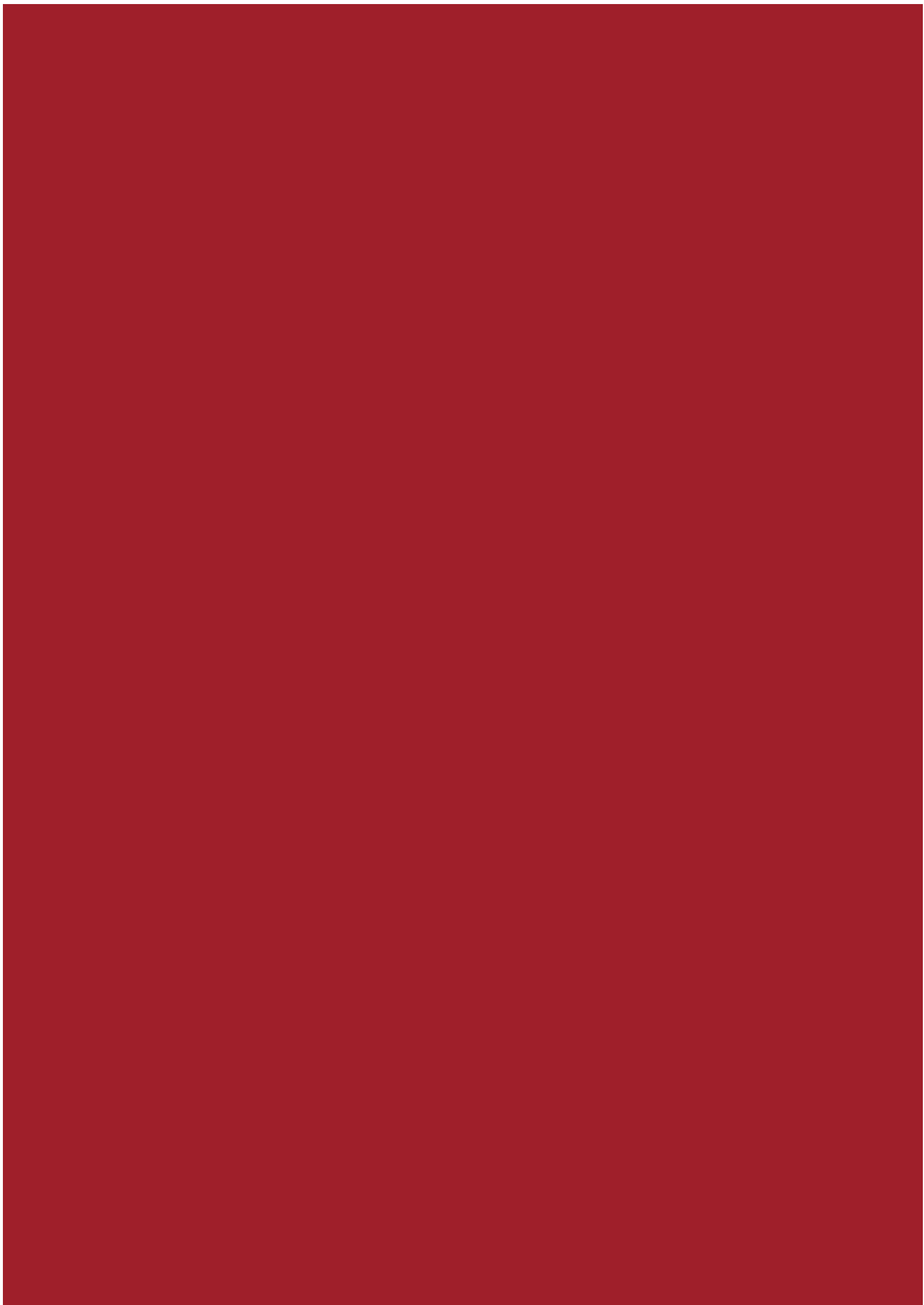
---



 Youth LEAD

 GLOBAL NETWORK OF  
YOUNG PEOPLE  
LIVING WITH HIV

 YOUTH RISE



---

# **HARM REDUCTION SERVICES FOR YOUNG PEOPLE WHO INJECT DRUGS**

---

Published by: Youth LEAD, Youth RISE and Y+ with support from the Global Fund  
Community Rights Gender - Strategic Initiatives

Lead author: Rafaela Rigoni

Supervised by: Eliza Kurcevic (Youth RISE) and Gaj Gurung (Youth LEAD)

Editors: Ruby Lawlor (Youth RISE), Vanessa Monley (Youth LEAD)

## **ACKNOWLEDGMENTS**

The author expresses her gratitude to her colleagues and the experts for their time for the interviews referred to in this research. Special thanks to Hayley Murray, who wrote 3 chapters of the report on USA, Philippines and Vietnam.

**All Rights Reserved - ©2021**

Publication can be obtained from the official websites of:

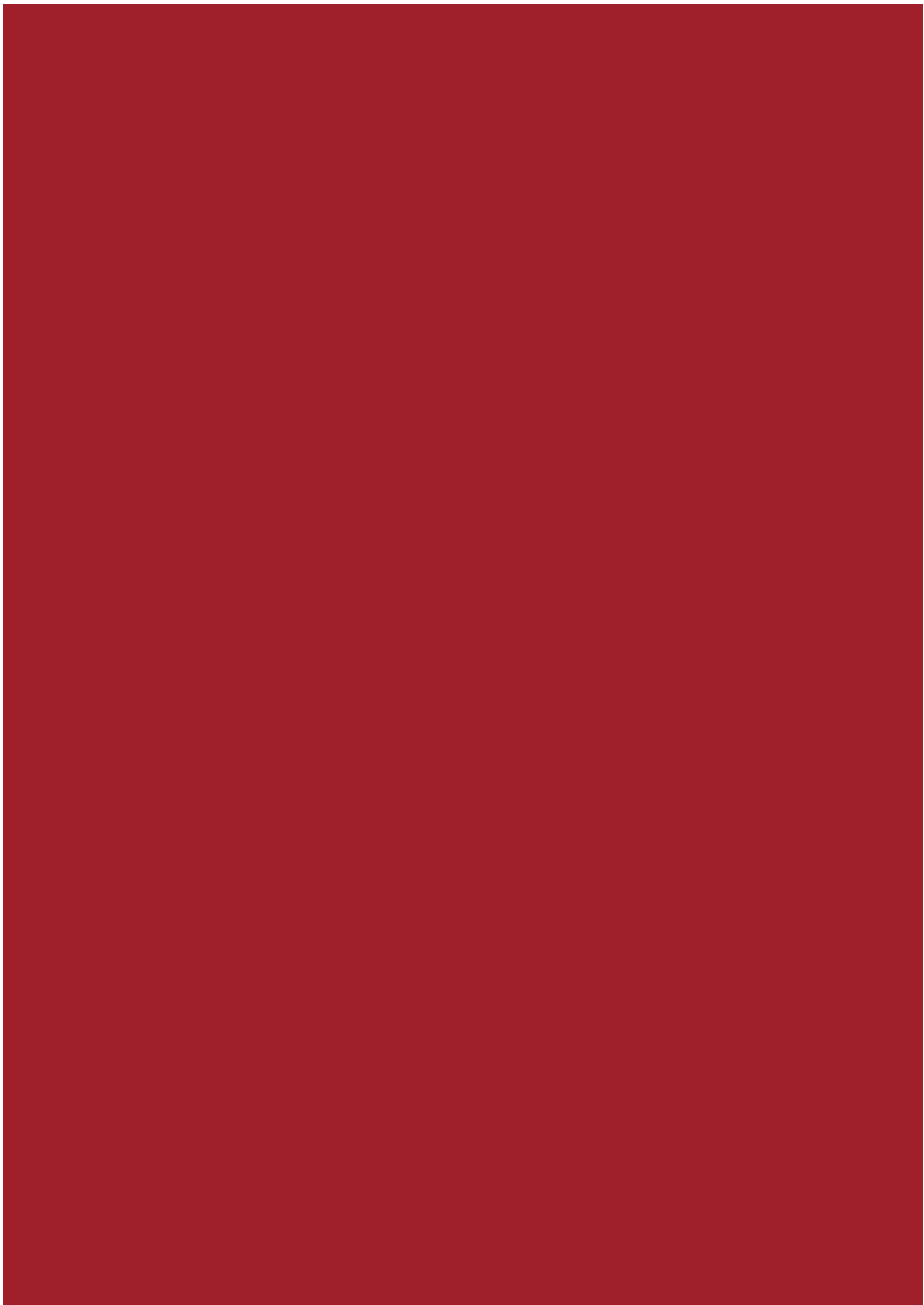
Youth LEAD | <http://youthleadap.org>  
Youth RISE | <https://youthrise.org>  
Y+ | <https://yplusglobal.org>

## ABBREVIATIONS

ACS	Administration for Child Services
AFEW	AIDS Foundation East West
ART	Antiretroviral Treatment
ATS	Amphetamine-type Stimulants
ATS	Acción Técnica Social (in the chapter about Colombia)
BAPUD	Burundi Association of People who Used Drugs
CCM	Country Coordinating Mechanism
COVID-19	Corona Virus Disease - 19
CSO	Civil Society Organization
DCR	Drug Consumption Room
DIC	Drop-in Centre
EECA	Eastern Europe and Central Asia
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
ID	Identity Document
KSS	Kabataan San Siglangan
LGBTIQ	Lesbians, Gays, Bisexuals, Transgenders, Intersex and Queer
LGBTQIA	Lesbians, Gays, Bisexuals, Transgenders, Queer, Intersex, Asexual
MAT	Medication Assisted Treatment
NASCOP	National Aids & STI Control Program from Kenya
NPS	New Psychoactive Substances
NSP	Needle and Syringe Exchange Programs
OST	Opioid Substitution Therapy
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
RNJ+	Réseau National des Jeunes vivants avec le VIH
SAPTA	Support for Addictions Prevention & Treatment in Africa
SRHR	Sexual Reproductive Health Rights
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNODC	United Nations Office on Drugs and Crime
WHO	World health Organization
YKPs	Young Key-Populations
YPLHIV	Young people Living with HIV
YPWID	Young People Who Inject Drugs
YPWUD	Young People Who Use Drugs

# Contents

<i>Abbreviations</i>	<i>i</i>
Introduction	1
Holistic Youth Center Juste Saint Rachel, Réseau National des Jeunes vivants avec le VIH (RNJ+), Burundi	7
People Who Inject Drugs Harm Reduction, SAPTA, Kenya	15
HIV/SRHR/Harm Reduction for Young People Who Use Drugs, Youth RISE Nigeria, Nigeria	21
NSP for Women, Dristi Nepal, Nepal	29
Kabataan San Sidlangan, The Philippines	37
High Fun, Lighthouse Social Enterprise, Vietnam	45
Online and mobile outreach, Humanitarian Action, Russia	53
Underage, Overlooked & Bridging the Gaps, AFEW-Ukraine, Ukraine	61
Street Work Project, Safe Horizons, USA	71
Project CAMBIE, Acción Técnica Social (ATS), Colombia	79
Final recommendations	88



# Introduction

## BACKGROUND | CONTEXT

According to the latest World Drug Report, around 269 million people used drugs in 2018. Adolescents (12-17 years of age) and young adults (18-24 years) account for a large share of this population, with a rising past-year prevalence of drug use in many regions (1). Among the population of people who use drugs, those injecting their drugs are especially vulnerable to several social and health risks. This includes a higher level of marginalization and stigmatization, more experiences of homelessness and unstable housing, less access to care, and higher risks of overdose and blood-borne infections (mainly HIV and hepatitis B and C) (2,3). It is estimated that 11.3 million people worldwide inject drugs (1). Although disaggregated data on young people who inject drugs is scarce, a global systematic review published in 2017 estimated that 27.9% (20.9–36.8) of those injecting globally are younger than 25 years (4).

Young people who inject drugs are under-served by harm reduction and other care services (5). Needle and syringe exchange programs (NSP) have accumulated knowledge on reaching and serving the highly marginalized population of people who inject drugs. Yet, several of these programs might either struggle connecting with a younger population or might assist younger clients without acknowledging their distinct needs when compared to the older generation of users. Youth-focused harm reduction services have developed unique and successful strategies to reach young people who use drugs. Nevertheless, they might find themselves having difficulties to assist those youths who are injecting, considering they are often well hidden and hard to reach. Moreover, young people who inject drugs are a heterogeneous group, and intersecting characteristics require a complex and integrated approach that goes beyond traditional harm reduction services only. Many young people who inject drugs are living with HIV, are part of a LGBTIQ population, and/or are engaged in drug using practices and lifestyles that differ from their adult counterparts. All these intersecting factors require tailor made interventions.

Lack of data around the drug-using habits, needs, and health challenges of young people who inject drugs make it difficult for service providers and policy makers to cater to this population's necessities. Besides, the lack of funding to work with young people

and legal age restrictions further complicate the matter. Studies about young people who inject drugs and programs that succeed in approaching and assisting them are urgently needed, not only to improve policy making and service provision, but also to allow for more targeted advocacy in the field. Understanding how to provide youth-friendly services for young people who inject drugs is also fundamental to assure the population has their needs met. In this context, the experiences of programs successfully reaching and assisting this key population can help inspire others willing to start or improve their activities with young people who inject drugs.

To contribute to this, the present report describes ten existing harm reduction projects with youth-friendly components and providing services to different sub-groups of young people who inject drugs around the globe. Based on these practical experiences, recommendations are provided for harm reduction providers, researchers, policymakers, and donors interested in understanding the needs, promoting care, and reducing the harms for young people who inject drugs.

## RATIONALE

### Lack of data

In 2013, data on injecting drug use among under 18s was found to be mostly absent (6). When gathering data on this population, Harm Reduction International found that there is a lack of a global population size estimate, also unknown contribution of injecting users among under 18s, who were touched by HIV epidemic, and exceptionally rare national population size estimates. The scarce data available, however, already showed that significant proportions of people who inject drugs were adolescents, particularly in eastern European and Asian countries (6). Eight years later, the situation on data has barely improved. Disaggregated data on young people who inject drugs is often non-existent at the country level, and global estimations are still lacking in publications monitoring drug use trends around the world.

### High risk and unique needs

The few studies available, nonetheless, have shown that young people who inject drugs are at high risk. Several people initiate their drug use at very early ages and, in many cases, the time between initiation of drug use and injecting drug use is very short (5). Injecting drug use has been reported in several countries, especially amongst street-based youth (7), and local studies have demonstrated a rising prevalence of HCV (8) amongst young people who inject drugs. There are essential differences between young people who inject drugs and their older counterparts, young people who inject drugs are more likely to both acquire and transmit hepatitis C than older people who inject drugs (9,10). They are less likely to be educated on safer injection practices and more likely to share injecting equipment (11). Their networks differ from adults' networks of people who use drugs (8), and young people who inject drugs are especially vulnerable to HIV (12). Young people who use drugs also have more complex needs than the adult population, including a more extensive dependence on families, peers, and educational institutions. All such differences have important implications for policymaking and service delivery.



## Lack of access to (adequate) services

Despite the unique risks and needs, young people who inject drugs are still highly underserved by harm reduction programs and care services in general. They have difficulties in obtaining information, paraphernalia for safer injection, drug dependence and opioid substitution treatment, and HIV testing, counseling and treatment (5). Consultations with young people who inject drugs in 14 countries revealed several barriers to access services that are part of the comprehensive harm reduction package as defined by the WHO. These barriers included lack of information and knowledge of services, age restrictions on services, fear of stigma and law enforcement, high costs, lack of concern with one's health, and lack of youth-friendly services (13). Criminalization of drug use and consequent stigma further contributes to their fear of accessing services (14). Youth-friendly harm reduction services to assist the young population injecting drugs are urgently needed. Nevertheless, lack of funding and knowledge on how to provide youth-friendly services might hinder harm reduction providers from including young people who inject drugs in their clientele.

## Lack of meaningful involvement

To better understand the needs and challenges of young people who use and inject drugs it is necessary to listen to their own experiences. To plan policies and services that can cater for this population's needs, it is paramount to meaningfully involve young people who use drugs in the decision-making processes leading to them. Unfortunately, the lack of inclusiveness of young people in decision making as well as the lack of capacity building of young key-populations is still present around the world. Often, youths are not respected and not seen as actors who are "mature enough" to contribute to decision processes. This stigma intersects with the stigma around drug use and injection drug use to isolate and exclude youths from participating in decision processes affecting important aspects of their lives.

## SPECIFIC OBJECTIVES

The present report sheds light on these challenges and alternatives to overcome them by documenting the experiences of existing harm reduction services with youth-friendly components providing services to young people who inject drugs. The objectives of the report are three-fold:

- ✖ Document and describe ten services providing harm reduction for young people who inject drugs in different world regions.
- ✖ Contribute to the production and sharing of knowledge on harm reduction programs for young people who inject drugs.
- ✖ Provide recommendations for harm reduction programs on how to develop youth-friendly services.

## METHODOLOGY

Initial consultation was made with Youth RISE, Youth LEAD and Y+, as members of the "Count Me In" youth consortium, to collect a list of youth-friendly services possibly assisting young people who inject drugs. The list was expanded through a snowball effect considering the network of the mentioned organizations, services contacted and the consultant. The

criteria for selection of the ten cases included: having youth-friendly and/or youth-specific activities; providing services for young people who inject drugs (<24 years old); and providing interventions set by the WHO's comprehensive package of interventions for the prevention, treatment and care of HIV among people who inject drugs<sup>[1]</sup>. When choosing the cases, a balance was pursued between different regions worldwide. For the purpose of this publication, and following the experiences of the services described here, we defined youth-friendly services as inclusive, welcoming, and innovative/creative services which are capable of providing young people with a comfortable and safe environment, allowing for youth expressions while meaningfully involving them in activities and decision-making processes. Youth specific services were defined as those specifically assisting a population under 24 years of age and/or having activities which are specifically dedicated and adapted to this population.

To gather our findings, an interview via an online platform was made with one or two staff involved in running the harm reduction programs. All interviews followed the same guide and focused on questions concerning the program's activities, successes and challenges, and how they have built youth-friendly activities and pursued youth involvement. Additional data was collected to further describe the program and the context where it operates. All organizations were given the opportunity to revise the description of their projects before finalizing the report.

## The cases

The cases described in this report represent youth-friendly services in different parts of the world. While not all projects are youth-specific, they all have specific activities with young people who use drugs and assist young people who inject drugs. No project specific only to young people who inject drugs was found during the development of this report. *Table 1* shows the region, country and organizations of the selected projects. It also reports on whether they are youth or people who inject drugs specifically, and the (estimate) percentage of clients who are young people who inject drugs. The cases are further described in the next chapters.

---

[1] The comprehensive package of harm reduction interventions (developed by WHO) includes — (i) Needle and syringe programmes; (ii) Opioid substitution therapy and other community-based treatment; (iii) HIV testing services; (iv) Antiretroviral therapy; (v) Prevention and treatment of sexually transmitted infections; (vi) Condom programmes for people who inject drugs and their sexual partners; (vii) Targeted information, education and communication; (viii) Prevention, vaccination, diagnosis and treatment of viral hepatitis B and C; (ix) Prevention, diagnosis and treatment of tuberculosis; 10. Community distribution of naloxone.

---

**Table 1: Cases of youth-friendly harm reduction services for young people who inject drugs**

Region	Country	Organization	Youth specific	People who inject drugs specifically	% young people who inject drugs
Africa	Burundi	Réseau National des Jeunes vivant avec le VIH (RNJ+)	Yes	No	30%
	Kenya	SAPTA	No	Yes	20%
	Nigeria	YouthRISE Nigeria	Yes	No	52%
Asia	Nepal	Dristi Nepal	No	Yes	50%
	Philippines	Kabataan San Sidlangan, Inc.	Yes	No	n/a
	Vietnam	Lighthouse Social Enterprise	Yes	No	9%
Europe	Russia	Humanitarian Action	No	No	9%
	Ukraine	AFEW Ukraine	Yes	No	5%
North America	United States	Safe Horizon	Yes	No	20%
South America	Colombia	Acción Técnica Social (ATS)	No	Yes	95%

## Limitations

The present report provides a brief overview of the programs. Its short timespan did not allow for a detailed description of how the projects develop their youth-friendly activities. Although this would benefit those willing to start such activities, it would require a more in-depth engagement with frontline staff running the programs. Time and budget constraints also did not make it possible to include the perspectives of the young people who inject drugs assisted by these projects. Including youths' voices would be crucial to better understand what makes such projects friendly and welcoming to the population. Finally, a more extended search could (hopefully) find a higher number of projects achieving both a high coverage of young people who inject drugs and providing youth-specific services. To fill these gaps, further investigation and reports focusing on harm reduction projects assisting young people who inject drugs are recommended.

## REFERENCES

1. UNODC. World Drug Report 2020 [Internet]. Vienna, Austria: UNITED NATIONS; 2021. Available from: <https://wdr.unodc.org/wdr2020/>
2. Richardson D, Bell C. Public health interventions for reducing HIV, hepatitis B and hepatitis C infections in people who inject drugs. Vol. 8, Public health action. 2018. p. 153.
3. WHO. Guidance on prevention of viral hepatitis B and C among people who inject drugs. Geneva; 2012.
4. Degenhardt L, Peacock A, Colledge S, Leung J, Grebely J, Vickerman P, et al. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. *Lancet Glob Heal* [Internet]. 2017;5(12):e1192–207. Available from: [http://dx.doi.org/10.1016/S2214-109X\(17\)30375-3](http://dx.doi.org/10.1016/S2214-109X(17)30375-3)
5. WHO. HIV and young people who inject drugs: A technical brief. Geneva, Switzerland; 2015.
6. Barrett D, Hunt N, Stoicescu C. Injecting Drug Use Among Under-18s. A Snapshot of Available Data [Internet]. London; 2013. Available from: [https://www.hri.global/files/2014/08/06/injecting\\_among\\_under\\_18s\\_snapshot\\_WEB.pdf](https://www.hri.global/files/2014/08/06/injecting_among_under_18s_snapshot_WEB.pdf)
7. UNODC. World Drug Report 2018. Booklet 4: DRUGS AND AGE. Drugs and associated issues among young people and older people. Austria; 2018.
8. Page K, Evans JL, Hahn JA, Vickerman P, Shiboski S, Morris MD. HCV incidence is associated with injecting partner age and HCV serostatus mixing in young adults who inject drugs in San Francisco. *PLoS One* [Internet]. 2019 Dec 10;14(12):e0226166. Available from: <https://doi.org/10.1371/journal.pone.0226166>
9. The Canadian Network on Hepatitis C. Blueprint to inform hepatitis C elimination efforts in Canada. [Internet]. Montreal; 2019. Available from: <https://www.canhepc.ca/en/blueprint/publication>
10. Jacka B, Applegate T, Poon AF, Raghwanji J, Harrigan PR, DeBeck K, et al. Transmission of hepatitis C virus infection among younger and older people who inject drugs in Vancouver, Canada. *J Hepatol*. 2016 Jun;64(6):1247–55.
11. Merkinaite S, Grund JP, Frimpong A. Young people and drugs: next generation of harm reduction. *Int J Drug Policy*. 2010 Mar;21(2):112–4.
12. Inter-Agency Working Group on Key Populations. HIV and Young People who Inject Drugs: A Technical Brief [Internet]. 2014. Available from: [https://www.who.int/hiv/pub/guidelines/briefs\\_pwid\\_2014.pdf](https://www.who.int/hiv/pub/guidelines/briefs_pwid_2014.pdf)
13. Krug A, Hildebrand M, Sun N. “We don’t need services. We have no problems”: exploring the experiences of young people who inject drugs in accessing harm reduction services. *J Int AIDS Soc* [Internet]. 2015 Feb 1;18(2S1):19442. Available from: <https://doi.org/10.7448/IAS.18.2.19442>
14. Grund J-P, S. M, M. N, D. B, C. P, Otiashvili D, et al. Young people & injecting drug use in selected countries of Central and Eastern Europe. 2009.



