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Centering the voices of young people who use opioids and youth harm reduction practitioners: insights from an international Youth RISE cohort

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Abstract

Young people across the world use opioids and experience drug-related harms yet remain excluded from many opioid-related harm reduction policies and services. In this commentary, we trace our collective advocacy as young people who use opioids and youth harm reduction workers from Canada, Indonesia, Kenya, Mexico, Uganda, and the United States. Specifically, we describe the creation of our Youth RISE cohort in 2023 and our community engagement to strengthen access to harm reduction for young people globally. Over a two-month period, we held weekly online meetings where we exchanged perspectives and experiences with three set thematic discussion topics—needs, challenges, and recommendations—related to youth opioid use and harm reduction within our respective countries. Our work reflects the challenges we have faced confronting entrenched prohibitionist policies and navigating services that stigmatize and control young people who use opioids. Despite these challenges, we share a commitment to advance person-centered harm reduction and push for structural reforms to improve the health and rights of young people who use opioids and other drugs. Recommendations from our work together converge on the need to move beyond punitive approaches toward comprehensive, youth-tailored harm reduction grounded in evidence, equity, and human rights. Specifically, we call for investment in youth-tailored harm reduction programs (e.g., drug-checking, supervised consumption spaces, naloxone), prescribed alternatives, comprehensive drug education, and systemic action to address the stigma and surveillance that come with abstinence-focused approaches to youth opioid use. Beyond this, we argue that meaningful youth engagement is essential to genuinely resourcing youth harm reduction and ensuring that it effectively responds to young people's diverse and evolving realities of opioid use amid the harms of criminalization and prohibitionist-based drug policies.

Keywords Youth, Opioid use, Substance use, Overdose, Harm reduction, Drug policy, Community engagement, Advocacy, Lived experience

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Introduction

Opioid use occurs globally, with an estimate of 60 million people in 2022, and young people (aged 30 and under) are particularly vulnerable to drug-related harms [2, 7, 10]. These harms disproportionately impact youth who use opioids and other drugs in the context of poverty, homelessness, and intersecting forms of oppression shaped by race, immigration status, class, gender, sexual orientation, disability, and other aspects of social location [1, 3–6]. Addressing opioid use and related inequities among young people is an international public health priority, particularly as youth are facing increasing harms from prohibitionist-based drug policies around the world, including with North America's drug toxicity (i.e., overdose) crisis [2, 9]. Still, the needs of many young people who use opioids are not being adequately met. Youth lived experience, expertise, and input are essential to inform action to better respond to these needs, but young people are seldom meaningfully represented in drug policy conversations and decision-making, including in advances with global harm reduction movements [2, 9].

In this commentary, we detail the establishment of an international youth harm reduction cohort and our grassroots mobilizing to strengthen access to harm reduction for young people who use opioids. Our aim is to emphasize the essential role and possibilities of involving youth who use opioids and young harm reduction workers in drug policy decision-making, while outlining recommendations and learnings from our shared harm reduction work. Our focus with this commentary is on opioids and opioid-related harm reduction and drug policy, though we encourage readers to consider the transferability of the insights we share to youth harm reduction policy and practice for other forms of substance use, including with polysubstance use. We also hope that some of our reflections on youth leadership and policy engagement will hold relevance for work in other harm reduction contexts, for which we note that harm reduction occurs beyond the context of substance use, such as with sexual health (e.g., condoms), transportation safety (e.g., seatbelts), sun protection (e.g., sunscreen), and more.

