

69TH SESSION OF THE COMMISSION ON NARCOTIC DRUGS  
2026

# Side Event Report

YOUTH RISE & THE GLOBAL  
COMMISSION ON DRUG POLICY  
“The Next Generation of Care: Youth-  
Centered Innovations to Renew and  
Strengthen Health Systems”

9-MARCH-2026  
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# Acknowledgements

We extend our gratitude to those who contributed to Youth RISE and the Global Commission on Drug (GCDP)'s side event, The Next Generation of Care: Youth-Centered Innovations to Renew and Strengthen Health Systems, held during the 69th session of the Commission on Narcotic Drugs. The side event was co-sponsored by:



“The views and opinions expressed in this publication do not necessarily reflect the official policy or positioning of the co-sponsoring organisations”.

We are sincerely thankful to the panelists: Commissioner Adeeba Kamarulzaman (Global Commission on Drug Policy) on the work being carried out with regard to drug policies impact on children and youth, Dr. Annette Binder (Medizinische Universität Wien) on the intergenerational impact of opioid agonist treatment; Klara Holzinger (Checkit! Peers Vienna) on peer-led harm reduction outreach; Vincentius Azvian (Inti Muda Indonesia and member of Youth RISE's international working group) on youth-centred harm reduction in one of the world's most punitive drug frameworks. Their insights were fundamental in pointing out the urgent need for rights-based, youth-centred, and community-led approaches to drug services.

We also extend our gratitude to the floor discussants from UNICEF, the OHCHR, UNDP, the Czech Republic, IFMSA, and the Global Campus of Human Rights, whose contributions enriched the conversation. Finally, we acknowledge the continued support of our partners, co-sponsors, civil society organisations, academic institutions, and international bodies whose collaboration made this event possible. Our deepest gratitude goes to the young people and communities whose lived experiences and perspectives remain at the center of our advocacy.

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# OVERVIEW

The 69th session of the Commission on Narcotic Drugs (CND), held in March 2026 in Vienna, took place nearly ten years after the 2016 UNGASS on drugs, which carried the slogan “A better tomorrow for today’s youth.” This side event (**the recording can be found at this [link](#)**) by Youth RISE and the Global Commission on Drug Policy (GCDP) brought this commitment under scrutiny, asking whether it has translated into meaningful action for young people on the ground.

The side event sponsored by Australia, the Czech Republic, Mexico, UNICEF, OHCHR, UNDP, UNAIDS, IFMSA, IDPC, INPUD, Harm Reduction International, LEAP, EuroNPUD, Release, Skoun, De Justicia, Elementa, EHRA, Correlation European Harm Reduction Network, Students for Sensible Drug Policies International, and the Global Campus of Human Rights brought together young professionals, peers, policy advocates, and UN representatives to examine how health systems can better serve young people who use drugs. 35 people attended in-person and 34 were online attendees, reflecting the growing interest in continuing a youth-centred dialogue at the highest levels of global drug policy.

Opening remarks were delivered by Commissioner Prof. Adeeba Kamarulzaman, Commissioner of the Global Commission on Drug Policy and one of the experts recently appointed to the multidisciplinary panel tasked with evaluating the international drug control architecture and providing actionable recommendations to the Commission on Narcotic Drugs.

The panel featured presentations from Dr. Annette Binder (University Hospital Tuebingen (Germany) & German Center for Mental Health (DZPG), Partner Site Tuebingen), who examined the intergenerational impact of Opioid Agonist Therapy (OAT) and the role of stigma in healthcare systems; Klara Holzinger of Checkit! Peers Vienna, who showcased the power of peer-led harm reduction outreach with young people, and Vincentius Azvian, who presented the barriers facing young people who use drugs in Indonesia, one of the world’s most punitive drug policy frameworks.