## HOLISTIC YOUTH CENTER JUSTE SAINT RACHEL, RÉSEAU NATIONAL DES JEUNES VIVANTS AVEC LE VIH (RNJ+), BURUNDI

The Holistic Youth Center is a care facility adapted to provide expanded services for young people, especially the most vulnerable groups, without stigma or discrimination. They offer a friendly space for social activities, a comprehensive package of information, peer education, HIV and STI testing, ART, psychosocial support, among other activities.

### Burundi and young people who inject drugs

In 2017, the Burundian Alliance against AIDS and for the Promotion of Health ran a study on people who inject drugs in Bujumbura, the largest city and the centre of drug trafficking in the country (1). The study is the main source of information on people who inject drugs in Burundi and shows a very young population of people injecting drugs, with 48% between 18 to 24 years of age. While 24.6% of them live with their families, almost 28% are homeless or have no fixed address; while others live with friends. The majority (61.4%) had no jobs; 39.7% resorted to petit theft to survive and buy their drugs, 11.5% relied on street begging, and 26.9% on parental or friends' support (1). It is estimated that 10.2% of the people who inject drugs in Burundi are HIV positive, 9.4% have hepatitis B, and 5.5% hepatitis C (2). Until now, there are no specialized public health structures or harm reduction programs to support people who inject drugs in Burundi (3). Discrimination and stigmatization are pervasive and severely limit access of this population to health services. Burundi's legal environment also penalizes people who use drugs, creating fears of drug apprehension, incarceration, and police violence, which further prevents access to health services. The police had mistreated 77.2% of the people who inject drugs partaking in the 2017 study during the year preceding the survey, and 75.6% had already experienced police arrest (1).

### Project origins

The Holistic Youth Center Juste Saint Rachel is an expanded care centre specifically dedicated to young people, particularly the most

vulnerable groups. Its creation results from years of accumulated experiences and initiatives of the Réseau National de Jeunes (RNJ+), formed in 2006 by a group of young HIV-positive leaders, who joined forces to fight for their survival. Initially set out to provide support to the HIV youth, this organization was soon exposed to a diverse public among the youth, such as those using drugs.

In 2014, the RNJ+ founded the Youth-friendly Social Center (Centre Convivial), a space where young people could play and socialize and express their health needs without being judged. They could also access services such as sexual and reproductive health information, often not available to them. Through advocacy work, the centre received in 2016 the authorization from the Ministry of Public Health and Fight against AIDS to become a centre for voluntary testing (Centre de Dépistage Volontaire) for HIV and hepatitis. The Center for Voluntary Testing was particularly welcoming and adapted to the youth needs, having its services provided by young people themselves. This directly contrasts with the public health structures, where the youth often felt stigmatized and discriminated against. That was an eye-opener to the vulnerability of young people who use drugs, who face even further discrimination and difficulties to access health services. The seroprevalence rate among them encouraged the organization to start working with a specific program for young people who use drugs in 2019. Nowadays, RNJ+ become a care centre for young people in general, broadening their support, services, and care to all different groups of youths, if they are seropositive or not.

## Population assisted by the project

Table 1: YPWUD clients assisted in 2020

Young people who use drugs	Young men who use drugs	Young women who use drugs	Young people who inject drugs
493	304	189	30%

The Holistic Youth Center assists young people, indistinctively (young people who use drugs, sex workers, men who have sex with men, LGBTIQ, young people living with HIV). Their age ranges from 15 to 35 years old, but no age limit is imposed – the priority is that people feel at ease approaching and using the services offered there. Their social background is diverse, including kids of rich people and those living in the streets. The youngest person to ever use the centre was 11 years old, but in the communities, there are as young as 7, who hang around in hot spots where people consume drugs.

Among the young people who use drugs they assist those who smoke and those who inject their drugs. Although both need access to information on harm reduction, risks, health and effects of substances, there is a significant difference between them. The ones injecting drugs face real difficulties to get by and are often involved in violence (physical, sexual) and unhealthy behaviour. Most of them are consumers of 'boosta', which is the 'waste of heroin' and the primary harming drug consumed in Burundi. Powder cocaine is consumed among the very rich, but RNJ+ do not have access to them.

---

The users of non-injectable drugs are often integrated young people who go to school or to work. They can easily have their dose, which is not as expensive as the injectable ones. Among them, marijuana or cannabis is the most widely spread, but a small group sniffs glue or solvents.

### How the projects work?

The project's main objective is to offer comprehensive support services to all young people. That includes providing information on different subjects – such as HIV, STI, hepatitis, drug use, harm reduction – and using other forms to convey information – such as organizing talk groups (at the centre or the community level), peer exchange, or printed material. Providing information is usually their point of departure. Many do not know, for example, how to use an injectable syringe for drug use, which can result in the spread of hepatitis, HIV, and other diseases. Sensibilization and knowledge about the forms of disease transmission and hygiene rules are considered essential. The knowledge package they provide also aims to make young people independent in managing their drug use and practice.

The centre also offers medical support through testing for HIV, hepatitis, or sexually transmitted diseases. Since early 2020, the Center has been accredited by the Ministry of Public Health as a centre for ART and treatment for some opportunistic infections. Beyond medical care, the centre provides psychosocial support and nutritional provision, even if insufficient at the moment, given the lack of financial means. They are confident that the Holistic Youth Center is better equipped to understand and assist this population than the public facilities available. Not only do they have the social centre, with games and open spaces that are attractive to young people, but they also follow youth-friendly principles, as presented further ahead.

Yet, the project is not limited to the Holistic Youth Center or the people who use the centre services. Visits to the community, or community monitoring, is a way to reach out to those who do not use any health facility to provide them with information and mobile testing. This is also an opportunity to be informed about new young people who use drugs or youth living with HIV and observe those who are not following their treatment or are recalcitrant – the project monitors them systematically. The community visits are also a way to be in contact with the conditions in which clients, users of the Center or not, live.

*“Most of the time, it is in the community that many things happen, such as stigmatization, violence, demeaning... So, we need more capacity to follow up at the community level, which is the environment of drug users. (Gentil)”*

As part of their principle of engaging the youth, they form peer educators among the young people who use drugs. The peer educators bring new people to the centre for testing and contribute to sharing information and experiences.

*“Sometimes, they don't have a fixed address, and when they change their address, it is through the peer educator that we can find them more easily. And they can continue their treatment. They are not left on their own. (Gentil)”*

---





The project counts one doctor, two nurses, one laboratory assistant and one psychosocial service manager, all of them voluntary workers, getting a small reimbursement for transportation. Then, there are 15 peer educators, working part-time as peers and two security guards, in full-time paid positions. Table 2 provides an estimate of the funds needed for the project to run yearly.

Table 2: **Financial support**

Financed by	Estimated yearly costs
National government	(medicines, especially for ART)
Equity funds	60,807 USD

The financial situation is not stable, as they mostly rely on projects from different partners or sponsors. Some projects last for one year, others three years, and when they end, they have to apply for funds when and where there is an opportunity. That puts the continuation of most activities – health care, advocacy, talk groups, and so on – at risk. On the other hand, the government’s support through the Ministry of Public Health has been stable. They mainly contribute to the procurement of inputs, particularly for test screenings and medicine.

### Being youth-friendly

To work with young people, it is fundamental to engage them from the start. The RNJ+ believes that the youth must understand early on that they must find the solutions to their problems and the situations they find themselves in.



---

*“We cannot think for them. People have done that before, and, in the end, it did not achieve the expected results. But when engaging them, we see that they propose many solutions. (Audrey)”*

For being youth-friendly, one first step is to provide a friendly social space and service that allows for youth expression and shows that they are at the centre of everything. The youth-friendly Social Center (Center Convivial) is such a space, open to everyone. Having young people enjoying that space opens the opportunity to engage in conversations and exchange ideas about activities and plans that could make the centre services better adapted to their needs. Being youth-friendly is, in practice, the same as encouraging people's engagement, active and meaningful participation in all matters, activities, and processes concerning their lives.

*“All that we make without them turns out to be against them. (Audrey)”*

### Youth involvement

Young people who use drugs are involved at all levels of the project, from elaboration, planification, realization, and evaluation of activities. Some are also involved with a partner organization of former drug users, called Burundi Association of People who Used Drugs (BAPUD), dedicated to activism. They are also involved at the Country Coordinating Mechanism (CCM), an arm of the Global Fund, at the country level. Finally, as mentioned earlier, some youngsters who come to the Center work as peer educators, playing an essential role in exchanging knowledge, sensibilization, and implementation of different activities.



---

*“When there is a project or activity, we have them involved from the start to the end. They are really involved in what concerns them. We cannot plan activities without their approval or engagement. (Audrey)”*

## Achievements

According to RNJ+, the program's success depends on different actors acting together and sharing the same understanding of things. In their advocacy work, they have succeeded in involving all key actors in health, security, justice, education, and human rights.

*“If at the level of health, there is not an understanding that a drug user is a person like everybody else and has the right to health services and dignity, we wouldn't be able to do anything. [...] The involvement of all key actors allows to achieve the success of the program. (Audrey)”*

RNJ+ are incredibly proud of advocating for political decision-makers to revise a law on the protection of people living with HIV and those using drugs. Consultants revised the law, and it is now under the scrutiny of the parliament. It is expected that they will approve it. They have worked together with the Burundi Association of People who Used Drugs on this, as part of a project financed by Amplify Change that aimed to advocate against discrimination and stigma against young people in terms of access to health services.

After the Holistic Youth Center's recent opening, several young people who use drugs have already benefited from their services.

*“Many young people did not know that they had HIV. We could diagnose them, and now they are under ART and their health is better. (Gentil)”*

## Challenges

When putting in practice the program, they encounter several challenges. **Stigmatization and discrimination** are still significant obstacles to accessing health services, connected to an unfavourable legal environment criminalizing drugs and the people who use them. Another challenge is making sure that people **keep on their retroviral treatment**. They abandon the ART, but sometimes they interrupt it as they are temporarily in jail, or for other reasons. The **lack of nutritional support** is also a significant factor leading to the abandonment of retroviral treatment, severely affecting people's health. At the moment, there is a lack of means to expand nutritional support.

Another difficulty is the lack of a structure specialized on the medical-psychosocial support for people who use drugs, including the **absence of a national strategy for mental health support** adapted to them. Finally, the staff feels limited in increasing the **economic autonomy** and empowerment of young people, and especially young people who use drugs.

## Future expectations

Having financial support from sponsors, RNJ+ would like to improve and expand their nutritional support service, particularly for young people who inject drugs. They also aim to

---

increase their psychosocial and community support and medical care services to treat other chronic diseases, such as hepatitis. Finally, staff would like to have technical and financial support to create a specialized centre with adapted services for the young people who use drugs.

*“We have great things to do especially through the advocacy work. With the involvement of those implicated, we can go far. [...] Maybe it will take time, but I am confident that we will have a specialized medical-psychosocial centre for the young drug user one day. (Audrey)”*

## Recommendations

To effectively deal with health and other consequences for young people who inject drugs, particularly regarding the risk of HIV infection and other diseases, it is necessary to **combine prevention, care and harm reduction**, and the **collaboration** of public institutions, technical and financial partners, and the youth community. At this moment, it is also necessary to **strengthen the technical and operational capacities** of all partners. **Governmental actors** such as the Ministry of Public Health and the fight against AIDS, Ministry of Public Security, Ministry of the Interior, Ministry of Justice **must also join forces** in a coherent action approach.

## More information

Website	Contact person	E-mail
<a href="http://www.rnjplusburundi.org/index.php">http://www.rnjplusburundi.org/index.php</a>	Audrey Inarukundo	<a href="mailto:a.inarukundo@rnjplusburundi.org">a.inarukundo@rnjplusburundi.org</a>

## REFERENCES

1. Menus N. VIH et Réduction des méfaits parmi les usagers de drogues injectables. Evaluation rapide. 2017.
2. UNAIDS. Country factsheet: Burundi, 2019 [Internet]. [cited 2021 Jan 29]. Available from: <https://www.unaids.org/en/regionscountries/countries/burundi>
3. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf)



## PEOPLE WHO INJECT DRUGS HARM REDUCTION, SAPTA, KENYA

SAPTA provides a comprehensive harm reduction package for people who inject drugs through a peer-led outreach program and three drop-in centres in Nairobi. Their approach includes both abstinence and harm-reduction-oriented activities. The program is focused on people who inject drugs and assists both adults and young people.

### Kenya and young people who inject drugs

In 2013, NASCOP (the National Aids & STI Control Program) estimated that 18,327 people injected drugs in Kenya. The same estimation is mentioned in the Third National Behavioural Assessment of Key Populations in Kenya published in 2018 (1). HIV prevalence among people who inject drugs in the country is 18%, and most reported people who inject drugs are male and use heroin (1). A government study from 2012 with people who inject drugs showed very early ages of initiation into injecting (as young as 11 years old), besides the high level of sharing needles and overdose risk and a low level of care access (2). The 2018 assessment also collected specific data on young people who inject drugs. Most young people who inject drugs partaking in the study (92%) were between 18 and 24 years of age, while others were between 15 and 17. The vast majority reported injecting heroin, and 14% mentioned sharing needles and/or syringes with their peers. Around 30% of the young people who inject drugs reported an occasion in the past month of being unable to get a new needle at the moment and place that they wanted one. Kenya is one of the few countries in Sub-Saharan Africa to have implemented harm reduction programmes, with 19 NSP and 7 OST programs. Naloxone is available at harm reduction sites and can be administered by trained healthcare professionals or trained fieldworkers. OST (methadone) is government-funded, but estimates are that only 10% of people who inject drugs are reached (3). Nowadays, there are harm reduction services in Nairobi, Mombasa, Malindi, Kiambu, Kwale, and Kisumu, including NSP and OST. A comparative assessment from NASCOP (1) showed that in the past couple of years, people who inject drugs in-country (adults and youth) reported a decrease in the non-availability of clean needles (29% in

2017 vs. 36% in 2014) as well as the number of overdoses in the past six months (40% in 2017 vs. 51% in 2014).

## Project origins

SAPTA (Support for Addictions Prevention & Treatment in Africa) began its work with people who inject drugs in 2012. They started by assisting the older generation of people who inject drugs, as these were perceived to be the people most exposed to drug use. After a while, when it became visible that the young population was also starting to inject drugs, SAPTA integrated young people who inject drugs into their clientele. Most of these young people who inject drugs are homeless, live on the streets, and stay in the same areas as the older people who inject drugs, especially in the slums. Many do not have families or go to school, and most learned injecting from the older generation of users.

## Population assisted by the project

The program is specifically for people who inject drugs and assists both adults and young people. In 2020, 1017 young people who inject drugs were assisted by the program (869 male and 148 female), representing 17% of the total people who inject drugs clientele. The program's clients use various drugs. The primary drug is heroin, but the population also uses cannabis, alcohol, and prescription drugs such as benzodiazepines, as these are cheaper and readily available.

*Table 1: People who inject drugs assisted in 2020*

People who inject drugs	Men who inject drugs	Women who inject drugs	Young people who inject drugs
5966	5201	765	17%

## How the project works?

SAPTA provides a comprehensive care package for people who inject drugs through outreach and peer-led programs and four drop-in centres in Nairobi, Pangani, Githurai, Kawangware, and Kayole. These include both abstinence and harm reduction-oriented interventions. Clients receive behavioural, biomedical, and structural interventions.

The program works with fourteen outreach workers and 123 peer educators, besides social workers (4), clinical staff (8), and other management staff (13). Outreach workers go weekly to different hotspots in the field and distribute condoms, information materials, and syringes. To adapt to users' preferences, they deliver two different types of injecting kits. One kit contains insulin syringes, which some clients prefer for the small needle and not having to inject very deep. The second kit has a longer needle, which is generally preferred by those injecting for a long time, as their veins have been hardened, so the smaller needle breaks easily. Each kit contains three syringes, and each client gets three kits per week. If clients need more needles than those distributed by outreach, they can collect them in the DICs. Besides that, clients can be referred to or voluntarily go to the drop-in centres, where they get more services.



Table 2: **Interventions SAPTA offers**

Behavioural	Biomedical	Structural
Peer Education and Outreach	HIV Testing and counselling	Nutritional Support
Promotion, Demonstration, and Distribution of male and female condoms	Antiretroviral therapy (PEP) and PrEP	Hygiene Services
Provision of Information, Education and Communication material	Needle and Syringe program	A safe space (DIC) and entertainment
Risk Assessment and counselling	TB screening and referral for treatment	
Prevention counselling	Opiate Substitution Therapy referral and follow up	
Evidence-based interventions	Comprehensive sexual and reproductive health services	
Addiction counselling	Viral hepatitis screening, vaccination and treatment	
Health education sessions	Management of minor ailments	
Support groups		

*“We have, for instance, nutritional support. We offer them food baskets, and we cook lunch for them. Since most of them are homeless, they don’t have a place to eat, which motivates them to come to the service. As they are waiting for the food, the clinician can see them; they can go to the counsellor, or access other services. (Kelvin)”*

Hygiene services, such as shower and laundry, and socializing activities such as hanging out, talking, and watching TV also motivate clients to join the service. As clients wait to be served, they are offered services such as prevention, screening, and treatment for HIV, STI, TB, hepatitis B, and C. ART, PrEP, and PEP are also available, and wound dressing (for abscesses). Those willing to engage in OST are referred to the government clinics. Especially for female clients, cervical cancer screening and family planning are offered. Besides information, SAPTA offers contraception alternatives. The organization could not make public the estimated costs to run the people who inject drugs project on a yearly basis.

### Being youth-friendly

The staff considers underage people who inject drugs to be more challenging to reach than their older counterparts. Due to stigma and prohibition, younger users tend to hide more and

might use it in closed spaces instead of dens with others. To reach the youth and make sure they can also get services directly, outreach workers use the networks of the young clients they already have.

*“They’re afraid and tend to hide. Even in the drug dens, they don’t inject or use it openly. They might buy and use it in their hostels. It’s been a challenge to reach them. The easiest way is through the ones that you already have because most of them are their friends. We tell them, “If you come tomorrow, come with one or two of your friends.” We use a referral-based social networking strategy. (Kelvin)”*

Another strategy is to have young outreach workers in the team. When people implementing the project are closer to young clients’ age, they can better understand clients’ needs and how to communicate. A younger staff’s face also encourages younger clients to access the service.

*“I believe that when that 50-year-old was 24 years old, the world was different back then. They don’t understand the dynamics young people are facing. That’s why most youths shy away from accessing services because they go to a health facility; they find a nurse who is over 50 years. It becomes hard to explain what challenges you are going through or what drugs or situations you have got yourself into. (Kelvin)”*

Targeted messages and attention to the format of the messages are also essential to reach youth. NASCOP has been working on this in Kenya. Prevention messages should not be considered universal, as the same message might not reach the same target group. For youth, the language needs to be adjusted, and the message should be attractive and straightforward.

## Youth involvement

SAPTA’s staff think that people who inject drugs are still lying behind in Kenya’s political involvement. Due to prohibitionist laws, they fear being arrested or targeted once identified as someone who uses drugs. With youth, fear is higher. To cope with that, the staff believe they should invest more in advocacy and prepare youth to fight for their rights in an organized way.

*“More is needed on advocacy to know their health rights, human rights, and channels they can use to advocate for themselves. As much as they want to advocate for themselves, most of them might choose the wrong channel; they’ll riot instead of having peaceful demonstrations. But we are working our way around that. We have many support groups, so when they come, we can help (Kelvin).”*

In the campaign “Know Your Rights,” they addressed clients to educate them on their rights, and especially sexual reproductive health rights for the female clients. Through that, they hope to achieve a balance where clients are aware of their rights and how to fight for them without infringing on other people’s rights or putting themselves at risk.

Young people who inject drugs are also involved as staff in the program, primarily as peer educators. Clients are also engaged in the workings of the program through the Community Advisory Board. In this board, all main stakeholders are represented, including law enforcement, religious leaders, other CSOs, and the government. There are six slots for



clients, balanced in terms of gender and actively using drugs or engaging in OST. Another forum is called the Technical Working Group/Committee of Experts coordinated through NASCOP that meets regularly. These groups happen in each county where there are harm reduction programs and involve all the county leaders, the county director of health, the county ministry of health, and people who inject drugs clients from Mombasa and Kisumu.

## Achievements

The staff sees two main achievements of the program: building trust with the clientele and improving their health. Outreach workers have a lived experience of drug use (either past or present), which helped approaching clients in the hotspots. With time, the population started appreciating outreach workers for the services they bring to the community and their non-judgmental attitude. The care provided also helped clients to improve their lives in several ways. The prominent harm reduction staff have helped youth reduce the sharing of needles and unprotected sex, assist clients in HIV prevention and other transmissible diseases. Moreover, engaging clients in methadone helped them reduce or quit heroin use.

*“We have clients where we first met them; they were vulnerable and weak because of drug use or poor nutritional support. Down the line, some went through methadone, others have started families, others have reunited with family members, or their parents have accepted them. Some became peer educators, and some have applied for a grant to start their activities! (Mary)”*

Clients have formed their registered networks and have applied for grants from Small and Medium Enterprises’ organizations, government, youth and women groups, and other grants for Key Population groups.

Through paralegals and partnership with the police, SAPTA has helped reduce arrest cases against the population. When an arrest case is reported, police officers can contact SAPTA to know if the perpetrator is one of their clients. In the case that it is a minor offense, the client is released. They will only be prosecuted in case of a criminal offense (such as homicide or robbery). Besides, through paralegals’ work, people who inject drugs are more aware of their rights and can negotiate with law enforcement authorities. The organization also partnered with law firms that offer pro-bono lawyers through the Global Fund grant and the Kenya Red Cross Society if clients need assistance.

## Challenges

Engaging young people who inject drugs in the services brought the challenge of **legal barriers to assist underage** people. The young population cannot access services without the consent of their parents. Yet, sensitization of health care facilities has been done so youth are better received when searching for health care. Moreover, advocacy can make use of the right to health as a fundamental human right guaranteed in the constitution of Kenya (article 43 (1) (a)). According to the article, every person has the right to the highest attainable standard of health, including the right to health care services, such as reproductive health care.

Another challenge is that the people who inject drugs are constantly harassed by the community, police officers, and religious leaders. Society and the laws condemn drug use,

increasing **stigma and violence**, making it harder for the population to secure their rights. Law enforcement officers have received continuous sensitization on harm reduction and outreach work through the Global Fund and the Kenya Red Cross Society. This prevented peer educators from being arrested for carrying harm reduction material (as it happened in the beginning). Nevertheless, some cases still may happen if outreach workers are in the drug-using sites during an anti-narcotic raid. Staff believes that more advocacy on the ground is needed to create awareness and change these beliefs.

### Future expectations

SAPTA has several plans for the future. They have noticed that women who inject drugs need a separate program, as they have specific needs compared to men injecting drugs. Thus, SAPTA would like to have a “women who inject drugs” only center. Besides, the team would like to attract more young clients and plan to increase youth-related activities. Funding for income-generating activities for clients is also desirable for the future, especially for clients on OST and start reorganizing their lives. They would like the OST program to be scaled up and expect that OST programs could also assist young people in the future.

### Recommendations

The first recommendation to others willing to assist young people who inject drugs is to provide **evidence-based programs** to help youths. Another recommendation is to have **targeted and fun activities** for young people. These could be related to sports, picnicking, hiking, or other outdoor activities. Support for people to tackle the results of tests screenings should also be in place.