Who we are

We write this commentary as a group of young people and one university professor. Some of us are youth who use opioids, some of us are harm reduction practitioners, and some of us are both. Most of us are in our twenties and we have been living and working in harm reduction for several years. While our experiences transcend borders, we come from and/or currently live in Canada, Indonesia, Kenya, Mexico, Uganda, and the United States. Our relationships with opioid use and harm reduction have unfolded in different ways across these settings and their shifting political environments, including in connection with more progressive drug policies and programs, and more punitive drug policy regimes where opioid use is heavily criminalized and services are scarce. To illustrate, Fig. 1 shows Naloxone used to prevent overdose deaths on the northern border of Mexico, in the city where Alfonso is based; and Fig. 2 depicts Susan's grassroots advocacy for less punitive drug policies in Kenya, especially for women who use drugs and who face gendered substance use stigma. Despite differences in where we live and practice harm reduction, common threads emerge. Regardless of setting, young people who use opioids and other drugs face stigma, political reluctance to prioritize harm reduction, and significant service gaps, especially as most available supports focus on abstinence, have age limits, and can feel limiting to young people's autonomy. Even so, we have all seen and been a part of young people's resilience, savviness, and mobilization to advance harm reduction and push for structural reforms to improve the health and rights of people who use drugs. It is from this standpoint that we have come together for collective drug policy advocacy, as expressed in this commentary. That said, we underscore that we do not want our positive experiences with advocacy to "mask" or hide the structural violence and pressure of harm reduction work for peers and young people, nor for readers to interpret our resilience as justification for a continued lack of investment in youth harm reduction.

Our Youth RISE cohort

Our authorship team's collective advocacy began in 2023, after we applied and were selected to form part of an international cohort of youth who use opioids or have lived experience and young harm reduction practitioners, through the Youth RISE program [2]. Cohort members were recruited through an open call released by Youth RISE, through its social media networks, allied grassroots organizations, and collaborating groups dedicated to harm reduction and drug policy reform. Our cohort of eight individuals representing Canada, Indonesia, Kenya, Mexico, Uganda, Zimbabwe, and the United States was formed, with cohort selection aimed at assembling a diverse group of youth collaborators who were keen to promote positive change with youth opioid harm reduction in our communities and globally. While our members have unique relationships with youth opioid use and related advocacy and research, our work is broadly informed by a harm reduction framework, including the guiding principles that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them, and that people who use drugs themselves are the primary agents of advancing harm reduction (National Harm Reduction [8]).

Fig. 1 Naloxone in use in Tijuana, Mexico. (Photo: Alfonso Chavez). Harm reduction programs abroad continue to provide support with overdose prevention and response supplies, such as nasal Naloxone, as there is limited funding for community programs in Mexico

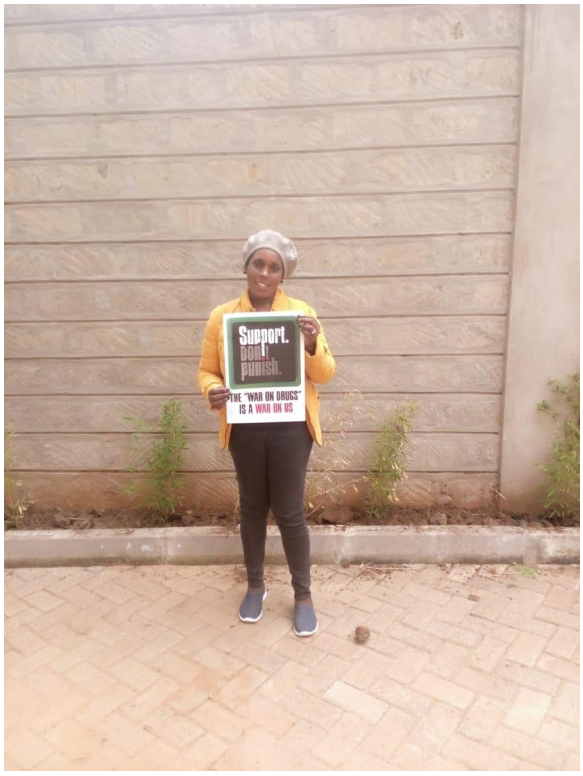

Fig. 2 Photo of Susan Wambui from Kenya with her grassroots activism to better support people who use drugs, and to address gendered stigma related to substance use

Through weekly meetings lasting about one hour and held from October 20th to December 15th, 2023, we discussed the needs of youth who use opioids and young harm reduction practitioners, as well as the challenges we face in our local contexts. We co-developed recommendations aimed at tailoring harm reduction services to better serve young people who use opioids. Additionally, each cohort member conducted independent, locale-tailored research about youth opioid use within our respective communities, including available data on youth opioid use, relevant drug policies, existing harm reduction services, and considerations around stigma and discrimination. At the beginning of the cohort work, it was emphasized that all recommendations and necessary adjustments in group processes would be welcomed to better capture members' perspectives and expertise in youth opioid harm reduction. Our cohort members were compensated for contributions and expertise under a consultant agreement, with all members paid the same amount. We could choose wire or direct deposit, allowing different options for pay, which was provided following completion of all eight meeting sessions. This compensation was made possible by funding from the Robert Carr Fund.

