

5 STEPS TO CREATE A

SAFER ENVIRONMENT

FOR YOUNG WOMEN WHO USE DRUGS



1. END THE CRIMINALISATION OF DRUG USE

- Young people often face particular scrutiny in drug policing, resulting in extreme harassment and associated risks for young women, including violence.
- Young women are disproportionately affected by the War on Drugs as a result of intersectional factors that further discriminate against them based on their age and gender.
- Young women who are arrested for drug offences often face life-long repercussions in terms of limited job and other opportunities, shattered family relations and entrenched hardship.
- Environments of criminalization often include harsher punishments for the sale of drugs to minors. In many contexts, this also extends to restrictions on supplying harm reduction commodities including needles and syringes which are criminalized as drug paraphernalia.
 - In those countries, needle and syringe programmes and other harm reduction services not only operate in a legal grey zone, but also attract additional, severe legal repercussions for providing minors with safe injecting or safe smoking kits.

2. REMOVE AGE RESTRICTIONS AND PARENTAL CONSENT REQUIREMENTS ON HEALTH CARE SERVICES

- In some countries, women who use drugs under the age of 18 cannot access harm reduction services including HIV testing services and SRHR services, without the consent of a parent or guardian.
- These policies elevate the risks of overdose, violence, and contracting blood-borne viruses through creating barriers to access health care.
- Research from Sub-Saharan Africa Shows a 74% increased likelihood of HIV testing among adolescents between 15 to 18 years where the age of consent for testing is reduced to under 16 years.
- The right to health, including the right to sexual and reproductive health entails that individuals exercise their right to independent and informed decision-making, free of coercion, violence and discrimination.



3. CREATE FRAMEWORKS FOR ACKNOWLEDGING YOUNG WOMEN UNDER-18 WHO USE DRUGS AND ARE INVOLVED IN THE SEX INDUSTRY TO RECOGNISE AND PROTECT THEIR RIGHTS AND NEEDS

- Young women who use drugs involved in the sex industry face heightened risks both in contexts where sex work is legal and where it is criminalized.
- Under multiple international conventions, sex workers under the age of 18 are rigidly categorised as commercially sexually exploited, and their participation in sex work is considered a contravention of human rights law.
- As a direct consequence of this, programmes intended to improve sex work safety, including HIV prevention, exclude young women and girls under the age of 18.
- Young people involved in selling sex may be compelled to give inaccurate information about their age to health care service providers or disengage from accessing services completely for fear of arrest, removal and so-called “rescue” operations, as well as potential drug charges
- These structural factors lead young people who sell sex and use drugs to becoming an invisible population in research and program design, which further compounds marginalization.
- Young trans women and gender non-conforming people who sell sex and young people of colour and members of ethnic and religious minorities are especially affected by intersectional barriers to health care and justice in contexts where their identities are criminalized, oppressed and/or discriminated against.



4. EXPAND PROVISION OF YOUTH FRIENDLY, GENDER SENSITIVE HARM REDUCTION SERVICES FOR WOMEN WHO USE DRUGS

- Women who use drugs face increased stigma, discrimination and rejection from medical care professionals, and are subject to high rates of sexual violence from law enforcement officials, which discourages accessing health care and harm reduction services and/or disclosure of their drug use when using health services due to fear of prosecution, harassment and assault. For trans women, this can be further exacerbated by lack of access to trans friendly health services.
- Young women who use drugs are often subjected to stigma and discrimination by health care professionals, causing them to navigate away from harm reduction and other essential health services.
- Current programmes are generally not designed to respond to the needs of young women or the specific legal challenges and ethical concerns in working with them.
- Research and clinical experience has shown that women and girls respond well to programmes that are women-centred and feature meaningful involvement of women who use drugs, while in populations of young people there is evidence of the greater efficiency of programmes that are peer-led or involve peer support.
- In order to create a safer environment for young women who use drugs, intersectional factors related to their gender, age, drug use and socioeconomic status, as well as identities as women of colour and members of ethnic and religious groups should all be addressed and accounted for through holistic and comprehensive harm reduction and health care service design, along with accessible, age-appropriate, and evidence-based information and sexual and reproductive health services.

5. SUPPORT WIDESPREAD DRUG TESTING TO ENABLE SAFER USE

- Young women are among the most likely to make use of drug checking services whenever they are available
- They are also the most willing to discard or opt out of taking substances that prove to be adulterated or of unknown purity and quality
- Drug checking is a very effective harm reduction approach for young women who use drugs, especially in nightlife and festival contexts
- Provide drug sample/pill-testing services to help young women make more informed choices about their substance use.