### More information

Website	Contact person	E-mail
<a href="https://www.sapta.or.ke/harm-reduction-programs-with-those-who-inject-heroin-global-fund-red-cross-kenya/">https://www.sapta.or.ke/harm-reduction-programs-with-those-who-inject-heroin-global-fund-red-cross-kenya/</a>	Dr. William Sinkele (CEO)	<a href="mailto:sinkele@gmail.com">sinkele@gmail.com</a>

## REFERENCES

1. NASCOP. Third National Behavioural Assessment of Key Populations in Kenya: Polling Booth Survey Report. Nairobi; 2018.
2. Barrett D, Hunt N, Stoicescu C. Injecting Drug Use Among Under-18s. A Snapshot of Available Data [Internet]. London; 2013. Available from: [https://www.hri.global/files/2014/08/06/injecting\\_among\\_under\\_18s\\_snapshot\\_WEB.pdf](https://www.hri.global/files/2014/08/06/injecting_among_under_18s_snapshot_WEB.pdf)
3. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf)



## HIV/SRHR/HARM REDUCTION FOR YOUNG PEOPLE WHO USE DRUGS, YOUTHRISE NIGERIA, NIGERIA

HIV/SRHR/Harm Reduction for young people who use drugs is a program run by YouthRISE Nigeria. It provides young people who use drugs with a comprehensive package of harm reduction, including HIV prevention and treatment, SRHR care and management of clandestine abortion, drop-in centers, and a small-scale NSP. Special attention is paid to young and vulnerable women by addressing gender-based violence and providing economic empowerment. The majority of clients are young people who inject drugs.

### Country and (Young) People Who Inject Drugs

Nigeria has an estimated 80,000 people who inject drugs (1), one of the highest numbers in sub-Saharan Africa (2). HIV prevalence among people who inject drugs is 3.51%, one of the lowest in the region. Gender disparities, however, are shocking: women who inject drugs are up to ten times more likely to be living with HIV than men who inject drugs in Nigeria (2). The most common drugs injected are pharmaceutical opioids (tramadol, codeine, morphine), followed by cocaine, heroin, and tranquilizers. The average age of the first injection is 21 years, being 21 for men and 20 for women. The use of amphetamines and ecstasy is also high among people under 24 years of age (1).

Nevertheless, there is no in-country data that speaks explicitly to young people who inject drugs. The practice of syringe sharing is reported as very high among people who inject drugs in the country. In 2018, at least 54% of the people who inject drugs living with HIV reported having shared syringes with another person after knowing about their positive status (3). Research has shown that only 25% of people who inject drugs know that sharing may lead to HIV transmission (4). The criminalization of people who use drugs is a significant structural barrier to service uptake by people who use drugs, leading to mistrust of health workers and fear of disclosing drug use or carrying sterile material (5). Lack of harm reduction services is another major challenge. Since 2019, due to civil society advocacy, the government has committed to piloting NSPs. Pilots were implemented in three states in 2020, but their coverage and extent are unclear (2).

## Program origins

YouthRISE Nigeria aims to promote the health and rights of young people and most affected communities. In 2012 the organization started interventions focused on HIV prevention, treatment and care, Sexual Reproductive Health Rights (SRHR), and harm reduction for young people who use drugs. Motivators to develop this intervention were the high HIV and hepatitis rates allied with the high stigma and discrimination faced by young people who use drugs in Nigeria. The program for young people who use drugs has most of its clientele being young people who inject their drugs, including several young women.

## Population assisted by the project

Young people who inject drugs are the primary clients assisted by the project, and a special focus exists for young women who use drugs who are mostly between 15 and 24 years old. These young people who inject drugs are primarily out of school, unemployed, and about 60% are unmarried single mothers.

Table 1: *Clients assisted in 2020*

Young people who use drugs	Young men who use drugs	Young women who use drugs	Young people who inject drugs
2,507	1,238	1,269	52%

## How the project works?

The program provides a variety of services for young people who use drugs. They have their **clinic**, where young people who inject drugs and their partners can learn about safer injection practices and are provided with HIV prevention, testing, treatment, care and support services, sexual reproductive health care, drug treatment, psychotherapy, and referral. Besides providing clients with syringes and other sterile injecting material, recently, they also got approval to provide Naloxone.

The program also offers a **drop-in center**, a safe space where clients can hang out without needing a specific appointment. These young people are offered a meal per day and hygiene kits.

During **outreach work**, the staff reaches those young people who do not come to the clinic or drop in. During outreach, the staff provides information on sexual reproductive health, HIV prevention, and testing services and educates clients on overdose management.

Both in the centre and during outreach work, special attention is paid to **young women**. Staff addresses several cases of gender violence and engagement in clandestine abortion.

*“When you look at young people who inject drugs and consider other cross-cutting issues, you see that sexual reproductive health is crucial. There are several cases of mental health decline occurring due to abortion (Oluwafisayo).”*

The organization adopts a peer-led approach. Peers inform young girls who are pregnant about the illegality of abortion in Nigeria, help them consider options, and discuss possibilities of pursuing a safe abortion in case they decide to do so. The project staff uses their existing relationship with the primary health care centers to refer young people who inject drugs into specialized facilities when needed. In sexual/ domestic violence cases, besides counseling, paralegal support is available, and referrals can be made for mental health support. For the clients engaging in transacting sex for drugs and money, special attention is paid to educating them and changing behaviours regarding unprotected sex. Moreover, there's a **playpen** at the facility, where young mothers have their children taken care of when they need to access treatment or have an appointment with a care worker.

A total of eight paid staff work on the program, including a gender advisor, an HIV program team lead, a community health extension worker, and outreach coordinators. Ten peers work as volunteers. *Table 2* shows the estimated budget the program needs to run every year.



Photo Caption: Playpen at the centre



Table 2: Financial support

Project	Financed by	Estimated yearly costs
HIV/SRHR/Harm Reduction for YPUDs	International donors	30.000 USD

## Being youth-friendly

A crucial requirement for the program to be youth-friendly, according to staff, is that people working in the program must be young. That creates an environment where young people who use drugs feel at ease and less afraid of judgment.

*“By the time a young person comes in, they don’t see old faces. That makes them come out of their shell. (Oluwafisayo)”*

Paying attention to the physical space and the type of activities offered is also crucial. Following the recommendations and needs of their young clients, the program in Nigeria provides recreational activities, such as table tennis and board games. They have also decorated the space with colors, furniture, and creative art appealing to youth. To them, the space must provide people with a feeling of being safe and “at home.”

Finally, to build youth-friendly services, the staff believe that involving youth in the services is fundamental. Young people who use drugs must be involved in the planning and the decisions made to take ownership of the process.

*“Young people are involved at every stage of our program. They participate in the planning stage, through to implementation and evaluation, at the end. (Seyi)”*

## Youth involvement

The project staff still find it challenging to engage young people in advocating for their rights in Nigeria. According to them, the leadership structure in Nigeria is controlled by the elderly population. Even amongst the general population, young people’s engagement and involvement in governance and the civic space are still minimal.

*“There is a notion that young people don’t have so much to offer and lack experience. Recently, young people have come out to challenge and change this narrative. We have proved to be innovative and with a movement such as “not too young to run.” We are trying to say young people in Nigeria are not too young to run the country. We want to take active participation in governance and the electoral process. (Seyi)”*

“Not Too Young To Run” started as an act of parliament that sought to reduce the age limit for running for elective office in Nigeria in 2016. Nowadays, it has become a global campaign formed by more than 100 youth and civil society organizations that fight for youth political inclusion, particularly in Africa (6). Inspired by these principles, YouthRISE Nigeria promotes change by offering sensitization to youth on civic responsibility and imbibing the culture of

lawfulness. The organization is a member of the UNODC Education for Justice (E4J) CSOs network in Nigeria. They understand providing specific services to youth as an essential step to create a sense of collectiveness and promote further engagement.

## Achievements

Significant program achievements include the positive impact on the health of the population and their knowledge of preventing harm. Several clients have either reduced or can now better manage their drug use and learn how to prevent STIs. Many went back to school, secured jobs, learned to manage their finances better, and better planned their lives and set goals. In this process, some young people who inject drugs also end up achieving abstinence from drug use.

Regarding gender-based violence, the program has reached positive results both with young men and women. Through the gender clinic program, which helps shape male behaviour in terms of attitude to gender and gender-based violence, young men have learned the negative consequences of abusive behaviours, and young women are more empowered to identify and denounce abusive relationships.

*“With the young boys, we’ve noticed that some of them were very aggressive and hostile when we first engaged them and now they are learning that’s not the way. With the girls, before they didn’t know their rights to report abuse, they assumed it was just normal, that if you’re in an abusive relationship, it’s okay. Now, we’ve had many speaking up and some even ended relationships with their perpetrators. (Oluwafisayo)”*

Another achievement that makes staff proud is to have trained primary health care workers that are welcoming and friendly towards young people who use and inject drugs. This has helped several drug-using youths in accessing the primary health care facilities without fear of stigma. Staff from these facilities are now better sensitized to understand drug dependency, treatment and care, and have better insights into why young people use drugs.

*“Young people find it difficult to talk to adults when they go to the health centers or the health facilities to access treatment. Adults sometimes say, “As young as you are, why are you doing this?”. We trained primary health care workers to ensure that the health care workers can properly assist young people without experiencing stigma and judgment. (Oluwafisayo)”*

By developing youth-focused projects, the program staff notice that reaching other young people who inject drugs gets easier with time. Clients build a sense of trust and start bringing their friends to the service and spreading their learnings from the program into their communities.



Photo Caption: Women empowerment meetings

## Challenges

Harm reduction has recorded some wins in Nigeria in recent times. The government approved the concept note for comprehensive harm reduction, including the needle syringe program, medical assisted therapy, and overdose management in 2019. Even though this is considered a step in the right direction, it is still far from enough. **Punitive laws** are still present and represent significant structural barriers promoting stigma and discrimination and hindering young people who inject drugs from accessing care. To try to cope with that, YouthRISE Nigeria has focused its efforts on advocating for drug policy reform (3). The prohibitive laws also negatively influence the general community's support for harm reduction. There is still the widespread misconception that harm reduction is encouraging drug use. However, with more education and involvement with the community members, YouthRISE Nigeria believes that the public will begin to understand drug use, dependence, and evidence-based treatment and prevention.

**Legal difficulties to assist people under 18 years of age** remain. Parents or a legally responsible adult have to fill in a consent form if an underage wants to undergo HIV treatment services or family planning services. The organization tries to cope with that by



providing a responsible adult to accompany the case. The adult is usually suggested by the young clients when they find it difficult opening up to parents about drug use, pregnancy, or HIV-positive status. A partnership with the National Federation of Women Lawyers helps the organization be on the safe side of the law without putting themselves or the clients at risk.

Another major challenge is to change the mentality and behaviour of the clients regarding the **sharing of needles**. Several factors influence this. Major factors are the punitive laws and the **challenges in providing syringes to young people who inject drugs**. In 2020 the Nigerian government supported implementing a pilot Needle Syringe Program (NSP), which has yet to be finalized. YouthRISE Nigeria looks to leverage the national guidelines and the protocol document to implement the NSP and were supposed to start it in 2020, but funding has been a barrier. With a small budget, they run a small-scale NSP and hope to scale up when more funds are made available. That creates concrete barriers to promote behavioural change among young people who inject drugs:

*“Some of these young people already have the capacity and want to get new syringes for peers they know they would share. However, in Nigeria, clean needles are not readily available to them, and some fear arrests. (OluwaFisayo)”*

Besides the lack of clean syringes, another factor challenging behavioural change towards safer injection practices are moral values, and a power imbalance in relationships:

*“Some of the girls still believe that if they tell their boyfriend that they do not want to share, the boyfriend will think they’re probably cheating on him. That is still there and is the main challenge. (OluwaFisayo)”*

It’s common for women to be the last to use a needle, both due to lower economic power and gender imbalance. Besides, for both young men and women, refusing to share needles with peers may raise a suspicion that they have contracted an infectious disease.

The COVID-19 pandemic also brought specific challenges. During the lockdown in early 2020, COVID-19 initially disrupted outreach activities, and it was challenging to reach the population. However, the organization sustained its program, as was the case in several countries where an increase in domestic violence occurred in Nigeria. Many women were forced to stay indoors with their sexual abusers and perpetrators, and it has been challenging for staff to maintain contact.

## Future expectations

In the future, YouthRISE Nigeria would like to scale up its interventions to assist more young people who use and inject drugs. They plan to help young people by providing support for start-ups through their youth empowerment program and also offer mental health support. Financial stability for the organization is needed to achieve this.

## Recommendations

**Meaningful involvement and participation** of young people, including those who inject drugs and those living with HIV, should be encouraged in service delivery. **Societal stigma and**

**discrimination** against young people living with HIV and those who use drugs should be **addressed**. This should also focus on those who work in healthcare settings.

**Peer-led programming** is critical in reaching, providing, and disseminating information, and services to young people who inject drugs.

### More information

Website	Contact persons	E-mail
<a href="http://www.youthriseng.org">www.youthriseng.org</a>	<ul style="list-style-type: none"> <li>✖ Oluseyi Kehinde (Co-Director/ Advocacy Project Manager)</li> <li>✖ Alao Oluwafisayo (Gender Advisor)</li> </ul>	<a href="mailto:Nigeria@youthrise.org">Nigeria@youthrise.org</a> <a href="mailto:oluseyi@youthriseng.org">oluseyi@youthriseng.org</a> <a href="mailto:fsayo@youthriseng.org">fsayo@youthriseng.org</a>

## REFERENCES

1. UNODC. Drug Use in Nigeria. 2018. Vienna, Austria; 2019.
2. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf)
3. YouthRISE Nigeria. Policy Brief. Addressing Barriers to Effective HIV Prevention and Service Delivery Among People Who Inject Drugs in Nigeria. 2018.
4. Nelson E-U. PERSPECTIVES ON DRUGS, ALCOHOL AND SOCIETY IN AFRICA Open Society Initiative for West Africa. 2018.
5. Ekpo NE-U, Uchenna NM. "...I can use any syringe I find": contextual determinants of HIV risk in public injecting settings in Nigeria. *Drugs and Alcohol Today* [Internet]. 2020 Jan 1;20(4):371–81. Available from: <https://doi.org/10.1108/DAT-05-2020-0031>
6. Agwuegbo C, Faruk I. Not Too Young to Run Movement [Internet]. The Spindle. 2021 [cited 2021 Jan 23]. Available from: <https://thespindle.org/project/not-too-young-to-run-movement/>



## NSP FOR WOMEN, DRISTI NEPAL, NEPAL

Dristi Nepal is a women-led organization established in 2006. Since 2018, they provide the only Needle and Syringe Exchange Program specific to women who inject drugs in Nepal. The project assists (young) women who inject drugs in Kathmandu and Lalitpur district. Dristi Nepal further provides a drop-in centre space, community-led and self-HIV testing, ART referral, overdose prevention education, sexual and reproductive health rights workshops, and legal support in violence cases.

### Country and young people who inject drugs

The last national estimates, from 2016, are that around 35,000 people inject drugs in Nepal (1). A survey conducted among people who inject drugs in Kathmandu Valley in 2017 found that 44% of participants were younger than 25 years old, with 43% starting injecting drugs when adolescents (<15-19 years) (2). NSP and OST exist in the country, but coverage is still very low. NSPs have an estimated average coverage of 84 syringes per person who inject drugs per year (3). The distribution of services among different subpopulations of people who inject drugs is very uneven. There are hardly any services for women who inject drugs, despite HIV prevalence being the same for both groups (8.8%) (1). The coverage for OST is less than 5% (3). The HIV epidemic in the country is concentrated in sub-populations such as people who inject drugs, men who have sex with men, Transgender people, and male and female sex workers. The national estimate of female sex workers ranges from 43 to 54 thousand (3). Like other countries in the Asian region, drug policies in Nepal are prohibitive, with dire consequences for people who use drugs and their families and friends. Both drug use and sex work are criminalized in Nepal, and no specific policy is in place to protect them from stigma, discrimination, or violence (3).

Nonetheless, Nepal is the first Asian country to identify the existence of 'gender and sexual minorities' in its constitution. The document states there must be no discrimination on gender grounds and guarantees that women, specifically, must have the right to safe motherhood and reproductive health and freedom from any violence (3). In practice, however, this is still hard to achieve, especially for

subgroups of women such as the ones who use drugs and who are sex workers (4).

## Project origins

Dristi Nepal is a women-led pioneer organization established in 2006 to provide services to women who use drugs and women living with HIV. The organization's mission is to reduce stigma, discrimination, gender-based violence, HIV transmission rate among women who use drugs and promote their reintegration into society. Dristi Nepal has been providing Needle and Syringe Exchange services to (young) women who use drugs since April 2018. They have started in three districts: Kathmandu, Lalitpur, and Bhaktapur. After three months of service delivery, the target of Bhaktapur was shifted to the other two districts as they could not reach beneficiaries in that region. The organization had a safe shelter for WWID, which operated for about six years. The shelter had to shut down in 2020 due to a combination of lack of resources and the COVID-19 pandemic.

## Population assisted by the project

The majority of the beneficiaries have not only been abandoned by their families because of their drug use, have dropped out of school, and have little or no job opportunities. As many are being subjected to violence by their partners, they change places frequently, not having stable housing. Only a minority of Dristi Nepal's clients live with their parents or partner in a permanent residence. Still, in these cases, their identity as a woman who uses drugs is usually not disclosed within their household. Most women are in their early 20's and already have a child or two. The youngest woman that they assist at the moment is 15 years old. Many of these young women are single mothers and find it very hard to earn a living while also looking after their children. The majority of the clients engage in sex work to support themselves and their families, and income insecurity is one of their biggest challenges.

*“Until now, I haven't seen a woman who has secured a job. The population we've been reaching is of very low economic status. It's been very hard for them and us as a service provider because we cannot look after and support every basic need; there are limited funds and resources. (Nilam Rai)”*

Most of the women inject a combination of three drugs -Diazepam, Phenergan, and Morphine. Each substance comes in individual ampules of 2 ml, and the mix is offered in the streets for around 10 to 15 US dollars per set. They choose this mix as they cannot afford more expensive drugs like heroin and cocaine

Table 1: Clients assisted in 2020

Women who inject drugs	Young women who inject drugs
600	50%

## How the projects work?

Dristi Nepal is the only organization providing services specifically to women who use drugs in the country. They do work both via outreach and through their drop-in centre. Five female outreaches (all between 20-35 years old) go every day to designated areas where they deliver clean needles and syringes, HIV testing, and ART referral if needed. There are two types of HIV testing: community-led testing and self-testing. HIV testing services are provided both in the field as well as in the drop-in centre. Also, in both spaces, Dristi Nepal includes information on HIV and other sexually transmitted infections, safer injecting education, and overdose prevention. They have been conducting different workshops, mainly based on SRHR and women's rights. As the organization has limited resources, they coordinate with other organizations for services such as SRHR, legal aid, and support for nutrition, education, and clothing. However, the referral process is not always smooth due to the stigma against women who use drugs.



Photo Caption: Workshop on Sexual and Reproductive Health Rights for young women who use drugs

*“When a woman is a victim of violence, that particular woman is seen by the system in a very sympathetic way, but when it comes to a woman who uses drugs, sells sex, or is living with HIV, that kind of treatment response is not there. They are having the same problem, but because of their identities, the reactions and the treatment are very, very different. (Nilam Rai)”*

To cope with stigma, Dristi Nepal's staff always go with the beneficiaries to services providing legal support. However, as defenders of women who use drugs, they feel the stigma against this key population is transferred to them. They perceive the response of institutions to their demands as different when compared to the response to other female rights activists. Further, Dristi Nepal has been actively advocating for improving health policies and services

for women who use drugs and for decriminalizing people who use drugs.

The COVID-19 pandemic has harshly affected income generation for women who use drugs in Nepal due to the loss of their jobs. Therefore, Dristi Nepal started providing essential food and basic nutrition supplies for pregnant women and single mothers living with HIV. Besides, they also distributed packages which include shampoo, toothpaste and toothbrush, cleansing wipes, torchlight, sanitary pads, handwash, a water bottle, a towel, and a comb.

Table 2 shows the estimated yearly costs of the program. The organization also has an internal fundraising program supporting the organization's sustainability.

Table 2: Financial support

Financed by	Estimated yearly costs
International Donor	34,000 -35,000\$ USD

### Being youth-friendly

Although Dristi Nepal has not developed a specific methodology to work with young women, they try to adapt workshops and services to the needs and preferences of the youth.

*“Many younger women are getting into drugs, and they need to have an environment that welcomes them and understands their context. Adolescence is a milestone; it's an age with many physiological and psychological changes and a time where if anything goes wrong or seems like they cannot control, they feel lonely and might also get into drugs. So, we bring them together to make sure that we hear their voices and are with them. (Nilam Rai)”*

The team organized an expressive arts workshop with a youth-themed “Paint Your Safe Space” on International youth day. The question triggering the expressions was: How can you (the youth) feel safe in society? Young women played with colours, painted art, and sketched. Staff noticed that young women's emotions were very much represented in their paintings and sketches. They also have conducted a program called Educate, Empower and Inspire with the support of AIDS Health Foundation Nepal. The program, designed particularly for youth, provided education on various topics while allowing participants to explore and identify their inner passion and strengths. During the Dashain, a 15-day long Nepalese festival, Dristi Nepal has a specific action related to (young) female empowerment. The action includes clothing distribution and workshops related to female rights, safety, and respect.

### Youth involvement

Dristi Nepal staff considers the political involvement of (young) women crucial to push for policy reforms that benefit women. Nevertheless, they regard this as very difficult at the moment.

*“Right now, Nepal is going through a volatile political period. Our parliament is dissolved, and our leading country parties are protesting against each other. In this context and being from a very marginalized population of women who use drugs to get attention and be politically connected, it isn't easy to do. (Parina Subba Limbu)”*



The staff has been working hard to build a community of people engaged with female rights and invest time in establishing connections with relevant stakeholders, including political parties and other feminist groups. Nevertheless, as much as women who use drugs must raise their voices and represent themselves, the staff notices that more urgent issues require their attention. They have been busy fighting for their survival, juggling to feed themselves (and sometimes their kids) and to buy their drugs. In this context, the staff considers it very hard to get women interested in proposing a political agenda and talking about their rights.

## Achievements

In its three years, Dristi Nepal has brought several benefits to its clients. In terms of reducing the harms of drug use, women who use drugs now have access to clean needles and syringes, and condoms, hence preventing the transmission of HIV and other STIs. They also have a safe space to get information on safer injection, abscess management, HIV testing and counselling, sexual and reproductive health rights, and overdose prevention and management. With the support of an individual donor, beneficiaries' children are supported with education. Moreover, several women have identified as HIV positive and initiated ART treatment.



Photo Caption: Protest on 16 days of activism

Many women who use drugs do not have vital documents. This renders women “stateless” and without certain rights such as opening a bank account, having a phone subscription, a registered job, getting into higher education or owning property. Dristi Nepal has been actively advocating with the local government and police authorities that women who use drugs must have their fundamental rights ensured and have helped them get their documents.

---

## Challenges

**Stigma** is a significant challenge for Dristi Nepal, leading to blaming (young) women who use drugs and **refusing to deliver services** to them. That is the case, for instance, for many services approaching gender-based violence. To date, no shelters directed to violence survivors accept women who use drugs, and no lawyer has accepted to work for Dristi Nepal to help defend women's rights. According to staff, the main reason for that is a double stigma, where drug use and women's behaviours intersect.

*“At this point, the community members, be it parents, other stakeholders, or the government, are far from understanding us. We live in a country where young women into drug use when they are violated; there's still a huge stigma and judgment by people who think and say that “we asked for it,” which is entirely wrong! (Parina Subba Limbu)”*

An added challenge is the national **government and stakeholders not seeing the need for female-specific services**. They think women must be assisted in the existing services, even though women do not go to such centres for not feeling accepted or safe.