Our cohort platform provided a structured and youth-driven space to discuss our experiences navigating different facets of youth opioid use and harm reduction. Our group discussions focused on three main themes: needs, challenges, and recommendations. These meetings were

facilitated by co-author RC and focused on answering guiding questions we developed together during our first meeting, with these questions corresponding to the three key themes and other youth-identified topics of consideration. For example, we had guiding questions about abstinence-focused approaches to support with youth who use opioids, opioid drug supply and testing issues, youth interactions with healthcare and supportive services, youth-tailored harm reduction services, and connections between opioid use and trauma and mental health. We recorded and transcribed our discussion of these topics using AI software, and we later removed identifying information in accordance with co-author preferences for anonymity. All Youth RISE members had access to the transcribed meeting notes and summary narratives. These narratives were shared during subsequent Youth Rise Meetings, where members were invited to review past meeting notes, make revisions, and synthesize key advocacy insights and recommendations for youth opioid harm reduction policy and practice. Members were also able to contribute to working drafts of our data synthesis of our cohort discussions and an accompanying report (detailed below) on their own time outside of meetings, in case there were additional insights that were not expressed during the group meetings. As such, the writing process of the outcome report was highly collaborative. Document creation occurred on an online platform, enabling collaborators to offer changes, suggestions, and comments. This methodology was adopted to avoid a paternalistic viewpoint and, instead, reflect the concerns and perspectives of all collaborators.

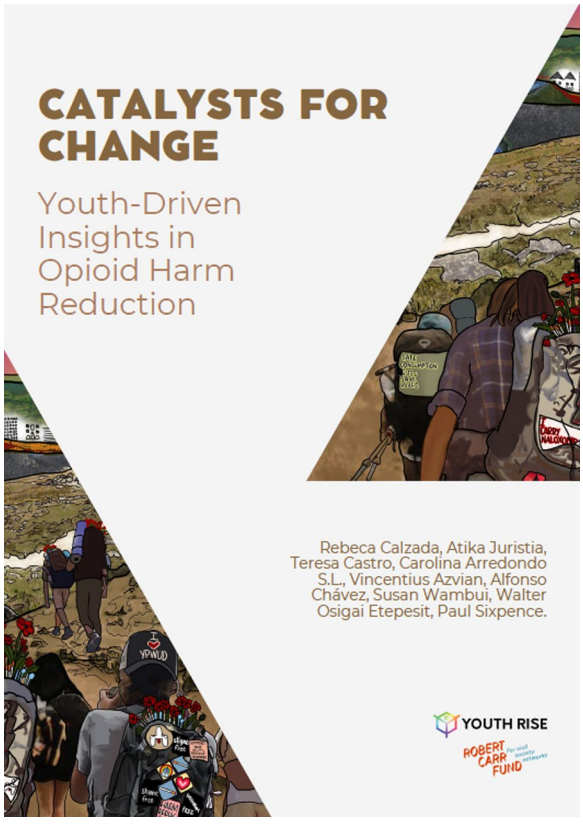

Fig. 3 A report titled, "Catalysts for Change: Youth-Driven Insights in Opioid Harm Reduction," by Calzada et al., [2], which we developed in our Youth RISE cohort

Overall, the cohort provided an essential opportunity for coalition-building between a network of youth harm reduction leaders, through which we established pathways for communal support, care, and knowledge-sharing. In all our work together, we considered the potential risks of public advocacy and self-disclosure for young people who use opioids, noting that many of us are familiar with these risks yet are oftentimes still willing to navigate as we work to lead advocacy toward a greater good. We ensured that all of Youth RISE members were compensated for their consultancy, acknowledging that many in our community face barriers such as tokenism, stigma, and underpay in other employment opportunities. In addition, we were transparent about the purpose and scope of our advocacy together, as well as the possible consequences of participation, especially with regards to public and self-disclosure of opioid use and related advocacy work. Consent was treated as an ongoing process and reviewed at every meeting. It was made clear to participants that they could withdraw at any stage of the writing process and even after the final draft of the report and commentary was completed.