Floor interventions from UNICEF, the representative of the Czech Republic, OHCHR, UNDP, IFMSA, and the Global Campus of Human Rights also called for a rights-based reform. The event’s takeaways focused on the urgent need for the international drug control system to shift from control toward care, aligning drug policies consistently with child rights and public health principles.



# DISCUSSION SUMMARY

## YOUTH REPRESENTATION IN DRUG POLICY AND HARM REDUCTION

Youth RISE's Executive Director, Ruby Lawlor, opened by framing the broader context: despite international commitments, including the 2024 Pact for the Future and the Declaration of Future Generations, in which Member States pledged to protect the rights of all young people, including those who use drugs, youth remain marginalised in policies designed to serve them. The Human Rights Council's 2026 annual observance of the Day of the Rights of the Child focused on human rights violations in the context of armed conflict, highlighting that children's rights must be central to all UN work, including drug policy.

*"Services are often unavailable or unsuitable; punitive approaches deepen stigma and exclusion rather than supporting wellbeing; and youth want meaningful involvement in policy design, implementation and evaluation."* -Ruby Lawlor on the consultation findings

## OPENING REMARKS: INTERNATIONAL POLICY FRAMEWORKS AND COMMITMENTS

Commissioner Prof. Adeeba Kamarulzaman, Commissioner of the Global Commission on Drug Policy delivered opening remarks at the event. Commissioner Kamarulzaman highlighted the upcoming policy brief of the Global Commission on Drug Policy, developed in collaboration with Youth RISE that examines the impacts of drug policies on children and young people. Several findings of the policy brief, based on an extensive series of global consultations with various stakeholders, including children and youth themselves, were presented. Consultations found that while preventing or delaying drug use is widely recognised as important, this focus tends to hide a set of harms created by the very laws and policies intended to regulate drugs. Punitive approaches bring surveillance and coercion into spaces that should be protective, like schools, clinics, and residential institutions. Children who use drugs are often denied essential health services due to age restrictions, stigma, or the lack of youth-specific programmes. Law enforcement disproportionately impacts minority and Indigenous communities; militarised crackdowns and eradication campaigns can put children at risk of displacement, exposure to harmful chemicals, and violence.

*"As Member States reflect on ten years since UNGASS on drugs, which incidentally carried the slogan 'A better tomorrow for today's youth', we must ask whether this was merely a slogan or has guided meaningful action."* Commissioner Adeeba Kamarulzaman, Global Commission on Drug Policy

Commissioner Kamarulzaman also highlighted her role as one of the experts recently appointed to the multidisciplinary panel tasked with evaluating the international drug control architecture and providing actionable recommendations to the Commission on Narcotic Drugs. CND Resolution 68/6, which established the independent expert panel, called for consultations with a broad range of stakeholders - civil society, academia, youth groups, the private sector, and others. Commissioner Kamarulzaman emphasized how the speakers of this side event reflect that vision: the perspectives of youth, frontline service providers, clinicians, researchers, and advocates is essential, and an inclusive approach is central to identify and evaluate where policies succeed and where they fail.

## OPIOID AGONIST TREATMENT AND INTERGENERATIONAL IMPACT

Dr. Annette Binder (University Hospital Tuebingen (Germany) & German Center for Mental Health (DZPG), Partner Site Tuebingen) presented evidence on how integrating opioid agonist therapy (OAT), such as methadone and buprenorphine, into health systems represents one of the most evidence-based innovations available for opioid use dependence treatment, demonstrating that it reduces mortality, decreases illicit drug use, and improves mental and physical health outcomes. She highlighted that stigma operates at multiple levels, for example, in public attitudes, healthcare systems, and internalized stigma among patients, directly impacting treatment outcomes. Patients may delay accessing care, discontinue treatment too early, or feel pressure to stop treatment even when it is helping them.