*“If we start proposing separate programs, separate agendas, people begin talking bullshit, that we just want money. But then, there are so many cases where women were discriminated against, where women were emotionally fooled, where women got physically assaulted, even got sexually abused in the service centre... that hardly women would go there. Now, if there would have been a female-specific program, probably our girls would go. (Parina Subba Limbu)”*

**Lack of funding** for specific services for (young) women who use drugs is a consequence of stigma and not accepting that women have distinct needs when compared to men. The COVID-19 pandemic, together with stigma and lack of funding, led Dristi Nepal to close their shelter dedicated to women who use drugs. The shelter did not receive government support, and other care workers saw that it did not require women to stop using drugs with suspicion. The women previously assisted by the shelter still need help, but at the moment, they have no other place to go.

## Future expectations

Currently, Dristi Nepal is not very optimistic about the future. They do not have continuous support to implement the program, which makes both staff and clients vulnerable. Besides, as programs are donor-driven, it is sometimes difficult to focus on what is needed. An example is a recent request from one of their international donors that the team must not talk about sexual and reproductive health rights or accompany and support women who want to have an abortion. Because of such requests, Dristi Nepal has decided to no longer work with them, but that puts the organization in a difficult place in terms of sustainability. Finally, staff finds that even within the harm reduction and the drug-using community, prejudice against women who use drugs is very much present, leading to a lack of space for women to raise their voices and assume leadership positions.

---



## Recommendations

**Engaging young women** in program planning, implementation, and decision-making is a must when discussing providing services for young women who inject drugs. For Parina, “the whole ball has to be given to young people.” More activists and leaders are needed, and the young generation brings the promise of changing old patterns. Moreover, it is crucial to strengthen and continue lobbying and advocating with young women to **reform drug policy** and **decriminalize drug use**.

## More information

Website	Contact person	E-mail
<a href="https://www.facebook.com/DNDristiNepal">https://www.facebook.com/DNDristiNepal</a>	Neelam Rai (project officer)	<a href="mailto:Pofficer@dristinepal.org">Pofficer@dristinepal.org</a>
	Parina Subba (Executive Director)	<a href="mailto:parina@dristinepal.org">parina@dristinepal.org</a>

---

## REFERENCES

1. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf)
  2. NCASC. Integrated Biological and Behavioral Surveillance (IBBS) Survey among People Who Inject Drugs (PWID) in Kathmandu Valley. Round VII. Kathmandu; 2017.
  3. UNAIDS. Country progress report - Nepal Global AIDS Monitoring 2019 [Internet]. 2019. Available from: [https://www.unaids.org/sites/default/files/country/documents/NPL\\_2019\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/NPL_2019_countryreport.pdf)
  4. NCASC. Integrated Biological and Behavioral Surveillance Survey among Female Sex Workers in 22 Highway Districts of Nepal. Round VII. Kathmandu; 2018.
-



## KABATAAN SAN SIDLANGAN, THE PHILIPPINES

Kabataan San Siglangan ('Youth in the East') is one of the leading organizations of young active citizens in Eastern Visayas. Their mission is to promote the healthy development of young people in the Philippines via their broad programming, including services for young people who inject drugs.

### Country and Young People Who Inject Drugs

Kabataan San Siglangan (KSS) is located in Tacloban, an urbanized center situated in the Philippines' Eastern Visayas region. Since 2016, the Philippines has had an authoritative regime characterized by police surveillance, corruption, and a president commanding the oppressive War on Drugs. This unjust war is anti-poor, anti-human rights, and anti-young people, creating a vulnerability amongst young people who use drugs. It is estimated that there are 25,500 people who inject drugs in the Philippines (1). The Philippines has seen a 203% increase in new HIV infections from 2010 to 2018, making it the world's fastest-growing HIV epidemic (2). This HIV epidemic has been particularly devastating for young people. In 2016, 15 to 24-year-olds made up 62% of new HIV cases reported in the country (3). People who use drugs are significantly affected, with over-incarceration stemming from the War on Drugs and the lack of HIV testing and condom distribution, which can only be accessed by request via health staff (4). These high and increasing rates of HIV infection signal Eastern Visayas as an emerging area for concern in the Philippines (5). Despite recent drops in poverty levels, Eastern Visayas is still known for being one of the Philippines' most resource-poor regions (6). Under Duterte's tyrannical reign, tens of thousands of extrajudicial killings of young people who use drugs create a shared feeling of fear amongst KSS's allies, partners, and young key populations, like young people who inject drugs. Many organizations have had to discontinue their services. There are no policies or practices that resemble or employ a harm reductionist approach; however, the need for these services remains.

### Project origins

Kabataan San Sidlangan was established to carry out one mission: to provide development opportunities for young people in Eastern

---

Visayas. KSS's founder believes that there are many opportunities for young people living there but that they are not given the tools to access them. The project's focus on young key populations such as young people who inject drugs arose from a response to alarming rates of HIV transmission via injecting drug use in Cebu, a neighboring urban city. At the time, there was no comprehensive policy from the government, no youth-oriented services, and no adequate information for young people who inject drugs. Looking to address this emerging health crisis, KSS modelled their current peer education on harm reduction on Youth RISE.

### Population assisted by the projects

KSS's key population are young people, especially young people who inject drugs and men who have sex with men. The young key population that KSS assists generally have diverse backgrounds regarding living situations, education levels, and reasons for using/injecting drugs, including curiosity, peer pressure, or escapism. Some of them are wealthy and can easily purchase drugs; others engage in petty crimes to support their injection use.

It should be noted that many of the young people who inject drugs are unaware of the kinds (and thus the related risks) of drugs that they are injecting. They accept what is offered to them at parties or given to them by friends who can afford it and are focused on the feelings they get from injecting. This proves to be extremely difficult for KSS peers to provide accurate harm reduction tips in their training, not knowing if they should focus on safer injection practices, risks, and effects of heroin, amphetamine-type substances (ATS), or other party drugs. KSS was not able to provide the numbers of young people assisted by the program at the moment.

### How the projects work?

KSS's objective is to help mobilize young people to participate in Eastern Visayas development and create a sustainable future for themselves. They want to invest in young people and help develop education, work opportunities, good health, and well-being. In turn, the goal is to nurture a generation of young Filipinos free from gender-based violence, HIV/AIDS, and poverty.

Given the inhumane political backdrop of which KSS operates, they are pretty constrained in their activities. Currently, KSS does not have the capacity or scale to deliver safer, injecting material or make referrals. Instead, they focus on what they are presently able to do: training, networking, and advocacy.

### Networking

KSS connects with other like-minded Filipino organizations to strengthen the voices of their young key populations. For example, they provide positions on governmental issues that impact the lives of young people who use drugs. They also share resources with other youth-oriented organizations, creating meaningful partnerships and coalitions. Part of the idea of connecting to other organizations is to provide young people who use drugs in Eastern Visayas with opportunities to get involved with people and places outside of KSS. This reflects their mandate to build confidence and deepen the knowledge and network base of young people who use drugs. Within their network, KSS also shows their support by lending

---

their name to petitions.

## Training

The second focus of KSS's work is on their peer education training and capacity building. They provide face-to-face training in schools and communities, often in collaboration with other organizations to ensure their young key populations have access to accurate information and make informed choices about their health and well-being. The messages in these training sessions cannot emphasize (safer) drug use and thus need to be made "strategically, a bit twisted" to touch on health issues. The in-person training follows a particular model: first, an activity is done, then a discussion on the process, the outcome is a synthesis of the process. It is unclear if this method can be effectively transferred to future online training. Local government officials have also asked them to train their peer educators, which KSS finds promising, as this line may help the youths' voices reach higher administration levels.



Photo Caption: Workshop on youth involvement (Source: <https://www.facebook.com/KSSyouth>)

Their training with health care professionals working at family planning clinics, for example, has made these spaces more youth-friendly and the staff less judgmental.

*“Before, young people who [would] go to health facilities and ask for a condom or get tested with HIV [they would] be castigated [by staff] as, “Why are you asking? Are you already doing that? Are you already having sex, or do you have multiple sex partners?” (Anonymous) ”*



## Advocacy

Sometimes, young people who use drugs are forced into drug rehabilitation and are sent away to a large rehabilitation centre, far from their families or support networks. KSS recognizes this separation as detrimental to young people who use drugs, as isolation is sometimes what catalysed their drug use, to begin with. Instead, KSS argues that young people should be able to remain amongst their community and familiar surroundings. Thus, if drug rehabilitation is understood to be the final outcome, KSS engages with governmental committees and councils and advocates for community-based rehabilitation centres. KSS is run by 17 young people living in Eastern Visayas with diverse backgrounds. The organization could not provide an estimation for the yearly costs of the program.



Photo Caption: Training with youth (Source: <https://www.facebook.com/KSSyouth>)

## Being youth-friendly

One factor that plays a role in KSS being youth-friendly is their **peer educators**. They are trained to be non-judgmental and to be attuned to the specific needs of their young key populations. This is reflected in the services they offer, such as family planning, HIV screening, prenatal counselling, and mental health support. Together with other organizations, KSS helped create 'Adapt,' a **guide for healthcare workers and providers** that teaches how staff and facilities can be oriented towards the needs of youth. Unfortunately, Adapt is not yet adopted in Eastern Visayas due to the current political climate.



It has been observed that when dealing with youth and topics of sexual or mental health, **privacy often** arises as an important issue. Designated separate facilities for counselling and prenatal check-ups, for example, are provided to ensure the confidentiality and safety of young clients. The more privacy that can be factored into their spaces, services, and overall approach, the more likely the young people will feel secure enough to open up.

## Youth involvement

*“When young people are involved, they make themselves and their needs heard.  
 (Anonymous)”*

Based on this idea, KSS’s operations are run by young key populations, with particular attention given to the representation and participation of their target audiences. For example, young people who inject drugs are integrated with other KSS members into the training on harm reduction for injection use. This is to lessen stigma and discrimination and understand the contexts and the motivations of young people who inject drugs.

## Achievements

Despite many barricades, KSS does boast significant achievements for improving the lives of the young key populations. They highlight raising awareness on drug use and addiction being a health issue rather than a criminal liability. KSS hopes that by talking about drug use as a matter of health, it can also be understood as connected to sexual reproductive health and rights. Here we see why shifting this discourse is significant:

*“Young people must have at least a basic knowledge of why this kind of war on drugs exists. What’s with harm reduction? What’s with HIV and injection drug use? We give them a level of awareness that somehow, we hope that they don’t be easily swayed by any propaganda out there or misleading. (Anonymous)”*

KSS staff say they have also raised awareness levels amongst young people who inject drugs on the relationship between HIV and injection drug use. They see this discussion as a way to influence positive, healthy behaviour. Now, young people who inject drugs see a link: when you don’t use clean needles, you could get HIV.

KSS has bigger aspirations for their organization and young people who use drugs and other young key populations they serve. Until their political climate improves and young people who use drugs can access harm reduction materials and services without fear or discrimination, KSS trusts they can still make a difference at a grassroots level:

*“I believe each of us can do [our] part in any way that [we] can, to provide hope and provide support. We may not be doing big things, but we are trying our best to deal with the situation. (Anonymous)”*

## Challenges

There are several challenges to their work. There is **no priority for a national policy** regarding the sexual and mental health rights of young people who use drugs, which leads to a second issue, that **their health is devolving**. Part of this degrading of health is related to

---

the fact that since 2016, KSS cannot **provide referrals to health services** to their young key populations. There does appear to be an informal and concealed movement of peers filling this need, but there is concern that this does not address the more significant issue:

*“Legally or publicly, we don’t know where to refer them, but I am informed that there are going underground and seeking services that are underground. That’s the harm there because, supposedly, it should be part of our public health services. (Anonymous)”*

Another major challenge comes from young people who use drugs to feel like they **cannot speak up** about their experiences, identity, or issues for fear of punitive repercussions.

*“That’s the harm there because we cannot engage positively with those who are injecting drug use, even to those who provide services to them that enable them to reduce the harm. Any talk of drugs or any discussion of providing these services is like you’re signing your death warrant. (Anonymous)”*

A serious issue that KSS faces is that the young people who inject drugs (and thus the peer workers) often are **not aware of the substances they are injecting**. And this creates problems when trying to provide information on safer injection practices or the effects of a substance if that substance is unknown. If a KSS peer worker presses them for more details during a counselling session, they reply that they do not know or refuse to protect their source. KSS addresses this by providing young people who inject drugs with information on all injectable substances, their effects, and overdosing consequences.

### Future expectations

A lot of what KSS hopes to accomplish in the future rests on changing the political and social climate. Currently, they operate at the local level, but they see engaging with policymakers higher up about the relevancy of harm reduction as essential. One strategy is to ask politicians what their stance is on harm reduction and drug use, hold them accountable to their promises, and support those that understand drug use as a health issue. They hope to explore policies that may lead to visible harm reduction or address issues relevant to young people who inject drugs. KSS believes that this change will be brought about by Filipino youth who are frustrated with the current system. Specifically, KSS wants to reach out to young people who inject drugs and start a conversation with them on what they need to be supported, given the Philippines’ context.

KSS would like to address the knowledge gap of not knowing what substances young people who inject drugs are injecting by conducting a small study. They hope to identify the specific substances being used, plus whether young people who inject drugs are engaging in poly-drug use.

They also want to engage with a more online presence, via Zoom or Google Hangouts, where there is the possibility of *“exploring things on how stuff can be done without necessarily putting pressure on people”* (Anonymous). By conducting some of their training online, they hope to reach a greater audience of young people who use drugs and create spaces for those who prefer privacy or anonymity.

---

---

## Recommendations

**Capacity building** is particularly relevant for other youth-oriented organizations working against oppressive, punitive regimes. While they face obstacles moving their message of improving the lives of young key populations vertically, KSS continues to help young people who inject drugs by empowering them to organize themselves and help them articulate their needs. Another helpful suggestion is to **help people who use drugs reframe their substance use as a health issue** rather than a criminal one.

## More information

Website
<a href="https://www.facebook.com/KSSyouth/">https://www.facebook.com/KSSyouth/</a>

## REFERENCES

1. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BO](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BO)
2. UN body projects 200,000 HIV cases in Philippines by 2025 [Internet] The Philippines; 2019. Available from: <https://www.philstar.com/headlines/2019/10/22/1962260/un-body-projects-200000-hiv-case-philippines-2025>
3. HIV in Philippines now a ‘youth epidemic.’ [Internet] Sustained Health Initiatives of the Philippines, 2018. Available from: <https://www.ship.ph/hiv-in-philippines-now-a-youth-epidemic/>
4. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BO](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BO)
5. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BO](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BO)
6. Philippine News Agency. Number of poor in E. Visayas drops in 2018: PSA. [Internet] Philippines, 2020. Available from: <https://www.pna.gov.ph/articles/1092539>



## HIGH FUN, LIGHTHOUSE SOCIAL ENTERPRISE, VIETNAM

Lighthouse Social Enterprise (Lighthouse) is a community-based organization led by and for young people who use drugs and LGBTIQ youth. Their mission is to promote youth sexual health, prevent the spread of HIV and STIs, and defend LGBTIQ youth's rights. They achieve this via youth-friendly services and education, youth safety online presence, participatory community research, and advocacy work.

### Country and young people who inject drugs

According to Vietnamese authorities, an estimated 225,099 registered known people use drugs in the country (1). Of that number, 161,000 are people who inject drugs (2). Two hundred thirty thousand individuals are HIV positive, with the highest rates found in three high-risk populations: men who have sex with men, female sex workers, and people who inject drugs (3). Heroin is the most common illicit drug in the country, and amphetamine-type stimulants (ATS) follow in second (4) but have been rising rapidly, especially among the young population. They are easily accessible and cheap in Vietnam. Each year, 1,600 Vietnamese people who use drugs die due to drug overdoses, signalling a need for harm reduction interventions (5). However, drug use is criminalized in Vietnam, and people who use drugs are under constant fear of being arrested or forced into rehabilitation centres because of their practices. People who inject drugs are some of the most vulnerable populations in Vietnam; they are faced with individual and structural barriers, external and internal stigma, and criminalization. According to a 2018 study conducted by Lighthouse, injection is the second most popular route of administration for young people engaging in chemsex. Out of the 166 young people who took part in the study, 38% use crystal meth by injecting it; of the 100 young people who use ecstasy, 12% inject, and 54 young people who use amphetamine, 19% inject (6). Vietnamese young people who inject drugs are particularly vulnerable, as they typically have less income or savings. If they live in rural areas, they often lack access to (accurate) information on safer drug use.

### Project origins

HIV rates were rapidly increasing throughout the country among

young key populations like men who have sex with men and LGBTIQ youth, and young people who use drugs. There was no specific intervention for these populations at the time, which motivated Lighthouse to mobilize. Specifically, it was revealed that young key populations were dealing with unaddressed issues of mental and physical health via their peer networks. This was the driving force behind creating the High Fun project (<http://gtown.vn/category/suc-khoe/giam-hai-ma-tuy/>). This project and resulting study, started in 2018, was the first of its kind that zoomed in on chemsex (also referred to as ‘high fun’ in inner circles of young people who use drugs and LGTBIQ).

### Population assisted by the project

Lighthouse focuses on two main young key populations: young people who use drugs, with particular attention given to young people who inject drugs and LGBTIQ youth. Lighthouse classifies these as young key populations because in Vietnam, identifying as such is hugely stigmatizing and burdensome. According to Lighthouse, a significant population of young Vietnamese migrates from rural areas to an urban centre like Hanoi for work or study, many of which arrive without appropriate information on HIV/AIDS or knowledge on sexual health practices of safer drug use. Sometimes they lack access to healthcare services like sexual health, mental health counselling, or harm reduction prevention services because of their low economic status.

LGBTIQ youth often face depression, isolation, stigma, and discrimination, and sometimes they turn to drug use to escape these negative feelings and help them feel good, if only temporarily. Sometimes, being peer pressured to ‘show you are a part of the team’ plays a role: *“My friend is also using drugs and inject drugs, so that’s why I was willing to try.”* (Tung) From their observations within the community, initiation into chemsex is around 15 or 16 years. Lighthouse estimates that 24.8% of their clients are young people who use drugs, and 9.6% are young people who inject drugs.

Table 1: Young people who use drugs assisted in 2020

Young people who use drugs	Young men who use drugs	Young women who use drugs	Other	Young people who inject drugs
1326	1119	164	43	9,6%

### How the projects work?

‘High Fun,’ funded by COC Netherland under Bridging the Gaps program, is a project that gathers information on the chemsex practices with ATS of nearly 3,000 young people who inject drugs and young people who use drugs. Bridging the Gaps funding closed in December of 2020, so from 2021, Lighthouse is funded on a year-by-year basis with the United Nations Offices on Drugs and Crime and US.CDC/HAIIVN. There are three main components to HighFun. The first is conducting studies and collecting data to increase the understanding of the cultures and characteristics specific to the LGBTIQ community who engage in High Fun. This objective allows them to design appropriate harm reduction interventions tailored to the

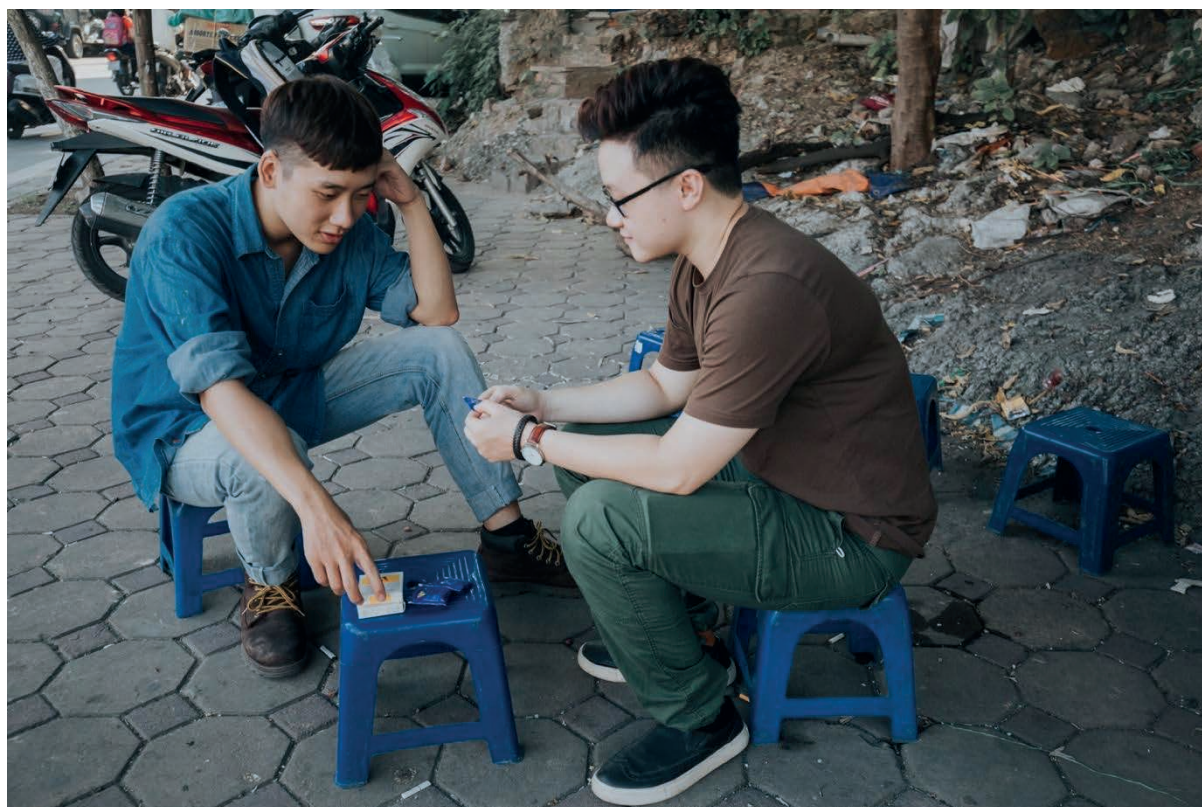


---

community's needs and run and monitor pilot projects in their office and clinic. The second is increasing young people who use drug's involvement with advocacy work with current drug laws and harm reduction policies. The final objective is reducing stigma and discrimination of LGBTIQ youth and young people who inject drugs, particularly in healthcare settings.

### Online outreach

Lighthouse has created a community space, GTown ([Gtown.vn](http://Gtown.vn)), which combines community pages, groups, forums, and websites related to rights, news, events, and sexual health of LGBTIQ youth. Lighthouse also has its app 'Hunt' funded by Mpact and UNAIDS, reflecting the exciting feeling LGBTIQ youth have when searching online for sexual partners. Hunt acts primarily as an information hub on HIV, sexual and mental health, and harm reduction. Hunt's secondary function is a service map, where users can locate HIV and other sexual health-related services throughout the country based on their location. Moreover, Hunt users can connect with and ask questions to online doctors and counsellors.



Trained peer educators create accounts on popular gay dating apps among the LGBTIQ community such as Grindr, Jack'd, and Blued and start conversations with other users. They are trained to recognize the signs of people who engage in chemsex and try to open a dialogue about problems they may face related to their practices. They also monitor Facebook groups, where young people who inject drugs discuss their use, like how they can get better sleep while injecting, among other issues. Via these popular platforms, users can better engage in harm reduction for drug use and sex; and peers can actively monitor trends of their young key populations.

---

Another aspect of Lighthouse’s online work can be seen in their webinars on chemsex practices. Together with Mainline, IPH, and the Global Fund’s CRG, they organized the Chemsex in Asia platform for online knowledge exchange amongst like-minded organizations in the Asia-Pacific region.