Her presentation challenged the common approach of health systems when it comes to treatment, where pressure is usually put towards reaching abstinence, which often goes against the best interests of patients. One of the studies she presented

**Recovery at Risk: When Stigma Shapes Treatment Decisions** 

**Findings from qualitative interviews (n = 27)**  
(Binder et al., 2026)

- iOAT often perceived as **"last resort treatment"**
- Recovery linked to **social legitimacy**
- Abstinence viewed as **morally superior**
- Stable recovery can become **fragile under stigma**

*"I have a daughter. I want to be a role model again, not a bad role model"*  
(Florian, in iOAT for eight months)



4 Binder et al., 2026, Recovery and Stigma in Injectable Opioid Agonist Treatment. A qualitative study from two German treatment facilities., Stigma & Health 2026 (under review)

showed that while patients described OAT as stabilising and life-changing, many felt that "true recovery" should mean abstinence, a phenomenon Dr. Binder described as "recovery at risk", where people benefit from treatment but stigma can make them question whether they should discontinue. This points out

a design flaw in health systems that measure success by abstinence rather than the patients' needs for achieving wellbeing and stability.<sup>1</sup>

<sup>1</sup> Binder et al., 2026, Recovery and Stigma in Injectable Opioid Agonist Treatment. A qualitative study from two German treatment facilities., Stigma & Health 2026 (under review)

Dr. Binder also showed the profound intergenerational dimension of OAT with a clinical example of her work: a patient in her mid-30s who had developed a substance use dependence at 16, began OAT at 18, and through 18 weeks of integrated treatment achieved a stronger mother-child relationship with her child and greater emotional security for the child. Germany's policy change since 2015, allowing patients to continue OAT during rehabilitation treatment, by recognising that pharmacological stability can support rather than undermine treatment services, was highlighted as an important shift towards a health system model that can be designed to serve real needs.

*“Opioid agonist treatment should be recognized as an intergenerational prevention strategy, because stabilising parents in treatment ultimately protects children” - Dr. Annette Binder*

The presentation of Dr. Binder presented an opportunity for the health system by integrating the real needs of young people and families into their treatment design rather than around stigma.

## PEER-LED HARM REDUCTION SERVICES

Klara Holzinger presented “Checkit”, a harm reduction project that offers drug checking, counselling and other harm reduction information. As part of this project, “Checkit! Peers” is a subproject of this organization that does peer outreach work in public spaces targeting young people who use drugs. The peer-led approach was presented as very low-threshold, meeting young people where they are, locally and with their contextual realities. Approaching as peers allows building trust more effectively than an older professional would, creates identification, and makes it easier to discuss sensitive topics. It also flattens institutional and educational hierarchies, making harm reduction education more accessible, engaging, and effective.

checkit! Peers

checkit! Peers: harm reduction youth service



Abb. 1.: Peer Team

For many young people, this represents their first encounter with a healthcare organisation. This positive impression lowers barriers to approaching institutions later if health or dependence issues arise. For institutions, peer workers establish credibility with the target group, serve to bring information about where young people gather, which venues matter, and what substances are being consumed, and keep services relevant and responsive.

Challenges discussed included the extensive training required for “Checkit! Peers”, which, while important for the professionalization and quality of their work, results in a relatively homogeneous group of peer workers (mostly social workers or psychology students). Sustainable funding was identified as a critical and persistent barrier for peer-led projects, many of which operate as grassroots organisations.

## YOUTH-CENTRED HARM REDUCTION IN INDONESIA

Vincentius Azvian presented the situation that young people who use drugs in Indonesia, the world’s fourth-largest country in terms of population with one of its youngest and fastest-growing demographics, where drug policy shapes health, freedom, and futures. Indonesia operates one of the most punitive drug policy frameworks globally, with possession carrying 4 to 12 years in prison and trafficking potentially resulting in life imprisonment or even death.

In Indonesia, Supreme Court Circular No. 4 of 2010 establishes threshold indicators to qualify people for rehabilitation rather than incarceration. In practice, these thresholds are inconsistently applied.



**YOUTH RISE**



INTI MUDA INDONESIA

### IMPACT OF DRUG POLICIES ON YOUTH-CENTERED SERVICES IN INDONESIA

#### A Fully Punitive Framework

Indonesia operates under one of the most stringent drug policy regimes in the world, anchored by Law No. 35 of 2009 on Narcotics. While Supreme Court Circular No. 4 of 2010 provides threshold indicators that could qualify someone for rehabilitation — 1g of methamphetamine, 5g of cannabis, 8 pills of ecstasy — in practice these thresholds are inconsistently applied and regularly ignored

- 40.6% of people charged with drug trafficking offences were in possession of quantities officially considered below one day of consumption
- among those charged under the “personal use” article, 92.3% of 745 defendants convicted under article 127 were sentenced to imprisonment only with not rehabilitation.
- Possession: 4–12 years imprisonment
- Trafficking: 5–20 years, life imprisonment, or the death penalty

**Data point on death row:** In 2023, 114 out of 121 confirmed death sentences (94%) were drug-related offences — the highest proportion on record.



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Forty percent of people charged with drug trafficking offences were carrying quantities officially considered below one day's personal use, yet were prosecuted as traffickers rather than diverted to health services. Even among 745 people charged under personal use articles explicitly designed to protect people who use drugs,<sup>2</sup> 92.3% of them were still sentenced to prison under Article 47 with no access to treatment. Young people and children are disproportionately affected: of 47 child cases handled by prosecutors between 2020 and 2025, 40 ended in detention despite the legal framework explicitly stating detention should be a last resort.<sup>3</sup>

Young people under 18 years old in Indonesia cannot access HIV services, testing, or harm reduction services such as methadone and Suboxone without parental consent. For teenagers who use drugs or are living with HIV, seeking parental consent is not just impractical; it also exposes them to rejection and violence. One community-driven solution by Inti Muda involves encouraging the government to recognise community healthcare workers, including Young People Who Use Drugs (YPWUD), to serve as guardians to address the consent barrier.

Community-led monitoring<sup>4,5</sup> was presented as a key accountability mechanism built by communities to support healthcare services in improving quality through data, recommendations, and analysis. Services are assessed across five indicators: availability, accessibility, affordability, acceptability, and quality. Emphasis on age-disaggregated data was mentioned as important for identifying which services, cities, and provinces present specific obstacles for YPWUD.

## CZECH REPUBLIC DRUG POLICY APPROACH

Pavel Bém, representative of the Czech Republic and representative of the GCDP, mentioned how the national drug strategy is grounded in evidence, human rights, and harm reduction, with a focus on cost-effectiveness and a cost-benefit approach. The strategy promotes civil society engagement, anti-stigma efforts, and gender- and age-sensitive approaches at both EU and UN levels. The Czech Republic has been a consistent advocate for human rights principles in drug policy at the EU level, notably through council conclusions on a human rights-based approach to drug policy adopted under its 2022 EU presidency.

<sup>2</sup> Ministry of Health of the Republic of Indonesia, 2022. Peraturan Menteri Kesehatan Nomor 23 Tahun 2022 [Ministerial Regulation No. 23 of 2022]. Jakarta: Ministry of Health. Available at: <https://peraturan.bpk.go.id/Details/245543/permenkes-no-23-tahun-2022>

<sup>3</sup> Saputro, A.A., 2023. Revisiting Indonesia's new Criminal Code: A missed opportunity to end legal uncertainty in drug policy. Indonesian Judicial Research Society (IJRS), Opinion. Available at: <https://ijrs.or.id/en/2023/12/01/revisiting-indonesias-new-criminal-code-a-missed-opportunity-to-end-legal-uncertainty-in-drug-policy/>