## Offline outreach

Lighthouse works offline, as well. Peers conduct outreach at known hotspots in Hanoi, such as saunas for LGBTIQ youth and young people who inject drugs. They also have a “one-stop-shop clinic” called Lighthouse in Hanoi, where young men who have sex with men, LGBTIQ youth, young sex workers, and young people who inject drugs can visit for issues related to their sexual health and/or substance use. This space is currently funded by the US Center for Control and Disease and HAIVN. Often Lighthouse team members will hear, “*I cannot remember to use condoms,*” or “*I don’t have the clean syringes when I inject drugs,*” so a goal is to provide those kinds of products to help them to live better. For example, they offer various sexual health services like HIV/ STI testing and counselling, and materials such as free condoms and lubricants, many materials on drugs, harm reduction, HIV, STI, PrEP, and U=U. In alignment with their mandate to support young people who inject drugs in safer chemsex, they provide sexual partner notification services and partner support, as well as materials like clean syringes and lip balms. They also offer post- and pre-exposure prophylaxis (PEP and PrEP) as a primary prevention method for the community. Young people can also make use of an on-site psychologist and mental health and addiction screening.

Lighthouse also provides sensitivity training for health care providers. Specifically, they send peers to inform healthcare providers on the culture, characteristics, needs, and issues of the chemsex community, train them on how to better communicate with the LGBTIQ and people who use drugs community and provide friendly & high-quality services. They currently organize more than 30 sensitivity training for over 500 health staff in 12 provinces in Vietnam.

Lighthouse has 12 paid team members who are youths among chemsex experts, researchers, and management staff. They also count on a network of ten peer volunteers who, as current or former young people who use drugs, deliver the services and information to the community. The peer volunteers are given incentives based on clinic referrals they make.

Table 2: Financial support

Financed by	Estimated yearly costs
International donors	80,000 USD

## Being youth-friendly

**Social media** plays a central role in Vietnamese youth’s lives, including young key populations like men who have sex with men and LGBTIQ youth. Lighthouse capitalizes on the potential of that relationship. Many of the ways they engage and connect with their target audiences,

provide information, and introduce their services, is via social media platforms like Facebook's groups and pages, their website and fan page, Gtown, and their app, Hunt.

They also implement a "gay-be-friendly" model that runs on **young service users' feedback** within the community. Lighthouse collects feedback from their experiences with other health services and then uses this information to inform these health services on improving and better serving LGBTIQ youth. Moreover, the youth can rate the health care facilities, which other Hunt users can see. Such recommendations from their peers ensure the services that they choose are youth-oriented.

*"... we come and talk to the healthcare facility like, "Here is some feedback from our community that someone from your team is not really friendly, or they treat different people who inject drugs, so you need sensitization training for your staff." The community can know like, "Someone came here, and they already experience this, and they only appoint three stars for this clinic, so I should try a better one." (Tung)"*

Part of their success in creating a youth-friendly environment is to have a **visible and reliable presence within their community**. Another success comes from **considering young people** looking to access their services: *What do young people like? What makes them feel comfortable when entering a new space?* An effective way to achieve that is to pay special attention to popular, trendy music so that their space feels familiar. These techniques help to *"give the message to people who come to our facility that here is the place where we respect and [will be] very friendly with you"* (Tung). This feeling of inclusivity is also achieved by the young people working at Lighthouse, who infuse the space and services with their own lived experiences and opinions.

## Youth involvement

The Lighthouse team and volunteer base comprise young people under 30 years of age (except for one member who turned 31 in 2021). They proudly serve in many capacities: within the organization's structure, via service and intervention delivery, advocacy, and activity design and organization. The youth peers are also involved in weekly meetings, decision-making, and proposal writing.

## Achievements

The main accomplishment of Lighthouse's work is the High Fun project, one of the first programs in the country that could access information on chemsex practices. They were able to gather qualitative and quantitative data and uncover the needs of their young key populations and convey them to policymakers, programmers, and stakeholders. They were also able to exchange this information with other like-minded organizations, contributing to a richer understanding of the background and characteristics of their young key populations. It is also clear that this project helped create positive behaviour changes in young people engaging in chemsex. Instead of waiting until there is an issue, they are encouraged to act preventively and proactively about their mental, sexual, and physical health.





*“Because most of them still think, “I should only come to seek the services and access services when I have some symptoms.” We try to give them some sex-positive messages and some positive messages on how you should [get] regular testing or regular check-up for your health, and how you can protect your mental health by [helping them] practice some way to protect the mental health. (Tung)”*

Besides all the HIV/STI testing their clinic provides, Lighthouse has helped countless young key populations like young people who inject drugs, and LGBTIQ youth protect themselves against HIV transmission.

## Challenges

Lighthouse faces three main challenges with its work. One challenge is related to the **criminalization of people who use drugs**. It is tough to do one’s work when, at times, it is linked to illegal or prohibited activities. For example, when Lighthouse peer educators visit hotspots in cities, they risk being arrested. Printing companies have ignored Lighthouse’s requests to print harm reduction material to fear being seen as supporting criminalized behaviour.

A second and related challenge is **stigma and discrimination**. Young key populations like young people who inject drugs and LGBTIQ youth face discrimination from healthcare workers, family networks, and society. There is still stigma from people who use drugs against men who have sex with men/LGBTIQ who use drugs based on their sexual orientation, gender identity and expression, and sexual behaviours. This challenge also manifests itself within the young people who use drugs themselves. They are reluctant to engage with any program or service. They fear seeking help for their substance use or speaking out about their sexual orientation, should they be recognized as a substance user or labelled as a homosexual. What results is that these young key populations remain hidden and unreachable. Lighthouse peers are sympathetic to this and spend time making sure that these young key populations

feel confident in crossing that barrier and informing them on interventions that can contribute to a healthier life.

A third challenge relates to **age restrictions** when accessing some services, if someone accesses the Lighthouse's services under 16 (for example, a 12-year-old who is HIV positive). However, should that young person require HIV treatment, the Vietnamese government requires that a blood relative must be informed and involved. So, if that young person does not want to disclose their status to their family, Lighthouse cannot help. Ideally, Lighthouse would like to provide support to people under 16 years old without the need for parental consent to use HIV testing and treatment services, as well as other harm reduction services.

Finally, **ongoing, reliable funding** for the organization remains an issue. Lighthouse seems to have secured funding for 2021, although funding for harm reduction is very limited. Besides, after 2021 some of their services may be unable to run.

### Future expectations

Lighthouse has partnered with Youth LEAD to develop a manual for working with and for young key populations. This publication will provide guidelines for others interested in designing, developing, and implementing interventions and programs that support young people who use drugs and LGBTIQ youth.

Via their peer network, Lighthouse is attuned to the needs and obstacles of their young key populations. It is felt that young people who inject drugs are scared to speak out, so they are trying to organize community workshops around topics that young people who inject drugs would be comfortable discussing. Tung describes how these workshops could serve young people who inject drugs by building connections:

*“Some people want to quit using drugs, but when they quit the drug for a few days, they feel very bored because they don't have any friends and don't have anything to do. We're trying to bring them together and make sure that they can meet some new friends. (Tung)”*

With the help of possible additional resources, Lighthouse hopes to expand its online presence by employing a new health-life app. As their services grow, so will their knowledge base, circulated with other like-minded organizations, donors, stakeholders, and communities. This win-win process also ensures that other organizations throughout the country can benefit from their practices and experiences.

### Recommendations

Lighthouse has three key recommendations for other organizations looking to support young people who inject drugs: **engagement, data collection, and investment**. Prioritizing the key populations that you seek to serve is essential.

*“If we want to support the community, we need to engage them, listen to them, and work with them to design the programs. (Tung)”*

Gathering as much information and data on the problems and issues that young key populations face will help you solve them. Lastly, proper investment in the grassroots organizations within communities is essential because this allows for actual, supported implementation of the activities that directly work for young key populations.

## More information

Website	Contact person	E-mail
<a href="https://www.facebook.com/lighthousesocialenterprise/">https://www.facebook.com/lighthousesocialenterprise/</a> <a href="https://phongkhamhaidang.com/">https://phongkhamhaidang.com/</a> <a href="http://gtown.vn/">http://gtown.vn/</a>	Đoàn Thanh Tùng	<a href="mailto:thanhtung.lighthouse@gmail.com">thanhtung.lighthouse@gmail.com</a>

## REFERENCES

1. Luong, H.T., Le, T.Q., Lam, D.T. and B.C. Ngo. Vietnam's policing in harm reduction: Has one decade seen changes in drug control? *Journal of Community Safety and Well-Being* 4(4): 67-72. 2019. Available from: <https://journalcswb.ca/index.php/cswb/article/view/108/216>
2. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BO](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BO)
3. Key facts on HIV: Vietnam. HIV and AIDS Data Hub for Asia-Pacific. [Internet]. 2020. Available from: <https://www.aidsdatahub.org/country-profiles/viet-nam>
4. Amphetamine-type stimulants in Vietnam: A review of the availability, use, and implications for health and security in Vietnam. [Report]. United Nations Office on Drugs and Crime; 2012.
5. Luong, H.T., Le, T.Q., Lam, D.T. and B.C. Ngo. Vietnam's policing in harm reduction: Has one decade seen changes in drug control? *Journal of Community Safety and Well-Being* 4(4): 67-72. 2019. Available from: <https://journalcswb.ca/index.php/cswb/article/view/108/216>
6. Sexual risks among men who have sex with men who use amphetamine type stimulants in the context of chemsex in Vietnam. [Draft report] 2018. Lighthouse Social.





## ONLINE AND MOBILE OUTREACH, HUMANITARIAN ACTION, RUSSIA

Humanitarian Action provides harm reduction information through online outreach in the darknet and on Telegram. Special accounts are used to interact with young people who use and inject drugs. Via mobile outreach, clients can also be provided with HIV and HCV testing and treatment, besides overdose prevention and NSP.

### Country and Young people who inject drugs

It is estimated that 1,881,000 people inject drugs in Russia. The country has the fastest-growing HIV epidemic in the EECA region, with the highest concentration (77%) of all new HIV cases (1). HIV is concentrated among key populations such as people who use drugs. In Russia, the HIV prevalence among people who inject drugs is the highest in the region, being up to 75.2%. The prevalence of HCV in this population is even higher, going up to 94.4% (1). At least 1/3 of the people living with HIV do not initiate treatment due to barriers such as criminalisation, and the lack of services for key populations (1). Despite the high need, harm reduction services are very limited in Russia. Nowadays, only about 20 NSPs are available in the whole country. The number has been decreasing since 2010; OST and Drug Consumption Rooms (DCRs) remain prohibited, and harm reduction services are reported to be unattractive to young people who inject drugs. A recent pilot study (2) with young people who use drugs (18-26) suggests that a new generation of people who use drugs is emerging in St. Petersburg that is quite different in their drug use practices when compared to older generations. The study found lower HIV (zero cases) and HCV (2 cases) prevalence among participants. The young people who inject drugs were interviewed reported not sharing syringes, but 51% reported sharing other drug paraphernalia. Besides, only 10% reported consistent use of condoms, which indicates a high risk for sexually transmitted infections.

### Project origins

Since 1997 Humanitarian Action has been providing low-threshold harm reduction services for people who use drugs in Russia. Traditionally aimed at reaching an older population of people injecting

drugs through mobile outreach, in 2019, the organization started to provide online outreach work in the darknet – the Hydra’s drug forum – and in messengers such as Telegram. They noticed a surge in the use of New Psychoactive Substances (NPS), such as mephedrone and alpha-PVP, especially among the young population. They noticed that young people both buy drugs and gather to discuss drug-related topics on these platforms. For that reason, they decided to adapt their harm reduction work to the needs of new groups users (3).

*“The idea of web outreach appeared when we found out that more and more people were using Telegram or the darknet. We decided that we need to be represented there to talk about our services, provide people with up-to-date information on harm reduction or overdoses, and keep them healthy. In our case, this is one of the best ways of attracting the younger generation of people who use drugs. (Alex)”*

### Population assisted by the project

Both the web and mobile outreach are not explicitly targeted at young people who inject drugs but are for people who use drugs as a whole. In the mobile unit, 70% of the clients use illegal methadone, around their 40s. Approximately 30% are younger people who are injecting mephedrone or other synthetic cathinones (alpha-PVP or the so-called *flakka*). There is a pattern of transitioning from intranasal use of mephedrone to injecting. During the past two years, the organization sees a notable increase in the number of young clients. Specific online channels are created for the subgroup of young clients.

*“The best way to reach this younger population of people who inject drugs is via Telegram. This is one of the most popular messengers in Russia, mainly because drug vendors have their shops on Telegram. (Alex)”*

Users order and pay for their drugs on Telegram (or Hydra, or KakaoTalk) and get from the dealers the coordinates of where they will find their stash (*zakladka*). The stash can be hidden in the lobbies of apartment buildings, underground, and users need to dig them out. The organization’s open Telegram channel has more than 3,000 subscribers, coming from all over Russia and other Russian-speaking countries such as Ukraine, Kazakhstan, and Kyrgyzstan. The staff estimates most of their young clients to be students or recent graduates from colleges, some with part-time jobs such as bartenders, waitresses, or web designers.

Table 1: Clients assisted in 2020

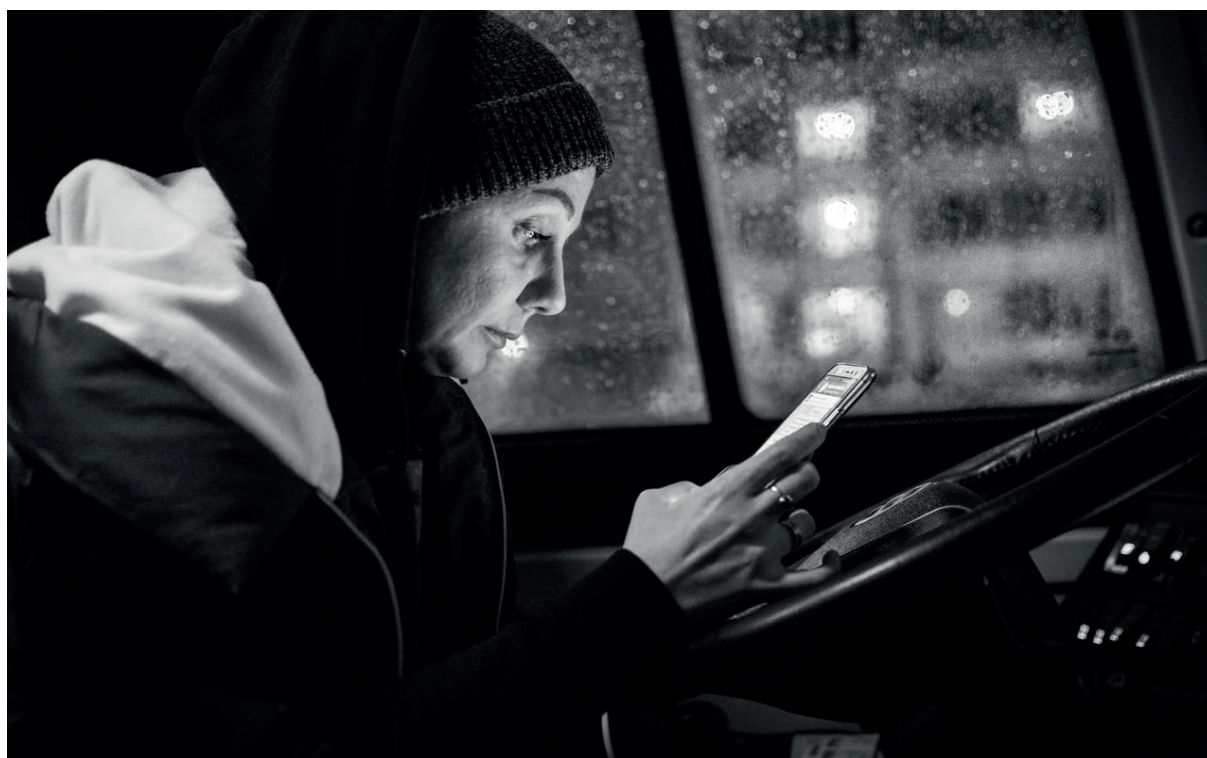
Young people who use drugs	Young people who inject drugs
4869	9%

### How the projects work?

Web outreach happens both through open and secret channels. In the open Telegram channel, the content is about harm reduction, the services offered by Humanitarian Action,

and some other services for people who use drugs, besides issues around drug policies. The channel is open to anyone who wants to subscribe and works as a one-way street: the organization provides information, and people can comment if they wish. The secret chat allows for two-way communication and for exchanging messages. It is used specifically for the frequent clients of the programs and has more than 1,300 participants at the moment. In this chat, clients receive information about the drugs they take, how to reduce harm, and prevent overdoses. Also, there is a separate chat for online consultations with the web outreach doctor. Clients can send photos or videos, for instance, showing their post-injection complications. The web doctor then provides information on which ointment is better to use for treating post-injection wounds. In case clients have more serious issues, the doctor refers them to a clinic or hospital.

The staff notices that some of the young clients injecting drugs can afford to buy syringes in pharmacies; therefore, they will not become clients of the mobile outreach units. They are more interested in online services such as getting consultation from an addiction specialist who is also consulting online, the web outreach doctor, or the web psychologists. They are also attracted to the information provided in the chats. A bot offers answers to specific questions such as how to identify or manage an overdose, how to provide people with naloxone, or how an overdose on mephedrone looks like. All online chats are anonymous, as people usually log in with nicknames.



*Photo Caption: Peer counsellor on HIV | Photo credit: Artyom Leshko.*

The project staff used several methods to make their work online known to young people who use and inject drugs. These methods include outreach workers who are active drug users and a program connected with the administrators of drug-selling shops in Telegram. Some of the administrators were open to providing their chats and platforms for advertising the

harm reduction services offered by Humanitarian Action. That attracted people to the harm reduction chats.

Another way of attracting young people injecting drugs to the online channels was through the so-called narco-bloggers.

*“In Telegram, we have many narco-bloggers describing their experience of using drugs, going through a withdrawal, or even acquiring HIV. We started to talk to these influencers and ask them to connect with this younger generation of people who inject drugs. So, they were talking about our services as well. That’s how we managed to increase the number of younger people who inject drugs into our programs. (Alex)”*

Besides the online work, the organization has several mobile units driving around St. Petersburg every day. Their clients receive rapid tests for HCV, HBV, HIV, and syphilis, support and referral to the AIDS center for HIV diagnosis confirmation and the start of antiretroviral therapy (ART), naloxone provision, and help in accessing social, medical, and legal services. They also receive harm reduction kits containing sterile syringes, sterile water, condoms, information materials on overdose, and ointments for post-injection complications. Due to the COVID-19 pandemic, staff also added to the kit personal protective equipment for COVID-19, such as masks, gloves, and antiseptic. When the strictest lockdowns impeded staff from going to the streets, they launched a courier delivery of the harm reduction kits with the help of a delivery company.

Fourteen paid staff are involved in the project, including outreach workers, mobile outreach workers, and case managers. The table shows the estimated amount the project needs to run every year.

Table 2: Financial support

Financed by	Estimated yearly costs
Local government, private donations, international donors	40,000,000 Rubles (440.000 euros, approx.)

## Being youth-friendly

The most important feature to assure the project is youth-friendly is to hire young people as staff. It’s also important to be visible – have attractive social media, update a website or launch a specific webpage for youth. Besides narco-bloggers, there are many macro-and micro-influencers on Instagram, TikTok, some of whom may have experience in using drugs, and it is advisable to engage with them.

*“The main thing is to have young people on your staff. Whether they are active drug users or former drug users, only they can provide you with information on the latest trends, the language to use, or even how to address people via Telegram, what messages you should put in there, what pictures etc. (Alex)”*





Photo credit: Artyom Leshko.

## Youth involvement

The staff believe that young people who use drugs are politically active in fighting for their rights in Russia, but mainly in their Telegram chats and channels, where they are talking about more sensible drug policies and about friendlier approaches to people who use drugs. However, that has limitations. There is a danger connected to harm reduction activities in Russia, and if these youths become more popular, they might start attracting unwanted attention from the law enforcement agencies.

In the program itself, the staff try to involve youth in surveys to receive their feedback on the services. Youth are also engaged in content creation for the Telegram channel for younger people who inject drugs. Finally, young people are involved as staff both online and offline. Nowadays, the program is looking for another young web outreach worker in the age group of 20-25 years old to work with the younger generation of people who use drugs. As they believe it is essential for staff to have lived experience of drug use, they search for either an active or a former user of mephedrone or other stimulants.

## Achievements

The staff considers that the main achievement of the project was to **understand better the drug-using scene** and tailor services for specific groups. Because of that, and primarily because of the young clients, they have become more open to new trends and **new technologies**. Their web outreach work is the best one in Russia and maybe one of the best ones in Europe to date.

---

A study that explored the web outreach work of Humanitarian Action found that web outreach workers helped clients in several ways: treating injection complications, providing evidence-based harm reduction, and psychological support. When clients used online and offline services, it helped them treat severe injection drug use complications, overdoses and accessing offline medical, psychological, social, legal, and harm reduction services (4).

In both the online and the offline outreach, the program helped **improve people's knowledge** and well-being concerning their **mental health**. The younger generation of people who inject drugs, specifically, had many questions about bipolar disorders, depression, or how the antidepressants they take may interact with stimulants, for example. Through online platforms, the program provided youths with evidence-based information about what they are using and how to reduce harm.

Another improvement is the improved knowledge of young people who use drugs about the **harms associated with unprotected sex**, which is especially important for people using mephedrone or other stimulants – as sexual activity increases, and people tend to not think about using condoms. More awareness prevents them from contracting not only HIV but also hepatitis B or other STIs. Teaching safer injection practices and delivering harm reduction kits the project helps **decrease the outbreaks of hepatitis C** among young people who inject drugs. The staff has seen that many young people who inject drugs contracted hepatitis C because of sharing needles. In the drug scene, groups of youths gather in apartments and use mephedrone for three or five days without rest. At a certain point, they start to use the already used syringes and end up contracting HCV. Information on safer practices and risks helps prevent such outbreaks.

Finally, the online outreach helped to increase the number of requests for offline services by 89% in comparison with the time when only offline services were provided (4)

## Challenges

**According to Russian laws, assisting people under 18** is a challenge because, according to Russian laws, one cannot help underage people without their parents or legal representatives. For this reason, the organization does not have people under the age of 18 as registered clients unless an adult accompanies them. Nevertheless, during web outreach work, clients' age is not necessarily known, as the service is anonymous. When people order something such as a harm reduction kit, knowing the age is not a requirement. Thus, they can be people who are under the age of 18.

Another challenge is to **ensure harm reduction services are available** in Russia. In 2010, there were 70 organized harm reduction programs in the country, besides around 30 non-official programs. These numbers have been drastically decreasing in the last decade, to less than 20 programs to date (3). The national government is unwilling to fund harm reduction, so funding is mostly coming from international donors. Also, in 2012, a law on the so-called "foreign agents" was adopted. It stipulates that if an NGO receives funding from abroad and engages in "political activities," it can be declared a foreign agent. This status drastically reduces the chances of receiving government funding and interacting with government officials. Humanitarian Action had several subsidies from the government of St. Petersburg

---



to work with people who use drugs and sex workers but could not buy syringes from this funding. Besides, the Russian government has recently adopted legislative initiatives to combat drug-related advocacy (referred to as “propaganda” to incite drug use), particularly on the internet (1). This raises concerns about to what extent harm reduction information will be allowed to be shared.

*“If things keep going like this, I believe that maybe there won’t be any harm reduction programs left in the next five to ten years. We will have just this state approach to working with people who use drugs, and this approach says that a drug user is a criminal. This is, of course, a pessimistic scenario, and I hope we don’t get there. (Alex)”*

### Future expectations

The future raises concerns, as almost all the harm reduction programs closing in the last decade had international funding and had to close due to the decrease of international support and the strict drug policies in Russia. Without foreign funding, the programs in Humanitarian Action would also have to close. To fight this pessimistic scenario, the staff try to popularize their work among private and corporate donors. They have a consulting company currently working on their fundraising strategy.