<sup>4</sup> UNAIDS, 2023. Community-led Monitoring in Action: Emerging Evidence and Good Practice. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS). Available at: [https://www.unaids.org/sites/default/files/media\\_asset/JC3085E\\_community-led-monitoring-in-action\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/JC3085E_community-led-monitoring-in-action_en.pdf)

<sup>5</sup> CLM Jarnas, 2023. Community-Led Monitoring - Jaringan Nasional (CLM Jarnas). Available at: <https://clm-jarnas.org/tentang-kami/>

The Czech strategy explicitly targets two distinct populations, youth on one end, and ageing people with severe dependence and mental health comorbidities on the other, demonstrating a commitment to tailoring health system responses to the specific needs and realities of different age groups rather than treating all people who use drugs as a homogeneous population. A new national action plan currently being prepared puts emphasis on the prevention of stigma and the guarantee of accessible services for young people, which also serves as a replicable framework for governments seeking to modernise their drug-related health systems. As Commissioner, he also acknowledged the important work of the Global Commission, noting that through principled diplomacy and evidence-based public awareness, real change has been achieved since its founding in 2011.

## UN AGENCIES PERSPECTIVES AND INITIATIVES

UNICEF called for a sustained shift from control toward care and stressed that a truly child-centered response goes beyond health systems alone. Children and young people must be engaged as genuine partners in shaping drug policies and programs, not merely as recipients of services. When their voices and lived experience are centered, services become more trusted, more accessible, and more effective. This also means to invest in a full range of environments where adolescents can thrive: schools that build life skills and social-emotional learning, and meaningful support for parents and caregivers. This includes adolescent mothers and families navigating substance use challenges. Alongside this, governments must build adolescent-responsive health systems with confidentiality safeguards and integrated mental health support. Looking to UNGASS+10, UNICEF urged that the international drug control system place the best interests of children and young people at its center, while replacing punitive responses with community-based, rights-respecting alternatives.

OHCHR highlighted its sustained engagement through Human Rights Council reports from 2015 onwards and emphasised former Secretary-General Kofi Annan's 2015 observation that a criminal record for a young person for a minor drug offence can be a far greater threat to their wellbeing than occasional drug use. This framing, of positioning legal and policy systems as potential sources of harm, calls for a fundamental reorientation of health systems toward protection rather than punishment. OHCHR also shared a call for input on an upcoming report on the implications of drug policies for the rights of women and girls.

UNDP warned that drug policies systematically overlook the distinct vulnerabilities of adolescents and young people, creating structural barriers to prevention, treatment, and harm reduction. Drawing on its experience co-designing the Global AIDS Strategy, UNDP stressed that listening to youth organizations is not symbolic, but it produces fundamentally different outcomes than what institutions expect.

UNDP raised the alarm about the defunding of youth-led organizations, citing a now-paused UNICEF-led initiative that had engaged over 200 organizations worldwide in developing inclusive, youth-tailored resources. UNDP's representative stressed that if health systems are to truly support inclusion and wellbeing, then youth leadership cannot only be symbolic.

## CIVIL SOCIETY PERSPECTIVES

IFMSA, representing medical students from over 120 countries, pointed to a gap that sits at the heart of health system transformation: healthcare professionals often possess the evidence base but lack the tools to engage with young people who use drugs in non-judgmental, stigma-free ways. This means that training must go beyond clinical information to include communication skills and stigma-free patient interaction. The IFMSA also highlighted that while community-based solutions remain the primary resource for many young people, these are not always accessible, making the inclusion of the medical sector in harm reduction responses important.

The Global Campus of Human Rights shared results from youth consultations conducted across six of its eight world regions as part of the policy brief project of the Global Commission on Drug Policy in collaboration with Youth RISE. Across all regions, young people supported harm reduction, evidence-based education, and compassionate communication as more effective approaches, and welcomed being able to speak and be heard in the process.

# KEY CHALLENGES

The side event's discussion presented a set of challenges that continue to undermine relevant progress in youth-centred drug policy reform.