There are many plans for 2021. They have purchased a new mobile unit, their third one, and hope to increase their coverage. They are also starting their own low threshold medical centre for people who use drugs, especially those experiencing homelessness and engaging in sex work. They will also begin providing younger people who use drugs with such specialists as neurology and psychotherapy. Finally, in the near future, staff would like to focus more on research to foresee some trends and be proactive by fulfilling clients’ specific needs from different age groups.

### Recommendations

A first recommendation from the project in terms of **how to work with young people who inject drugs** is actually **to ask them** about it:

*“The first thing to be able to work with young people who inject drugs is to ask them what they need and want and the best way to provide services for them. This is a crucial component of any program, but actually, it is not always followed. The more you work in this field, the more knowledgeable you become. You always think that you know better than anyone who your target audience is, but this is a mistake. (Alex)”*

A second lesson to attract **young people who inject drugs** is to help in devising the programs and assist in providing the services **as staff**. Finally, harm reduction organizations should consider **incorporating online harm reduction services** into their activities. Web outreach can help reach younger generations of people who use drugs and ensure continuity of services during the COVID-19 pandemic.

## More information

Website	Contact person	E-mail
<a href="http://haf-spb.org/">http://haf-spb.org/</a>	Aleksey Lakhov	<a href="mailto:lahov@yandex.ru">lahov@yandex.ru</a>

## REFERENCES

1. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf)
2. Meylakhs P, Friedman SR, Meylakhs A, Mateu-Gelabert P, Ompad DC, Alieva A, et al. A New Generation of Drug Users in St. Petersburg, Russia? HIV, HCV, and Overdose Risks in a Mixed-Methods Pilot Study of Young Hard Drug Users. *AIDS Behav.* 2019 Dec;23(12):3350–65.
3. Iravani S. “Challenges Drive Us Forward”—Harm Reduction in St. Petersburg, Russia. *Filter magazine* [Internet]. 2020 May; Available from: <https://filtermag.org/harm-reduction-st-petersburg-russia/>
4. Davitadze A, Meylakhs P, Lakhov A, King EJ. Harm reduction via online platforms for people who use drugs in Russia: a qualitative analysis of web outreach work. *Harm Reduct J* [Internet]. 2020;17(1):98. Available from: <https://doi.org/10.1186/s12954-020-00452-6>



## UNDERAGE, OVERLOOKED & BRIDGING THE GAPS, AFEW-UKRAINE, UKRAINE

Underage, overlooked & Bridging the Gaps are two projects assisting adolescents who use drugs in big cities and rural areas of Ukraine. The programs aim at improving the quality of services for these adolescents. They offer counseling, HIV and STI testing, condoms, safe leisure activities, and leadership promotion.

### Ukraine and Young People Who Inject Drugs

Ukraine has the highest prevalence of HIV in Europe, with an epidemic concentrated among vulnerable groups, particularly people who inject drugs. It is estimated that approximately 350,000 people inject drugs in Ukraine (1). The HIV prevalence among people who inject drugs is 22.6%, and for Hepatitis C, it reaches an astonishing 63.9%. In 2006, the average age of initiation into injecting in Ukraine was 18 (varying from 12 to 20). For 16% of males and 37% of females, their first drug experience was injecting (2). Compared with other countries in the Eurasian region, Ukraine has a better harm reduction response (3). By the end of 2020, 2,380 NSPs were available in the country, along with 215 OST clinics. Ukraine is also one of the two countries with peer distribution of Naloxone in the region. Even though not officially, the country provides drug checking through reagent test kits at festivals and nightlife settings. Since 2019, it has the first harm reduction site in the region (Sumy), allowing drug use on its premises (3). The last estimation numbers of most-at-risk adolescents in Ukraine by UNICEF and USIR - Ukrainian Institute for Social Research after Olexander Yaremenko estimated a decrease in the number of adolescents who inject drugs in the last decade (*see table 1*).

There is still no data on adolescents who use non-injecting drugs on the national level. AFEW Ukraine collected this data in 7 oblast (regions) in their baseline research in 2018.<sup>[1]</sup>

Europe

[1] Consult <http://afew.org.ua/en/research5/>

Table 1: Estimated numbers of most-at-risk adolescents in Ukraine

Estimation numbers (persons)	2008/2009	2013/2014	2014/2015	2017/2018
<b>MARA (Total)</b>	165 000	123 500	129 000	109 000
<b>Adolescents who inject drugs</b>	50 000 (35 000 –boys 15 000 –girls)	15 000 (11 000 –boys 4 000 –girls)	21 700 (17 500 –boys 4 200 –girls)	6 700 (5 000 –boys 1 700 –girls)
<b>Adolescent sex workers</b>	15 000	5 500	6 000	5 000
<b>Adolescent men who have sex with men</b>	20 000	13 000	11 300	21 300
<b>Street adolescents</b>	80 000	90 000	90 000	76 000 (52 000 –boys 24 000 –girls)

Source: <https://www.unicef.org/ukraine/en/reports/most-risk-adolescents-renewed-evaluation-2018-year>

## Project origins

AFEW Ukraine started working with young people who use drugs in 2011, during the program “*Bridging the Gaps: Health and Rights for Key Populations*.” A needs assessment showed that there was a gap regarding services for adolescents.<sup>[2]</sup> who use drugs. An important reason for the gap was the lack of funding, as most donors do not support harm reduction services for young people who use drugs.

“We decided that it would be good to emphasize this work because adolescents are not the focus of most big donors. They are always skipped in all project interventions. (Anastasiya)”

In 2017, the “*Underage, overlooked: Improving Access to Integrated HIV Services for Adolescents Most at Risk in Ukraine*” project started. Instead of covering only more extensive urban areas, the new project also included remote areas, where services for young people who use drugs are scarce. ‘Under-aged overlooked’ assists young people who use drugs in seven oblasts (regions) and 29 sites in Ukraine: Kyiv (3 sites), Chernivtsi (3 sites), Poltava (7 sites), Kharkiv (8 sites), Donetsk (2 sites), Kirovohrad (3 sites), and Odessa (3 sites) (4). Both projects are focused on young people who use drugs and, among them, those injecting their drugs.

## Population assisted by the project

Most of the young people partaking in AFEW Ukraine projects are not dependent on drugs. According to baseline research done for the project “*Underage, overlooked*” (5), more than 70% of the participants live at home, generally with their families. The others

[2] Adolescents are defined, according to the WHO, as people from 14 to 19 years old.

live either in a dormitory or with friends. Only 4% live in shelters, orphanages or the streets. Around half of the participants use multiple drugs, usually alcohol and cannabis, combined with other substances. Heroin is not widely available in Ukraine and is much less prevalent than stimulants or synthetic cannabis. Only about 8% of the participants inject drugs (approximately 1% use drugs only via injection, while the other 7% use multiple administration routes, including injection). Injection use, on the one hand, is not preferred by youth as it is too visible. On the other, the easy accessibility to synthetic drugs causes many youths to choose them instead. Nevertheless, it is important to stress that the transition from a non-injected to an injecting route usually takes about a year for those injecting drugs. While the average age of the first drug use is 14.6 years, the average age of first drug use by injection is 15.8 years.

**Table 2: Young people who use drugs assisted in 2020**

Young people who use drugs	Young men who use drugs	Young women who use drugs	Young people who inject drugs
<i>Bridging the Gaps*</i>			
746	415	331	1%
* Numbers were lower in 2020 due to the lockdowns. In 2019, they assisted around 1000 clients (60% male and 40% female).			
<i>Underage, overlooked**</i>			
2423	1477	946	5%
** Numbers were lower in 2020 due to the lock-down.			

Compared to the youths who do not inject their drugs, young people who do inject are considered harder to reach by the staff.

*“Young people who inject drugs are the most hidden group. [...] In the remote areas, we interviewed almost 700 young people who use drugs for need assessment; [and] only around 50 injected drugs. We asked everyone, “Do you know someone who injects drugs?” They said, “Yes, I’ve heard of. I know, some, but I wouldn’t give you any contacts”, or “you cannot meet them in person.” It is still a challenge. (Iryna) ”*

## How the projects work?

The project’s main objective is improving access to quality HIV prevention, treatment, and support services in urban and rural areas in Ukraine. Services are offered at three levels. In the first and lowest-threshold level, clients receive a basic package of services, including:

- ✗ Individual counseling on drug usage/safer sex/ HIV/ TB/ STIs/ Hepatitis/ SRHR/ human rights by peers, social workers, psychologists, and other professionals such as medical staff and lawyers when possible and needed.
- ✗ Interactive lectures and group counseling on drug usage/safer sex/ HIV/ TB/ STIs/ Hepatitis/ SRHR/ human rights etc
- ✗ HIV and STI’s testing
- ✗ Condom’s provision



- ✘ Promotion and organization of safe leisure activities
- ✘ Promotion of leadership
- ✘ Information and education materials provision
- ✘ Syringes were provided on request, but syringe exchange is not provided

Counseling covers topics such as safer drug use, reproductive health and STIs, and human rights. If clients want to make more significant changes in their lives, they are invited to join a case management program (second level), where an individual plan of action is developed. This can last for six months to one year. Finally, for those willing to quit or reduce drug use, rehabilitation programs are available. Outpatient rehabilitation programs for youth are available in two Ukrainian cities- Chernivtsi (CSO New Family) and Kharkiv (CSO Blago). This leveled approach means that drugs are not necessarily the focus of the programs, as the direction will depend on the client's needs:

*“When we started working with adolescents, we realized that the reasons for drug use are always so complex that it's impossible to focus on drug use only. We even don't talk about drug use during our first counselling services with some clients because we must first understand the biggest problems in their lives, as they may not be directly related to drug use. Drug use is usually the result of these problems (Iryna).”*

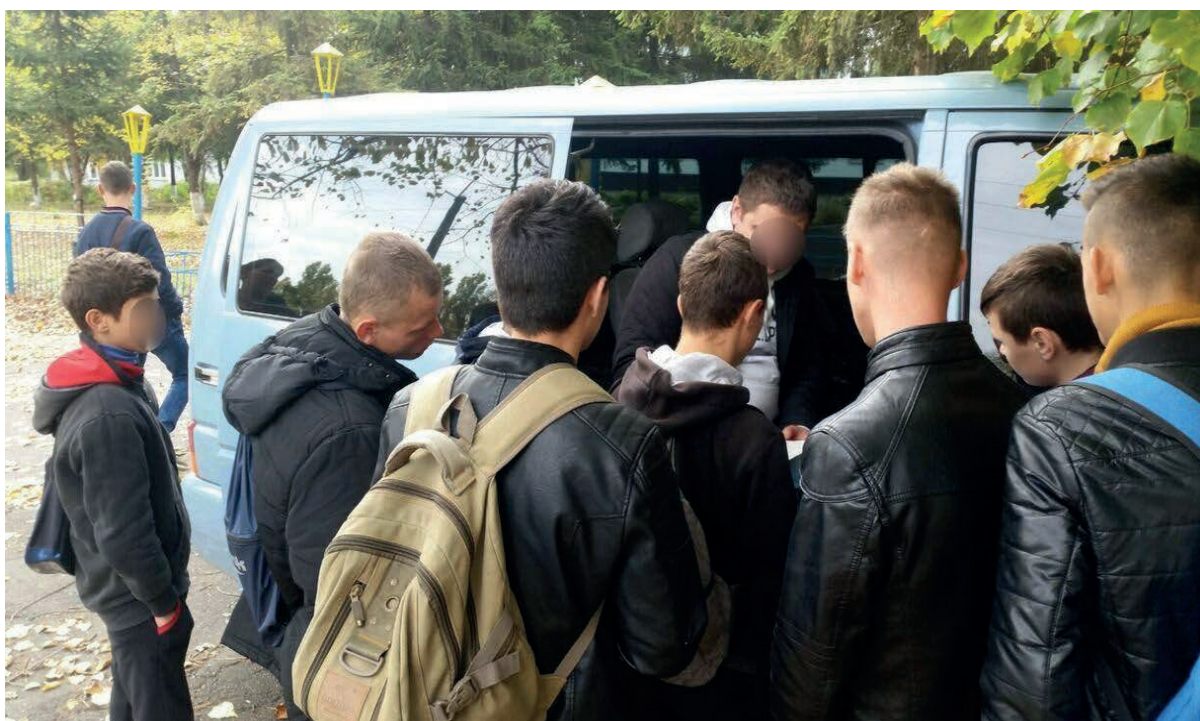


Photo Caption: Mobile outreach.

Service providers adapt to local needs and possibilities. In big cities, projects have youth centres and social bureaus where young people can receive various services. In remote areas, the work is brought by a mobile unit or staff (from more prominent centres) moving through public transport. The above-mentioned first level of services is provided in these areas. In



these remote areas, face-to-face communication with clients happens once per week or once per two weeks. To guarantee more frequent contact, the staff keeps in touch through online platforms like Instagram accounts and chat groups. In the big cities, youth centres' reputation is considered so good that young people mostly bring their friends to the centres or are redirected to them from other services. Outreach work is less needed in these areas.

The team considers outreach work to be different for youth when compared to adult people who use drugs. Adolescents who inject drugs in Ukraine usually do so by gathering together in one apartment or house rather than in the streets, making outreach work in drug scenes more challenging. Outreach with this population occurs in schools, vocational schools, places for training, and other public events. Staff provides prevention materials and invites people to join the youth centres. One focus with young people who inject drugs is preventing them from engaging in injecting drug use. Another essential activity refers to promoting leadership, which also involves training youth in communication and goal setting. Such skills help youth change their lifestyle and adopt safer behaviors in drug use and safe sex.

The project Bridging the Gaps is made up of five management staff supporting the service delivery organizations in the different locations. The project Underage, Overlooked, has 11 management staff supporting the service delivery organizations. At least another 160 staff work at the implementing partners. Among them are local project coordinators, social workers, psychologists, physicians, drivers, and youth leaders. *Table 2* shows the approximate funding the programs need to run yearly; all costs are inclusive.

*Table 3: Financial support*

	Financed by	Estimated yearly costs
Bridging the Gaps	International donors	250,000 Euros
Underage, overlooked	International donors	280,000 Euros

## Being youth-friendly

Being youth-friendly involves **providing low threshold services** and **focusing on young people's needs** to the projects' staff. The youth centres are in a separate building from adults so they cannot easily get in touch. The working hours are flexible. Young people usually reach project staff directly before visiting the centre or service via social networks/messengers or by phone.

*“I think the ease of communication and access to the services is what makes them youth-friendly. We have relatively young staff members, and we train them to provide friendly services. A service cannot be scary like state organizations when you need to provide your ID, bring your parents along, and where you are being recorded. Then you're registered like a troubled young person, and it can influence your life. We don't need real names; we don't need any documents; we don't need parents or other adults. We need this young person to come in and bring their friends to know what we can offer. (Iryna) ”*

The staff is trained with **special counseling techniques**. During the first counselling session, they are advised to always talk about all the services on offer and refer to other youth-friendly services available in the city - youth-friendly clinics, different types of psychological support, lawyers, and free-of-charge human rights organizations.

Another essential factor to being youth-friendly is making sure that **information materials** are easy to read, bright, and not overloaded with words. Besides, all services must be **free of charge** since young people often do not have the resources to engage in paid care. Finally, services need to respond to the actual needs of the clients.

*“The most challenging task is to create services that really can reflect what our adolescents need at this period of their life. We know that it’s been accepted, finding friends, getting some exciting activities to spend their time, etc. We’re trying to create this atmosphere and these opportunities and not talking about what we would like them to do or how they should behave in terms of drugs and sex. (Anastasiya)”*



Photo Caption: Counselling sessions with clients

## Youth involvement

AFEW Ukraine started to actively involve young people in the project in 2016 through the “school of leaders.” The school aims to develop adolescents’ leadership skills and takes up to three or six months. Participants get training and are invited to participate in different activities: planning of projects, staff meetings, changes to services, discussion of problems, and monitoring the quality of services. They can perform short feedback interviews with clients or monitor services from AFEW’s partnership network for monitoring. This may involve going to a medical institution that provides HIV testing to check the quality of counseling and testing itself, whether young people are asked for parental consent, or if

doctors demonstrate a stigmatizing attitude towards youth. Based on the monitoring results, it is possible to discuss with partners and plan adjustments to their practice.

Youth leaders are also very actively involved in advocacy. This includes partaking in the “Regional Councils on HIV/AIDS, TB and drug use,” where AFEW Ukraine partners usually participate at their local level. The committee typically gathers once per quarter to discuss problems in terms of services and policies. Youth leaders may also partake in official meetings on behalf of their community.<sup>[3]</sup> and be asked to give feedback to local strategies and action plans developed by the coordinating committees or municipal administration. Once a year, AFEW Ukraine organizes a meeting with all coordinators from partner NGOs from different cities in Kyiv. The most active young leaders are also invited. Youth facilitators also participate in local events or national conferences and get special training on presenting themselves. On the ground, youth leaders can partake in project planning and make primary contacts in youth centres. They are essential resources, especially when clients come in on a non-voluntary basis, referred from the juvenile police probation agency. Together with peer counselors, youth leaders help build up a trustworthy relationship and make these clients feel comfortable and at ease in the centre.

## Achievements

The projects have contributed both to structural achievements and changes in the lives of young people who use drugs in Ukraine.

*“For me, the most significant success is that we created these services focused on the needs and the problems of adolescents. For instance, in some cities, these coordination committees were formed only because of our project partners’ efforts. These programs that include services for adolescents who use drugs were designed for the first time in some cities only during our project and only because of our partner’s initiatives. (Anastasiya).”*

The increased partnerships are another achievement at the structural level. The educational establishments now invite NGOs much more often to provide lectures and run activities. The project has had requests from several small cities to bring its activities.

Several improvements were noted in terms of changes in young people’s lives, from increased health care and safer drug use patterns to broader changes involving improved communication skills and self-confidence.

*“A significant change is when they say, “I use drugs less frequently,” or “I switched to lighter drugs.” Some also say, “Before you came, we didn’t talk about sex at all. I’ve never dared to buy condoms”, or “I didn’t know how to use them properly or to discuss it.” (Iryna)”*

*“Every year we monitor interventions with focus groups and interviews. We always ask, “What has changed in your life?” Most of them say, “I changed my personal*

---

[3] It is essential to mention that they represent “the youth community” but not the community of “young people using drugs.” The last is understood as stigmatizing and can influence their future.

---

*goals. Now I'm more responsible. I know how to communicate with people, how to openly talk about my problems and needs, without shame or fear of misunderstanding.” (Anastasiya). ”*

Also, the parents of clients have seen improvements as their children became more able to communicate with them and avoid conflicts openly. The teachers also noticed that the project participants are more confident and can stand in front of the class without much fear.

The projects have databases with the number of clients and the number of services they have received to monitor the results. In addition, “*Underage, Overlooked*” ran baseline research before starting, and after that, held a Comparative Clients’ Knowledge Assessment in 2019 and 2020. Through a series of questions, the knowledge assessment measured the knowledge that young clients acquired in different health-related topics. More than 670 questionnaires were answered in 2019 and 770 in 2020. The assessment concluded that the project services and activities directly impact the improvement of adolescents’ knowledge on HIV, STI, TB, SRHR, and safer behavior, as participants showed more correct and fewer “*don’t know*” answers in the second assessment. They are conducting the final project research, and the results will be available at the end of April 2021.

## Challenges

Despite the excellent work, the project still faces challenges. The main one is the **stigma** against young people who use drugs, both from education and health care professionals. At schools, teachers and psychologists might deny that pupils from their schools use drugs or have sex. Fearing that, if they admit these behaviors, they may be punished for not having provided “*proper prevention*”. In health care services, stigma may lead to denying assistance to young people who use drugs or breach confidentiality when they talk about drugs, sex, or pregnancy. Even though Ukrainian legislation allows people after 13 years old to have an HIV test without the need for parents’ consent, some medical professionals will not provide the service without the parents’ consent.

*“They say things such as, “You are too young to make such a serious decision without parents.” or “You’re a girl, you’re a future mother, so you should think about your health and don’t have sex before marriage.” They still say such kinds of things. (Iryna) ”*

**Lack of leisure alternatives** for youth is another challenge. Even where such activities are available, they are not free of charge, and therefore might not be accessible for the projects’ clients. The project tries to cope with this by providing various activities in the youth centres, such as sports or a cinema club to discuss movies. Another fundamental challenge relates to the **lack of respect for youth’s voices**.

*“Young people are not being heard. They are not considered fully grown human beings, unfortunately. They need the opportunity to speak up, be acknowledged, and be involved in different life areas. We introduce them to many mechanisms such as local councils or NGO staff’s meetings in our projects. Of course, it’s not enough because also in their families, they are not always heard. Then at school, they are also not considered worth listening to. (Irina) ”*

---

**Legal barriers** also exist: people below 18 years of age need parental consent for any medical services or to receive any services at school or other state organizations. However, the social services provided by CSOs or any other non-governmental organization are a “blind zone” as long as the child is 14 years or older. Since in AFEW services, they are not obliged to ask for IDs, the CSOs ask about age, but young people can say they are 14 or older and receive counselling. CSOs also inform adolescents that they have services for parents.

Finally, a crucial challenge relates to the **absence of funding** to work with young people who use drugs. The staff considers that international donors might avoid supporting harm reduction activities with young people because issues like drugs and sex should be dealt with through primary prevention, which is the state’s responsibility. Nevertheless, as such prevention often does not happen, the young population is left behind.

*“The Global Fund and other big donors forget about adolescents. However, it’s much easier to change all the problems when they’re only starting and not when they have grown significantly and systematically. (Anastasiya).”*

## Future expectations

Future expectations are grim, as funding for the projects described is ending in 2021. As the Global Fund will not include adolescents and harm reduction in any services in Ukraine in 2021, the expectation is that the projects will not be continued. For the past five years, AFEW Ukraine has advocated for government funding. They have helped to build the capacity of partners, supported advocacy events, and developed advocacy strategies. Some good results were achieved on the local level, where cities assured budget for services to YPWUD. However, due to the COVID pandemic, the economic situation worsened, and it is still uncertain if even the already negotiated budget will be available.

## Recommendations

A recommendation to other providers willing to work with young people who use drugs is to **sensitize and educate youth service providers and parents** to reduce stigma and increase respect and space for young people’s voices and needs. Having joint workshops with service providers, parents, and youth can help sensitize people to hear different views and start a dialogue.

It is essential to invest in **building networks from an organizational perspective**, especially with adolescents’ services like school or juvenile correction. A good approach when starting to work with partners is to emphasize what your program can offer to them and not the contrary:

*“We always suggested that we can be a resource; we can provide education and services they cannot. (Anastasiya)”*

Another recommendation is to **organize study visits between different regions in the country** and various stakeholders to exchange ideas and plan joint action. One example of this was the “City Quest” activity promoted by the program. Teams were formed with two patrol police officers and two adolescents. They moved around the city from one adolescent



service provider to another while performing some tasks in patrol cars. This helped to achieve collaboration and a friendly attitude among police and youth. Finally, **building the leadership of young people** and mobilizing young people who inject drugs to participate in discussions actively and defend their rights is paramount. Only with youth participation will the needs of young people who inject stand a chance to be met.