## PUNITIVE POLICY FRAMEWORKS:

In Indonesia and many other countries, drug policies designed to protect PWUD are rarely applied as intended. In practice, people charged under personal use articles are predominantly sentenced to incarceration rather than directed to health or treatment services. Children and young people are among those most affected.

## AGE-BASED BARRIERS TO SERVICES:

Parental consent requirements make it difficult for young people to access HIV services, harm reduction, and OAT. A requirement that can expose them to violence, rejection, or abandonment when disclosure is unsafe.



## STIGMA WITHIN HEALTHCARE SYSTEMS:

Stigma plays a role across different levels: public attitudes, institutional practices, and the internalised shame experienced by patients themselves. Within healthcare settings, stigma stops people from seeking care, encourages the lack of treatment adherence, and shapes how professionals treat patients who use drugs.



## ABSENCE OF AGE DISAGGREGATED DATA:

YPWUD remain invisible in health systems due to the constant lack of age-disaggregated data. Without targeted data, it is impossible to assess whether services are accessible or appropriate for different age groups, or to identify important structural failures affecting that affect young people in particular.





## TOKENISTIC YOUTH PARTICIPATION

Despite commitments to meaningful participation, youth involvement in drug policy design and evaluation is mainly tokenistic. Young people, and especially those with lived experience, are frequently consulted without being empowered to shape outcomes. This impacts the quality and legitimacy of resulting policies.

## FUNDING CUTS AND SHRINKING CIVIL SOCIETY SPACE:

Peer-led and community-based harm reduction organisations face unsustainable and inconsistent funding despite their recognition by YPWUD as trusted health services. The suspension of initiatives like Code Legacy, which supported over 200 youth organisations globally, shows the susceptibility of youth-centred infrastructure.



## GAPS IN HEALTHCARE PROFESSIONAL TRAINING:

Most healthcare professionals receive little or no training in harm reduction principles or in non-judgmental, youth-friendly engagement. This gap interferes with the quality of care young people receive and reproduces stigma within systems designed to provide support.

## PERSISTENCE OF PUNITIVE AND ABSTINENCE-ONLY APPROACHES:

Normative narratives that equate drug use directly with punishment rather than approaching it as a health issue remain persistent across many policy frameworks. Harm reduction for people under 18 continues to be as controversial in many contexts, which limits the reach of evidence-based services to those who need them most.



# GOOD PRACTICES

The presentations put at the center a range of models and approaches that demonstrate what youth-centred, rights-based harm reduction can look like in practice:

## CHECK IT! PEER-LED HARM REDUCTION OUTREACH (VIENNA):

By approaching young people as peers, that include to meeting them where they are and flattening institutional hierarchies, the project creates trust, enhances the retention of knowledge, and serves as a meaningful first contact between young people and healthcare institutions. Peer workers facilitate a dynamic, bidirectional flow of knowledge between communities and organisations.

## INTEGRATED OAT AND TREATMENT SERVICES (GERMANY):

Germany's policy shift allowing patients to continue OAT during rehabilitation treatment services demonstrates that pharmacological stability represents a major support to them. Clinical evidence shows that integrated OAT and psychosocial care strengthen family relationships, including the parent-child bond, making OAT an intergenerational prevention strategy.

## COMMUNITY-LED MONITORING (INDONESIA):

A community-built accountability mechanism that evaluates health services across five indicators: availability, accessibility, affordability, acceptability, and quality. By collecting age-disaggregated data and putting the voices of YPWUD at the center of community-led monitoring promotes reliable recommendations for service improvement and creates a feedback loop between communities and health systems.

## YOUTH RISE FULL SPECTRUM HARM REDUCTION (FSHR) APPROACH

The FSHR framework report conducted by Youth RISE provides a comprehensive, rights-based approach to harm reduction for young people. Referenced by practitioners in Indonesia and internationally, FSHR integrates peer-led services, age-appropriate information, and structural advocacy as interconnected elements of a meaningful response to drug-related harms.