### More information

	Website	Contact person	E-mail
Bridging the Gaps	<a href="http://afew.org.ua/en/project/bridging-the-gaps-health-and-rights-for-key-populations-ua-phase-2/">http://afew.org.ua/en/project/bridging-the-gaps-health-and-rights-for-key-populations-ua-phase-2/</a>	Anastasiya Shebardina (project manager)	<a href="mailto:anastasiya.shebardina@afew.org.ua">anastasiya.shebardina@afew.org.ua</a>
Underage, overlooked	<a href="http://afew.org.ua/en/project/underage-overlooked-improving-access-to-integrated-hiv-services-for-adolescents-most-at-risk-in-ukraine/">http://afew.org.ua/en/project/underage-overlooked-improving-access-to-integrated-hiv-services-for-adolescents-most-at-risk-in-ukraine/</a>	Iryna Nerubaieva (project manager)	<a href="mailto:iryna.nerubaieva@afew.org.ua">iryna.nerubaieva@afew.org.ua</a> —

## REFERENCES

1. UNAIDS. AIDSinfo. People who inject drugs. 2021.
2. Barrett D, Hunt N, Stoicescu C. Injecting Drug Use Among Under-18s. A Snapshot of Available Data [Internet]. London; 2013. Available from: [https://www.hri.global/files/2014/08/06/injecting\\_among\\_under\\_18s\\_snapshot\\_WEB.pdf](https://www.hri.global/files/2014/08/06/injecting_among_under_18s_snapshot_WEB.pdf)
3. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf)
4. AFEW Ukraine. Underage and overlooked. Work specifics in rural and remote areas [Internet]. Kyiv; 2019. Available from: <http://afew.org.ua/wp-content/uploads/2020/12/Work-specifics-in-rural-and-remote-areas.pptx>
5. AFEW Ukraine. Analytical report of Research: Underage, Overlooked: Improving Access to Integrated HIV Services for Adolescents Most at Risk in Ukraine [Internet]. Kyiv; 2019. Available from: [http://afew.org.ua/wp-content/uploads/2019/02/Analytical-report-of-research\\_Underaged-overlooked.pdf](http://afew.org.ua/wp-content/uploads/2019/02/Analytical-report-of-research_Underaged-overlooked.pdf)





# North America

## STREETWORK PROJECT, SAFE HORIZONS, USA

StreetWork offers stability to homeless and street-involved youth in New York City via drop-in centres, outreach, and overnight services. The project provides services for young people who use drugs and is the only youth-focused syringe exchange program in New York.

### Country and Young People Who Inject Drugs

One single night in January 2019, 567,715 Americans experienced homelessness; 35,038 of them were unaccompanied youth (1). Unaccompanied homeless youth, typically defined as young people ages 12 and older, represent 6% of the total homeless population in the United States (2). In December 2020, in New York City alone, there were 56,849 New York City citizens using municipal shelters, 18,099 of them children (3). While these statistics do not discriminate by state, family status, sex, and/or racial or ethnic group, people who use drugs are disproportionally represented in such numbers (4). In 2015, 9.2% of young people, ages 14 to 18, in New York City had used illicit drugs before. (5).

Pathways to homelessness include systemic issues (racism, gentrification), family issues (abuse, conflict), and economic issues (financial crisis, long-term poverty) (6). Other factors that increase a young persons' chances of experiencing homelessness are demographic risk factors such as being a person of colour or identifying as LGBTQIA. Substance use is also a risk factor that increases issues of housing instability (7). However, drugs and housing have a complex relationship: sometimes, substance use can result from housing insecurity; other times, it can be a contributing cause. Several sub-groups of people who use drugs that face barriers to harm reduction services and people experiencing homelessness are one of them (8). This group of people who use drugs requires tailored services to their unique needs, such as eviction help, housing rights, and privacy.

### Project origins

The StreetWork Project started as a desk in a precinct in New York City's Time Square, where one staff member did outreach to young people who were doing sex work in the area. As the demand for supporting marginalized youth increased, the desk evolved into a

drop-in centre. This meeting place was designed to be a low threshold service that would meet the needs of young people. The StreetWork Project is housed by Safe Horizon, a victim assistance organization that, since 1978, provides support, prevents violence, and promotes justice for victims of crime and abuse in New York City.

### Population assisted by the project

StreetWork assists any young person under the age of 25 who is dealing with issues of homelessness and insecurity in a broad sense. That could refer to any young person who is currently living in a shelter or on the street, who has ‘run away’ from the foster care system or who is ‘couch-surfing,’ someone going through eviction or is in an unsafe situation. They also provide harm reduction support to people, ages 25 to 29, who have ‘aged out’ of their target audience.

Young people who use StreetWork’s services have diverse backgrounds: some are in general education development classes, others are in higher education, some are enrolled in job training programs, food delivery companies employ some, and others do trade jobs. Some of StreetWork’s clients are young people who use drugs through injecting, snorting, and smoking various substances. However, the staff has noticed that injecting has become a decreasingly popular route of administration with their clients. An estimated 20% of StreetWork’s clients are young people who inject drugs. Currently, cannabis, heroin, meth, and cocaine are the most commonly used drugs. The staff is seeing an increase in medication-assisted treatment (MAT), which is a combination of medication and counselling for issues related to drug use, particularly opioid use.

Table 1: Clients assisted in 2020

Young people who use drugs	Young people who inject drugs
✖ Data cannot be made available	20%

### How the projects work?

The StreetWork Project consists of four different programs: two drop-in centres (located in the Lower East Side and Harlem), an overnight outreach team that provides services on the street for young people, and a crisis youth shelter for homeless youth under 21 years of age. The shelter, which works on a first-come, first-served basis, has 24 beds, divided by sex.

### Drop-in centres

When a young person approaches StreetWork for assistance, they are partnered with a case manager who works with them on whatever the young person identifies as a priority: housing, resume support, social benefits, mental health, or connecting to medical services, for example. The drop-ins provide clean clothing, showers, laundry, hygiene products, and hot food. They have an on-site psychiatrist who can help with medication management and is trained in administering buprenorphine, an opioid that can treat opioid use disorder. A

mobile medical service, parked outside the Lower East Side drop-in centre, is available to young people seeking medical treatment once a week. They also offer various harm reduction supplies such as fentanyl test strips, Naloxone, and different gauges of syringes (for drug use or hormone replacement therapy). Making StreetWork the only youth-focused syringe exchange program in the state of New York.



Photo Caption: Drop-in centre

## Harm reduction materials

StreetWork staff and peers take harm reduction supplies and hand them out to raise awareness about their project and services regarding their street outreach. Peers receive a stipend for their involvement in outreach. Supplies include the popular after snorting kit (nicknamed by the youth as the 'party-like-a-rock-star' kit) which comes with condoms and lube, different coloured straws, waters for rinsing out nostrils, gum to help with grinding of the teeth and locked jaw, a plastic razor, an insert about Hep C testing and treatment, and a piece of paper for a sniffing surface. More recently, a safer smoking cannabis kit,

---

complete with up-to-date information on the decriminalization of cannabis in New York City, was developed with feedback from the young services users. All kits contain DIY magazines created by peers. These informative booklets or ‘zines’ on safer drug use are a favourite of staff and peer because they can be efficiently, and mass produced without bureaucracy.

## Support

StreetWork offers social support in the form of four groups facilitated by staff and peers with loose curriculums: the Fucking group, their catch-all harm reduction group that discusses various issues related to sex, relationships, consent, and gender; the Creative Expression group where the focus is painting and writing; the Self-Care project, where members create spa days or practice mediation; and the Men’s group. In addition to the support groups, they assist young people in their applications for benefits like food stamps, healthcare, and supplemental security income for disability.

## Referrals

StreetWork also focuses on referrals. Over the years, they have seen that their clients need help with the shift from homelessness to being responsible for an apartment, so they also provide housing application support for their clients going through this transition. They also help the clients connect to job training services at their request.

Around nine paid staff work full time in the project: a director and assistant director, a harm reduction coordinator, three case managers, and three youth advocates (one in the kitchen, another in the drop-in, and one more at the front desk). StreetWork provides a stipend and monthly or weekly MetroCard to young people with lived experiences of housing insecurity and/or substance use for their service delivery or project support involvement.

Safe Horizon, the parent company of StreetWork, receives funding from the American government, both federally and locally. The organization could not make public the estimated costs to run the StreetWork project yearly.

## Being youth-friendly

In addition to StreetWork being the space where young people can access housing and security services, it is also a space to create and nurture a sense of community with their target population. It is essential that their space was designed to meet the needs of young people while being comfortable. For example, you don’t need to go into someone’s office to get the information you seek; you can meet with your case manager outside while painting. They also know that kitchens are usually the focal point of a house, so theirs is open to creating a regular and welcome meeting place, where young people can connect with the friendly cook preparing their food.

---



---

*“We wanted it to feel like you can kick your shoes off and have a cigarette in the backyard with your case manager and do a yoga class in the basement, and have all of your services in one spot. (Graciela)”*

Their spaces act as a gallery, mixing StreetWork’s artwork and history; young people are encouraged to hang their artwork on the walls, and there are photo series of former clients and current staff also on display. Colourful signage on overdosing and other safety alerts from other community organizations are also visible. It is essential that the space feels vibrant and colourful as it conveys a youth-friendly message and encourages their engagement.



Photo Caption: The kitchen

The idea behind creating a space that is both supportive *to* and supported *by* young people is to convey the important message that the staff does not judge their clients for their choices. This positioning helps youth feel comfortable to engage in essential conversations:

*“...it opens up conversations about safer drug use, mental health and physical health, and overall safety...and conveys the message that no matter what drug you’re doing,*

---



---

*we're here for you, we're here for the conversation, and drugs are not good or bad. They just are, and it's up to you to define your relationship with them. (Graciela) ”*

Safe Horizons, the parent to StreetWork, is active on social media and attracts and connects with young people via their YouTube, Twitter, Instagram, LinkedIn, and Facebook accounts. Since COVID-19 has restricted their in-person outreach, peers are focused on creating content on topics relating to housing, relationships, or drug use for their social media accounts.

### Youth involvement

StreetWork relies on the support of its young clients in many ways. They are **involved in the hiring process** of new staff at the drop-ins, for they must have a say in who works there. For example, young people are present during the interview process. They can hear how candidates reply to questions like “what is your understanding of the intersectionality of race and homelessness?” and can witness how they interact with other clients during a trial shift. Secondly, they are also involved with the **delivery of services**, they help facilitate the support groups, and they conduct outreach with harm reduction materials. Third, youth are also encouraged to attend and participate at regular **town hall meetings**, where everyone gathers at the drop-ins, and any topic can be discussed as a group, and all voices are heard and treated equally. The motivation behind this effective gathering style is that people will participate if they care about a program they are a part of.

### Achievements

StreetWork's crowning achievement is how **they incorporate a harm reduction framework** in all their services and help young people see how this mindset can be applied to all aspects of their lives. For example, they see helping a young person with supplemental security income as risk reduction because it may mean that the person does not have to engage in a risky activity to get money. Moreover, many of their service users do not use drugs, but they still practice harm reduction to address issues like stigma.

StreetWork credits themselves as engaging with people with lived experiences, either with shelter insecurity or drug use, effectively. For example, they listen to the needs of the clients and get positive feedback from their adjustments. This can be seen in how their harm reduction kits or their drop in space reflect their clients' needs and personalities:

*“I think these are all signifiers of, ‘I can come here as I am, I can also make my mark on the space because the space is mine, the space is meant for me,’ and I think we do a really good job of that. (Graciela) ”*

### Challenges

One issue is related to the **age** of their clients. StreetWork staff must report to the Administration for Child Services (ACS) if anyone under 18 years of age comes to the drop-ins. While the staff is obligated to report minors to ACS, who will likely come and take the minor (back) into the foster care system, they know this system can and has been traumatic on many young people. So, they are transparent with the minor and make sure that they don't disclose anything during the intake that they wouldn't want ACS to know.

---

---

Another substantial challenge comes from **interacting with other youth organizations that do not take a harm reduction approach**. They often make referrals but are not always aware of how other staff will treat their clients. An example of this situation is if a client shows suicidal tendencies, staff might feel the need to call 911 (US emergency line). Since many young people see being handed over to police or hospital staff as the last option, StreetWork staff are trained in suicide assessments hoping that through talking, they can help the young person out of a harmful headspace and avoid involving authorities. Another example would be if they encounter an overdose, the staff is trained in Naloxone administration.

### COVID-19 challenges

COVID-19 has severely impacted all four ways in which StreetWork supports its target population. Their night shelter now runs at half capacity. The drop-in centres are no longer a place where young people can get respite; there are rules on the number of visitors, and many of the hygiene services are no longer available. Their street outreach, despite fears and regulations, is still going, and current and former homeless young people were giving out food, water, and personal protective equipment to people: *“not because they would get paid for it, it was because they knew it had to be done.”* While this situation can be distressing, it is an excellent example of the benefit of utilizing people with lived experience who know first-hand how vital these outreach services are for people.

### Future expectations

While StreetWork utilizes young people with lived experience, they would like to see more attention given to sharpening the process of hiring former StreetWork clients and to their peer program overall. Specifically, they hope to have more discussions on how they can efficiently and adequately prepare former clients who want to get involved and give back. The goal is to give them positions to create policies, dream up new possibilities, and bring their personal experiences to improve the program. Current staff would like to see StreetWork peers given more responsibility and more flexibility in the kind of work they are hired to do, which would result in innovative, fresh ideas for their drop-ins.

### Recommendations

The StreetWork staff recommend creating and maintaining a **safe space** as a foundational step: *“if you are physically safe for that moment, you’re able to think of what else you need in your life if you have your basic needs met...you’re able to start thinking about self-care and self-fulfilment and not just survival.”* Additionally, they recommend **investing in current clients** and creating a walkable pathway for them to become staff. Relatedly, they suggest having people with lived experiences, at the very least, give feedback, but preferably, be part of the planning and implementation of the program’s services. While many programs often make assumptions about their clients’ needs, StreetWork actively ensures this is not the case. For example, all the supplies that StreetWork offers come directly from what the young people tell the staff they need. In short, it’s not enough to just ask the clients what they want; one must also listen. StreetWork embodies this listen and deliver approach with the mentality: *“this is your program; these are your supplies.”*

---

Another recommendation would be to have organizations **broaden their understanding of harm reduction** to go beyond drug use. StreetWorks believes if other like-minded organizations applied that framework to any service that targets helping young people, they would see benefits regarding increased engagement and more effective support.

### More information

Website	Contact person	E-mail
<a href="https://www.safehorizon.org/">https://www.safehorizon.org/</a>	Graciela Razo	<a href="mailto:Graciela.razo@safehorizon.org">Graciela.razo@safehorizon.org</a>

## REFERENCES

1. State of Homelessness: 2020 Edition. National Alliance to End Homelessness. [Internet]. USA, 2020. Available from: (<https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>)
2. 2019 Annual Homeless Assessment Report. US Department of Housing and Urban Development. [Internet]. US, 2020. Available from: [https://www.hud.gov/press/press\\_releases\\_media\\_advisories/HUD\\_No\\_20\\_003](https://www.hud.gov/press/press_releases_media_advisories/HUD_No_20_003)
3. New York City Homelessness: The Basic Facts. Coalition for the Homeless. [Internet]. USA, 2021. Available from: ([https://www.coalitionforthehomeless.org/wp-content/uploads/2021/02/NYCHomelessnessFactSheet12-2020\\_citations.pdf](https://www.coalitionforthehomeless.org/wp-content/uploads/2021/02/NYCHomelessnessFactSheet12-2020_citations.pdf))
4. Substance Abuse and Homelessness. National Coalition for the Homeless. [Internet]. US, 2009. Available from: <https://www.nationalhomeless.org/factsheets/addiction.pdf>
5. Prevalence of Illicit Drug Use Misuse Among Youth by Demographics, New York City. 2015. NYC Health. [Internet]. USA, 2015. Available from: <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/youthdrugdemogsotherIllicit2015.pdf>
6. Youth Homelessness Statistics and Facts. Safe Horizons. [Internet]. USA, 2021. Available form: <https://www.safehorizon.org/get-informed/homeless-youth-statistics-facts/#our-impact/>
7. Youth Homelessness Overview. National Conference of State Legislatures. [Internet]. USA, 2019. Available form: <https://www.ncsl.org/research/human-services/homeless-and-runaway-youth.aspx>)
8. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BO](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BO)



# South America

## PROJECT CAMBIE, ACCIÓN TÉCNICA SOCIAL (ATS), COLOMBIA

CAMBIE is a comprehensive harm reduction project for people who inject drugs operating in different cities of Colombia. It delivers Naloxone to a population of young and older people who inject heroin, cocaine, and ketamine. The project is integrated with other programs assisting young people who use drugs, including drug checking services, spaces for psychosocial support, health education activities, and advocacy for drug policy reform.

### Country and Young People Who Inject Drugs

It is estimated that more than 14,800 people inject drugs in Colombia (1). People who inject drugs are concentrated in nine cities, and the average age can be between 24 and 27 years old. About ten years ago, the average age was 18 and 19 years old. Although it has aged a bit, the heroin-consuming population in Colombia is very young.

Most people (around 95%) injecting drugs inject heroin; the others inject either cocaine or ketamine. Colombia has been a producer of heroin for export since the 1990s and has generated a domestic market, as it has one of the cheapest and highest quality heroin in the world (2). The drug-checking service at ATS has monitored the contents of street heroin, and its analysis has identified that the purity of Colombian street heroin has been fluctuating between 55% and 70%, which is a very high average quality.

Injected heroin use has been increasing among young people in Colombia, (3,4), increasing the vulnerability of young people who inject drugs to bloodborne infections such as HIV and HCV (5). Since 2011, the country has reported an increase in HIV infections among people who inject drugs (6). Colombia has made progress on drug policy issues and services for people who inject drugs in the last years. Since 2019, drug policies have a clear focus on harm reduction, and people who inject drugs are clearly mentioned in guidelines. Moreover, in practice, OST (methadone) and NSPs are already part of the regular budget allocation at a government level (1).

---

## Project origins

CAMBIE (“exchange” in English) was created by Acción Técnica Social (Social Technical Action) in 2014. The project started in Pereira and Dosquebradas and a year later, in the capital Bogotá. In July 2016, CAMBIE was initiated in Medellín and Santander de Quilichao via a participatory assessment of the situation of injecting drug use in these cities. Since December 2016, it also provides services in Cali. ATS started by providing the services and eventually partnered with another local civil society organization that assumed service provision while CAMBIE offered technical support.

CAMBIE started by delivering hygienic injection material and collecting used syringes to reduce needle sharing behaviour and the risk of bloodborne infections among people who inject drugs. Later, it included psychosocial support, testing, and care for different bloodborne infections and integrated the people who inject drugs population in other services already provided by ATS, such as drug checking. CAMBIE became the first comprehensive harm reduction program for people who use drugs in Colombia. Since its design stage, it had the financial support of the Open Society Foundation and, in 2017, also got support from the Global Fund.

The project was consolidated with the government’s support, including municipal health secretaries and the national Ministry of Justice and Law. In 2017 the government assumed the needle and syringe exchange programs (NSP). CAMBIE then changed its strategy to focus on the delivery of Naloxone and foster support networks to improve the health, self-care, and self-esteem of people who inject drugs.

*“The government does not distribute Naloxone; due to lack of money and because they do not see it as a strategy. They continue to think that people have Naloxone to get high and take more drugs without worries and that what it does is promote consumption. (Julian)”*

The Naloxone distributed by CAMBIE comes from donations from CSOs in the United States since 2016 – “they have sent us Naloxone, without fail, every six months,” says Julian, the project coordinator. Since 2019, project staff also use their acquired expertise to provide technical assistance to local actors involved with people who inject drugs matters, such as government sectors, academia, civil society organizations, people who use drugs organizations, and health care services.

## Population assisted by the project

The young population assisted by CAMBIE can be differentiated into two groups. In cities like Medellín and Bogotá, 70% of clients are middle or upper-middle-class youths, mainly studying at the university and/or working. Even though most are dependent on drugs, their purchasing power allows them to maintain their substance use, providing some life stability. The other 30% are in more vulnerable conditions, such as living on the streets. The opposite happens in cities such as Cali, Pereira, and Cucuta, where between 70 to 80% of service users are in a condition of marginality and exclusion, either living in the streets or economically poor communities. As the first group, most are also addicted to injected heroin.

---



Still, besides injecting heroin, many of them also smoke *bazuco*, the cocaine base paste from Colombia, known in the streets as “*Creole speedball*” Poly drug use is common to balance substances’ effects and cope with daily needs: when sleepy from heroin use but needing to make money, youths smoke bazuco. If they feel they have smoked too much and need to calm down or sleep, they use heroin.

Table 1: Clients assisted in 2020

Young people who use drugs	Young people who inject drugs
2000	95%

The vast majority of the clients of CAMBIE are young people who inject heroin. They use the same paraphernalia (syringes, needles, etc.) as older clients, as the material is standardized. In terms of practice, however, there are some differences between the younger and the older generations of people injecting drugs “*the youths have a slightly faster age, it is an age of polydrug use, more associated with partying, and more at risk,*” says Julian. One of the higher risks for youth is overdose and other risks related to having a shorter drug use career.

*“The victims of overdoses and the victims of polydrug use are almost always in the range of one to five years of use because it is much more hectic, it is much more exciting, life is in full swing. On the other hand, among more adults, consumption practices are more moderate. There are already people who can become functional; they inject themselves in the morning and at night and work all day. They have already established a rhythm of drug consumption. (Julian)”*

CAMBIE staff observes that risky practices in terms of sharing, using higher doses, and mixing substances decrease with time, as after some years, people usually have a drug of choice. There might be less to do in preventing harm with long-term chronic users, which also leads CAMBIE to focus on working with the younger population.

## How the projects work?

CAMBIE currently provides services for people who inject heroin, ketamine, and cocaine in Bogota, Pereira, Cali, Medellin, Armenia, and Cucuta. It operates with fixed sites and mobile units, depending on the city. Designated sites are located in areas of high drug consumption and close to where people who inject drugs meet, and mobile devices travel through areas where large numbers of users are concentrated in the streets. In Bogotá, there is a fixed point and a mobile van, and Naloxone is also distributed in the drug checking service offered on Fridays, a service well frequented by youth. While in Bogotá, services are directly provided by CAMBIE. In the other four cities – Pereira, Cali, Cucuta, and Medellin- the project works with partner NGOs. CAMBIE delivers Naloxone to them and provides technical assistance. In Armenia, Naloxone from CAMBIE is distributed via governmental hospitals and health services.

In all cities the project offers:

- ✖ Take-Home Naloxone
- ✖ Training in safer injection, overdose management and prevention, and prevention of HIV and Hepatitis B and C
- ✖ Psychosocial support, including counselling to foster networks and family relations
- ✖ Health education
- ✖ Referrals to health services, including voluntary detoxification and drug treatment

Besides, at least in Bogota, the project integrates young people who use drugs in other services offered by ATS, such as the project Échele Cabeza that provides drug checking services. The cannabis community of Bogotá also meets at the same center where drug checking happens, and occasionally there are talks about mushrooms, harm reduction, or other themes brought by the young people who use drugs frequenting the place. The center is a cultural space for different young populations using drugs.



Photo Caption: Information material

Although CAMBIE and Échele Cabeza target different audiences, ATS staff always try to promote a culture of no discrimination between people who use other drugs.

*“There should be no discrimination between one and the other. Like because you eat mushrooms, you think you are closer to God, but if someone uses heroin, you think it’s worse. Our no-discrimination policy is highly valued by those who have been marginalized for their consumption. And those who have marginalized others for believing themselves to be better for consuming other substances learn a lot. We work very hard so that all of us who use drugs are on the same side. (Julian)”*

Currently, the staff working on the project are voluntary: a national coordinator and managers in Bogota, Pereira, Cali, Medellin, Armenia, and Cucuta.

Table 2: **Financial support**

Financed by	Estimated yearly costs
International donors and others	20,000 USD

## Being youth-friendly

ATS believes that several combined factors lead to their projects (as CAMBIE or Échele Cabeza) being youth-friendly. Firstly, they ensure that they have a **direct, fresh, and frank dialogue with young people**. Secondly, they work from a **non-judgmental perspective**, promoting harm reduction, respect, and recognition of people's values and rights. Having sustainability over time also allowed ATS to reach and maintain contact with users and learn from them how to improve youths' services according to their needs.

Another critical factor is the **political activism** within ATS projects. ATS has managed to raise their voice in the political debate and consider themselves the national benchmark for generating innovation and controversy around drug policies. Among others, they defend drug market regulation, harm reduction, and research with cannabis and psychedelics. All these issues are echoed among the young population of people who use drugs.

*“We are clearly united by being very critical of the drug policy and the war on drugs. In aesthetics also, in mockery, in laughter, we can make the same jokes and make fun of ourselves in similar ways. Sometimes, when you are very dispersed and do not have people who think like you, you get sad. But when you can meet people with similar interests and make fun of the president of the republic saying that he will end drugs, that brings an important feeling. Those are things that generate empathy and affection. (Julian)”*

The **aesthetic and peer work** is also considered crucial. Their social channels (such as @échelecabeza and @Accióntécnica on Twitter or Facebook) maintain a modern style and language. The team of peers and volunteers is also young, mostly between 18 and 24. There are a few up to 30 years of age - and “speak the same language” as service users. Besides, most staff are professionals with lived experience of substance use which brings a sense of “equality” and recognition between staff and clients. The **solidarity and trust** among staff and clients are strong and helps to keep young people connected to the service and among each other.

*“I think that we combine political criticism with technical knowledge, but also with fun. I think it is a good mix. We try not to be so dull and heavy; it makes us bored to always talk about harm reduction, always meeting for the same thing. Sometimes we get together just to have fun, and I think that is key for the success of the programs. (Julian)”*



## Youth involvement

For ATS, people who use drugs in Colombia (and Latin America, generally) have different forms of associationism and participation compared to their counterparts in Europe and the United States. They still see the political involvement of people who use drugs in Latin America as challenging, especially among the more vulnerable and marginalized groups of users. In Colombia, they have been trying for many years to create an association for people injecting drugs, but the interest among the population is low. A considerable challenge in becoming outspoken about drug use is the high stigma and criminalization that people who use drugs suffer. However, among young recreational users, there is more significant participation, especially regarding issues related to cannabis. In early 2021 the District Cannabis Board publicly launched: a district table for the cannabis community, promoted by the Bogotá public administration. Julian works as an advisor to the Bogotá mayor's office and says that *"this has no precedent in the country"*:



Photo Caption: Advocacy campaign

*“The State is the one that calls and says, “Come on, let’s sit down and talk about cannabis, but I’m not going to receive you here either as criminals or as patients. I need you to come as citizens to help us build public policy.” (Julian) ”*

Since holding this advisory position, Julian has been dedicating himself to open spaces for people who use drugs to participate at the government level. Even though this currently happens on a small-scale, he believes that it will grow in the future.

## Achievements

Between March 2014 and December 2017, CAMBIE delivered 124,799 **safer injection kits** and 339,675 syringes, with 197,049 of those returned for exchange. Also, in this period, a total of 1,489 people were assisted. Around 10-15% of them declared to have decreased the consumption of psychoactive substances and minimized injection; the other 10% abandoned drug consumption. Through the distribution of **Naloxone** and training on **overdose prevention and management**, the project has helped prevent at least 56 overdose deaths in the last years. In 2020, CAMBIE reached 18 points in nine cities in Colombia with Naloxone distribution. More than 2,000 Naloxone doses were distributed.

Apart from the distribution of harm reduction kits, the most significant achievement they consider having had was contributing to the **normalization of harm reduction** in Colombia. Nowadays, it is possible to openly speak of risk and harm reduction, responsible consumption, and drug policy reform. Julian believes that this was achieved by the practice of harm reduction programs that demonstrated the benefits of services and the voices of the youths who spoke about their needs.

*“In this, all the young people had a lot of prominences, because whenever the media asked, it was the young people on my team and the young users who came out to say, ‘This is what we need, this is what we are looking for.’ (Julian)”*

A third and more **macro-political** achievement has Colombia as a benchmark for the region regarding harm reduction and human rights. Currently, there are a few bills in the Congress of the Republic to reform drug policies: to regulate marijuana, cocaine, and devices to use nicotine. ATS considers the possibility that none of these bills will pass and become law, but the fact that they exist is a win and opens the ground for debate.

## Challenges

If, on the one hand, ATS considers that **NSP** has **government** support as an achievement. On the other, it believes that the programs have **decreased in quality**, with several consequences for the population using this service. In the cities of Bogotá and Pereira, where the government ultimately assumed NSP provision, the type of syringes and the opening hours changed, no longer reflecting the needs and preferences of people who inject drugs; peer work with young people also ceased. An exception happened in the city of Cali, where the government used the funding to continue financing the NGO that previously ran the services. The NSP in Cali is now considered the most successful in Colombia.

Another challenge is that the **government** still **does not deliver Naloxone**. CAMBIE has presented a pilot to the Government for the delivery of Naloxone. Inspired by it, in 2017, the government has built guidelines for the use of Naloxone in the community. Such guidelines, however, are considered very strict and challenging to operate in the territory, and despite the guidelines, the government has still not delivered Naloxone.

Finally, **assisting underage people** in harm reduction programs is still a delicate matter. In the beginning, the government demanded an ATS report to the police when someone underage came for harm reduction services so as to ensure children's protection rights. However, the



institutions in charge of protecting the rights of minors understood that such measures would instead victimize young people since they would no longer return for services. Nowadays, there is an unwritten agreement where child protection services “look the other way.” Nevertheless, adapted regulations would be better.

*“They told us, “Do not advertise that you do it, but do not stop doing it. Please assist the people”. Today, if you are 16 years old and will ask for syringes in the government-run NSP they give them to you, nowhere will you be reported, and indeed in case you are, it will say that you are 18 years old. (Julian)”*

### Future expectations

CAMBIE believes that soon, the government will begin Naloxone distribution. When that happens, the group plans to start advocating for other harm reduction interventions that still do not exist in the country.

*“I think we will leave the market in the coming years because the Government is going to buy legal Naloxone in Colombia and is going to distribute it. And that, in the end, is what we want. When they are already giving Naloxone, we will move to another level that I believe will be the supervised drug consumption rooms. (Julian)”*

### Recommendations

**Meaningful participation** of young people and **horizontality** in the design, implementation, and monitoring of projects is an essential recommendation from ATS to those wanting to provide services for young people who inject drugs. Every person working in the team should be onboarded with this work ethic, which is also connected to the need for **peer work**. Young people who inject drugs must be part of the project from beginning to end, not only for service delivery but also as volunteers. Even when funding is not available and volunteering is the only option, it is crucial to moderate expectations to avoid frustration and mistrust. Some people might expect that after a few days of work, they will have a paid job, and it is vital to be clear about concrete possibilities.

### More information

Website	Contact person	E-mail
<a href="https://www.acciontecnicasocial.com/">https://www.acciontecnicasocial.com/</a>	Julian	<a href="mailto:juliandresquintero@gmail.com">juliandresquintero@gmail.com</a>
<a href="https://proyectocambie.com/">https://proyectocambie.com/</a>	Quintero	<a href="mailto:info@corporacion-ats.com">info@corporacion-ats.com</a>

## REFERENCES

1. Harm Reduction International. The Global State of Harm Reduction 2020 [Internet]. London; 2020. Available from: [https://www.hri.global/files/2020/10/26/Global\\_State\\_HRI\\_2020\\_BOOK\\_FA.pdf](https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf)
2. ODC. INFORME DE PRECIOS DE DROGAS EN COLOMBIA AÑO 2015-2016 [Internet]. Infografías. 2021 [cited 2021 Feb 25]. Available from: [http://www.odc.gov.co/Portals/1/infografias/docs/precios\\_drogas\\_2015-2016.pdf](http://www.odc.gov.co/Portals/1/infografias/docs/precios_drogas_2015-2016.pdf)
3. Miguez MJ, Page B, Baum MK. Illegal drug use and HIV-1 infection in Colombia. Vol. 350, Lancet (London, England). England; 1997. p. 1635.
4. Mateu-Gelabert P, Harris S, Berbesi D, Segura Cardona ÁM, Montoya Vélez LP, Mejía Motta IE, et al. Heroin Use and Injection Risk Behaviors in Colombia: Implications for HIV/AIDS Prevention. Subst Use Misuse. 2016 Jan;51(2):230–40.
5. Mateu-Gelabert P, Guarino H, Quinn K, Meylakhs P, Campos S, Meylakhs A, et al. Young Drug Users: a Vulnerable Population and an Underutilized Resource in HIV/HCV Prevention. Curr HIV/AIDS Rep [Internet]. 2018 Aug;15(4):324–35. Available from: <https://pubmed.ncbi.nlm.nih.gov/29931468>
6. ODC. La Heroína en Colombia, Producción, uso e impacto en la salud pública - Análisis de la evidencia y recomendaciones de política. [Internet]. Bogota; 2015. Available from: [http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/estudios/nacionales/CO03132015-la\\_heroina\\_en\\_colombia\\_produccion\\_impacto\\_salud.pdf](http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/estudios/nacionales/CO03132015-la_heroina_en_colombia_produccion_impacto_salud.pdf)



# Recommendations

## FINAL RECOMMENDATIONS

Departing from the experiences and lessons of the projects described, we propose final recommendations for harm reduction service providers who are willing to engage with and provide services to young people who inject drugs. The recommendations concern program's staffing, space, service, and activities delivered to youth, networking with other services, monitoring and evaluation, advocacy, and general principles of work.

### STAFF

#### 1. Hire young people who inject drugs as a staff

Invest in current clients and create a walkable pathway for them to become staff. Peers can help access and build trust with clients, besides increasing the active participation of young people who inject drugs in care. They understand the language the needs and are the experts on reaching better and involving their peers. Hiring young people who inject drugs as staff can also further develop their skills and self-reliance.

#### 2. Provide staff with necessary support and training

Whether they are peers or not, staff working with youth must be trained to be non-judgmental, know how to communicate, handle the (psychological) challenges of the work, and be attuned to the needs of the specific young population they assist. This will be reflected in the services they offer, the trust they can establish with clients, as well as their satisfaction at work.

### SPACE

#### 3. Engage youth in developing the space

Involving young people who inject drugs in planning and decorating the space will increase the chances of recognizing the service as appealing, comfortable, safe, welcoming, and providing for their needs. Youth should also be engaged in discussing and deciding about any needed rules to frequent the space. If the area is online, engage young people who inject drugs in choosing the proper channels, language, and imagery.

#### 4. Guarantee privacy and confidentiality

When dealing with drug use and sexual or mental health, assuring privacy and secrecy is important. Designate separate facilities or a protected environment for counseling and testing to ensure the confidentiality and safety of young clients. The more privacy that can be factored into the space, services, and overall approach, the more likely the young people will feel secure enough to open up.

### SERVICES AND ACTIVITIES

#### 5. Provide youth-specific services

There are essential differences between young people who inject drugs and their older counterparts, including different habits and preferences around drug use, different networks, and needs related to different life development phases. The more youth-specific the service or activity is, the easier it will cater to youths' needs.

#### 6. Reach young people who inject drugs where they are

When starting a program, an activity, or assisting a new group, it is easier to reach young people who inject drugs in places where they already frequent than to expect them to reach a new space. Spaces can be schools, youth centres; saunas for LGBTIQ youth; online platforms; street-based hot spots for drug use; spaces of sex work, etc.

#### 7. Provide young people who inject drugs with a comprehensive package of services

Youths have complex needs that have to be first assessed by service providers to offer the right package. Services may include HIV, HCV and STIs prevention, testing and treatment, SRHR care, prevention and management of overdose, management of clandestine abortion and gender violence, drop-in centres, NSPs, mental health support, legal support, shelters, and education on safer forms of drug use and injection, both via outreach work, mobile units or dedicated centres. Youths in more socio-economically vulnerable conditions may also need support for nutrition, hygiene, housing, education, and income generation activities.

#### 8. Provide evidence-based, judgment-free, and appealing information

Provide youth with honest and clear information on drugs, SRHR, and others. Messaging to youth should be attractive and straightforward, and engaging youth in producing information is a good practice to ensure that. Use various forms to convey information or engage with youth - talk groups, workshops, peer exchange, printed materials, or jointly producing comics, zines, or social media campaigns.

#### 9. Make use of the new technologies adopted by youths

Consider incorporating online platforms and social media into your activities. These platforms play a central role in many youth's lives and can be an effective way of reaching a population who, otherwise, would not get in touch with services. Several youths do not use drugs on the streets and are used to buying their drugs and discussing them online. Online harm reduction

---

can help reach younger generations of people who use drugs and ensure continuity during periods where services need to close down, such as during the COVID-19 pandemic.

#### **10. Provide fun/recreational activities**

Many young people might not have the opportunity to engage in appealing and healthy leisure activities, which could become an alternative to (problematic) drug use. Engaging leisure activities might be non-existent in specific settings or, when available, might not be free of charge and therefore not accessible to many. Leisure activities should be coordinated with youth interests and could be as simple as sports, a club to discuss movies, a games afternoon, or a creative expression-arts group.

#### **11. Address stigma among key populations**

Stigma and discrimination against key populations such as people who inject drugs, people who use drugs considered more socially acceptable, sex workers, men who have sex with men, and LGBTIQ may also find their place inside harm reduction programs and in the relationship young people establish with each other. Addressing different identities and styles and fostering understanding and respect among the various sub-groups of youth promotes change and reduces stigma and discrimination.

#### **12. Help prevent young people who use drugs from switching to injecting their drugs**

Several people initiate their drug use at very young ages, and, in many cases, the time between initiation of drug use and injecting drug use is very short. By investing in evidence-based information sharing, it is possible to prevent young people from switching to more harmful forms of drug use, such as injecting.

#### **13. Provide NSP to young people who inject drugs**

Many young people who inject drugs do not have access to sterilized material for safer injecting. Programs might not be allowed to assist underage people, and buying syringes from a pharmacy might not be an option for many youths, either because of stigma or lack of financial means. Yet, young people who inject drugs must be provided with enough syringes and sterilized injection material, besides education on safer injection practices and other ways of reducing harm and accessing care. This can improve youth's quality of health and help decrease the outbreaks of hepatitis C among young people who inject drugs.

#### **14. Address different drugs and their combinations**

Many harm reduction programs around the world focus their activities on (injected) opioids only. Nevertheless, youths use and inject various drugs, including several types of stimulants (cocaine, methamphetamines), NPS, and prescription drugs. Often, these drugs are used in combination and/or to counter and regulate their effects. Especially young users, who may have less experience in drug use, need to have clear information on possible harms caused by the combination of different substances and how to reduce them.

---



## 15. Provide mental health support

Youth and adolescence are complex life-development phases, bringing several physical and psychological changes youths have to cope with. Besides, the specific group of young people who inject drugs may have several specific needs related to dealing with challenges that were either caused by drug use or led to drug use in the first place. They also may have questions about depression, bipolar disorders, drug-induced paranoia, or how psychiatric medications.

## 16. Foster autonomy and decision-making

Provide youth with capacity building to plan and set goals, better manage finances, communicate with others, and manage conflicts. Such skills are helpful for life and can also help youth change their lifestyle and adopt safer drug use and sexual behaviours.

## NETWORKING

## 17. Sensitize and educate youth service providers and parents

This can help to reduce the stigma around drug use in young people and increase respect and space for young people's voices and needs. It is also a way of assuring parents and other service providers receive evidence-based information on drugs and harm reduction.

## 18. Invest in building relevant networks

Young people who use drugs are usually closely connected to different services than the adult population. These may be schools, juvenile correction, and other youth specialized centers. A good relationship with other youth-related services can assure a good flow of referrals when needed. When investing in new partners, a successful approach to some programs described here emphasizes what your program can offer to them and not the contrary.

## 19. Inform about and refer youth to other youth-friendly services

In the first counselling or appointment, talk about all the services you can offer and the services you can refer to. Tell clients about other youth-friendly services available in the city - youth-friendly clinics, different types of psychological or legal support, and free-of-charge human rights organizations. Often, young people do not access services as they do not know that they exist.

## 20. Provide capacity building and share knowledge with other services

Capacity building is particularly relevant for other youth-oriented organizations working against oppressive and punitive regimes. But it is also most valuable for those programs initiating activities with youth or still challenged by how to cope with the challenges in assisting this key population. Share your knowledge and your challenges as a service provider for young people who inject drugs, especially with other harm reduction services helping different groups of young people who use and inject drugs. Learning and getting inspired from each other may help develop services better and have stronger support for advocacy.

---

## MONITOR AND EVALUATION

### 21. Document and share information about your activities with young people who inject drugs

Your experience with this population can be precious to others. Please describe how your program develops youth-friendly activities and how it includes the perspectives of young people who inject drugs. In addition, you should document and share success and challenges to assist young people who inject drugs and how your project copes with them. As much as possible, collect data on the population helped, and conduct needs assessments and other types of studies to increase the understanding of the cultures and characteristics specific to the different sub-groups of young people who inject drugs.

### 22. Involve youth in monitoring and evaluating services

This can happen through formal or informal settings, where young clients partake in staff meetings, discussion of problems, advisory boards, or client boards. Clients can also directly collect and analyse service data.

## ADVOCACY

### 23. Advocate for non-prohibitionist drug policies

Prohibition creates several obstacles to engaging young people who use drugs into care, promoting stigma and the breach of human rights. The criminalization of young people who use drugs is a significant structural barrier to service uptake, leading to mistrust of health workers and fear of disclosing drug use or carrying sterile material. Decriminalizing drug use and young people who use drugs is crucial to ensure this key population has its health rights respected.

### 24. Advocate for the removal of legal barriers to assist underage people who use drugs

In several countries, it is not possible to assist underage without their parents or legal representatives. This hinders youth who lost family bonds and those who do not feel comfortable sharing about drug use or other behaviours with their parents. Age restrictions to access harm reduction and related services must be removed, and youths must have their rights to secrecy guaranteed.

### 25. Advocate for the collection of disaggregated data on young people who use drugs

Young people injecting drugs must be represented in research and national surveys. More comprehensive age- disaggregated data is needed on the demographics, habits, and needs of young people who inject drugs and the factors contributing to injecting drug use, protective behaviors, and risk for HIV, HCV, and STIs. Disaggregated data can help feedback policymaking help improve care access for young people who inject drugs.

---

## GENERAL PRINCIPLES

### 26. Meaningfully involve Young people who inject drugs

Involve young people who inject drugs in programs as service providers (or peers) and in the planning, evaluation, and decision-making processes affecting programs. Engage young people who inject drugs from the start and increase young people who use drugs involvement.

Educate young people who inject drugs on their rights and promote youth participation in community advisory boards and other spaces to be heard and influence policies and decisions that affect their lives. More activists and leaders are needed, and the young generation brings the promise of changing old patterns

### 27. Pay attention to intersectionality

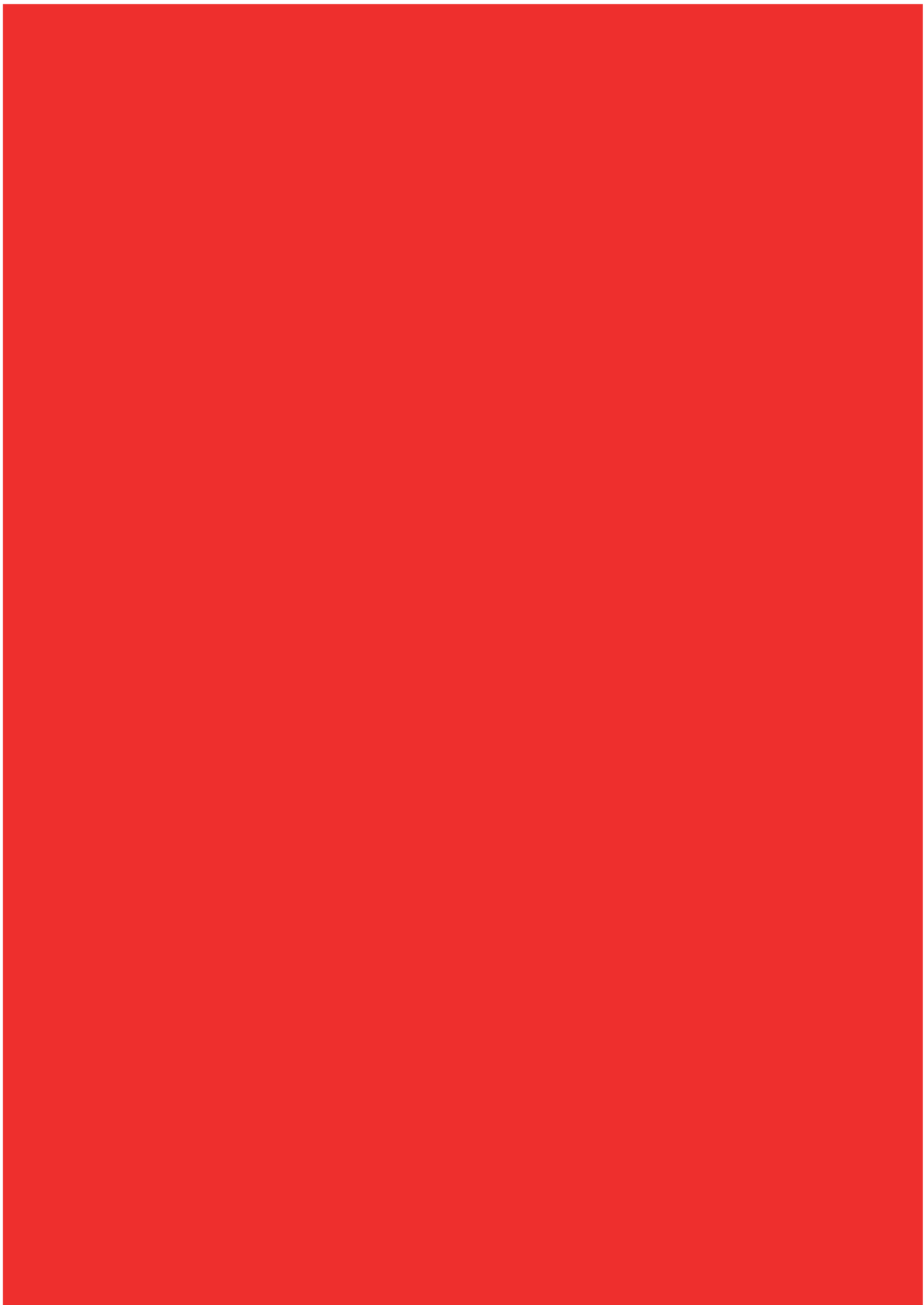
Different aspects of a person's identity can expose them to overlapping forms of discrimination and specific needs of sub-groups of young people who use and inject drugs. This report described programs assisting young women who use drugs, young sex workers, young people living with HIV, and the young LGBTQI+ population. Other essential factors to consider are colour, ethnicity, mental health, religion, nationality, and criminal record. Different sub-groups of populations may need specific interventions or specific services to guarantee or improve access to care and cope with stigma and discrimination.

### 28. Combine expertise on people who use drugs and Youth

Harm reduction projects dedicated to people who use drugs are experts in reaching a population who inject drugs, usually more hidden and vulnerable than those who do not inject. They have in-depth knowledge of different injecting paraphernalia and methods to educate people who inject drugs on safer injection and foster healthier injection practices. Youth-focused projects have great expertise in building youth-friendly services and connecting to a younger generation of people who use drugs. They can provide excellent advice on activities and general principles to follow when working with young people who use drugs.

**Recommended reading:** *Step by Step. Preparing for work with children and young people who inject drugs. A Tool for Harm Reduction Service Providers.* International HIV/AIDS Alliance, Harm Reduction International, Youth RISE.







*Thank you*

Youth LEAD [[youthleadap.org](http://youthleadap.org)]

Youth RISE [[youthrise.org](http://youthrise.org)]

Y+ [[yplusglobal.org](http://yplusglobal.org)]

©2021