## **CZECH REPUBLIC EVIDENCE-BASED NATIONAL DRUG STRATEGY:**

The Czech Republic's national drug strategy exemplifies a human rights-oriented, evidence-based approach that places harm reduction, anti-stigma efforts, civil society engagement, and gender- and age-sensitivity at the centre of policy. Its focus on two target populations (youth and ageing people with severe dependence) shows a commitment to tailoring responses to different needs. The Czech model shows that principled domestic policy can also drive progress at the EU and UN levels.

## **GLOBAL CAMPUS OF HUMAN RIGHTS AND YOUTH CONSULTATIONS:**

As part of the policy brief project of the Global Commission on Drug Policy and in collaboration with Youth RISE on drug policies on children and Young People, the Global Campus conducted consultations with young people across six of its eight world regions. These highlighted that young people consistently endorsed harm reduction, evidence-based education, and compassionate communication. These consultations modelled a child-led participatory process that moves beyond adult-directed tokenism.

## **COMMUNITY HEALTHCARE WORKERS AS GUARDIANS (INDONESIA):**

An innovative community-driven solution to parental consent barriers in Indonesia involves advocating for the recognition of community healthcare workers, including YPWUD, as legal guardians for the purpose of accessing harm reduction services. This approach aims to address a structural barrier in a context where formal policy reform is slow and demonstrates the value of community approaches in closing service access gaps.

# RECOMMENDATIONS

Drawing on the presentations, floor interventions, and consultation findings shared during the side event, the following recommendations for governments, international bodies, and organisations working at the intersection of drug policy, health systems, and youth rights.

## FOR GOVERNMENTS



Ensure that young people, particularly those with lived experience of drug use, are actively partners in the design, implementation, and evaluation of drug policy and health services. Move beyond tokenistic consultation toward community-led governance.



Reform parental consent requirements that prevent young people from accessing HIV services, harm reduction, opioid agonist treatment, and other needed health services, particularly in contexts where disclosure poses a risk to their well-being and safety.



Collect, analyse, and publish age-disaggregated data across all drug-related health and justice indicators. Without this data, young people remain invisible in health and justice systems, and service improvements remain blocked.



Establish and fund community-led monitoring frameworks that provide tools and mandate to assess, report on, and shape the quality of drug-related health services



Provide sustainable, direct funding to youth-led harm reduction organisations, peer-led projects, and community collectives. Short-term or indirect funding obstructs the quality, reach, and institutional memory of these services.



Implement the full spectrum of child rights obligations, such as the best interests of the child, non-discrimination, and access to health, across drug legislation, policy, and practice. This includes ending the detention of children for drug-related offences.

## FOR INTERNATIONAL BODIES AND ORGANIZATIONS



Promote OAT not only as an individual health intervention but as a strategy for protecting children and families. Integrate pharmacological therapy with treatment and family support services.



Build and work through coalitions and consortia to collectively harness data, programmes, and resources. A targeted, strategic focus multiplies impact and reinforces coordination across settings.



Prioritise investment in future generations of harm reduction practitioners and advocates, including young people entering the field. Their engagement requires sustained investment.



Integrate stigma-free, youth-oriented training on substance use and harm reduction into medical and health professional education globally. Equip health workers not only with evidence, but with the needed skills to provide non-judgmental and effective services to young people.



Prioritise the restoration and continuity of funding for youth-led harm reduction initiatives, like the Code Legacy, that provided resources, training, and networks needed for the operation of young organisations.



As Member States approach the ten-year review of the 2016 UNGASS Special Session, ensure that the commitment to 'a better tomorrow for today's youth' is measured against concrete outcomes: access to services, removal of punitive barriers, investment in youth-led organisations, and participation in governance.

# RESOURCES

The following resources were referenced or are related to the themes discussed at the side event.

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