We are proud to have co-produced a report detailing key harm reduction insights from our cohort activities, detailed elsewhere [2] and illustrated in Fig. 3. Our report details the cohort's recommendations for better supporting the wellbeing of young people who use opioids worldwide [2], aligning with recent calls to action from other young harm reduction leaders [3, 9]. We highlight harm reduction interventions in the report for their role in supporting the health, rights, safety, autonomy, agency, and meaningful engagement of people who use drugs, leading to more effective drug policies and practices. Critically, our recommendations converge on the need to move beyond punitive and age-restrictive approaches toward comprehensive, youth-tailored responses grounded in evidence, equity, and human rights. We call for supportive and non-surveilled services that provide sorely needed resources such as supervised consumption spaces, drug-checking, naloxone, and prescribed alternatives, alongside expanded mental health, housing, employment, and cultural supports. We also detail how evidence-based drug education involving schools, police, policy makers, providers, and the overall public is essential to countering misinformation about opioid and other substance use. With all this work, we stress the importance of meaningful youth leadership and peer

involvement to help ensure support are accessible to young people. We also push for intersectional approaches that address the structural vulnerabilities affecting many young people who use opioids. To this point, we feel strongly that approaches built in trust, reciprocity and mutual respect are the most helpful and effective to young people who use opioids. Indeed, one of us (Atika) incorporated Fig. 4 to argue that harm reduction must involve relational support including intentional efforts to foster dialogue with young people and address their health holistically. Beyond this, we are aware of the need for structural policies, such as drug regulation and access to dignified housing, to create environments where harm reduction can truly improve young people's health and rights.

In addition to the products of our work in the Youth RISE cohort, we also want to offer some reflections on the collaborative *process* of doing youth-centered research and advocacy together. Unlike other advisory work where we and other young people have been tokenized, under-valued, and excluded from having real decision-making power, this time our cohort members were true co-creators and treated as such. From the outset, we ensured our work was relevant and useful for all by having our members collaboratively develop and approve the questions guiding our cohort meetings, and by giving everyone the opportunity to fully contribute to the discussions. We also built in flexibility for participation methods, inviting one another to voice our perspectives (either quoted by name or anonymously in the report), and providing input in alternative formats, such as audio-recordings or pictures, some of which are included in this commentary. Being part of a cohort composed only by, and of, young people who use opioids and youth harm reduction workers further enhanced accessibility, comfort, and safety for all. Sharing a common ground and understanding enabled candid, open and honest conversations and allowed us to explore issues more deeply than is often possible in other settings, which tend to be more medicalized, paternalistic and adult-centric. The fact that our cohort work felt conversational did not hinder our productivity; on the contrary, it made our discussions highly effective and resulted in actionable recommendations for youth harm reduction grounded in our lived experiences and those of our communities.

Fig. 4 Photo of Atika Juristia doing community outreach in Vancouver, Canada, where she promotes substance use health through harm reduction grounded in relationality. Here, Atika is distributing supplies for safer substance use

Conclusion

As youth on the frontline of opioid harm reduction and drug policy advocacy, we know one thing for certain: prohibitionist approaches fail young people who use opioids, while person-centered, youth-led harm reduction improves wellbeing and quality of life. We see the continued overemphasis on abstinence-focused and adult-centric narratives and programs, political reluctance, and chronic underfunding as preventing the implementation of comprehensive youth-tailored opioid harm reduction policies and services across the globe, thereby perpetuating harms. Thus, we call on our governments, policymakers, and communities to move beyond tokenistic inclusion and genuinely resource youth-led opioid harm reduction. It is critical to recognize that youth are not passive recipients of care but active leaders for change, who are already driving the future of harm reduction. While our work has focused on opioids, we know that youth are advancing harm reduction across myriad contexts, and we are encouraged by youth leadership in building evidence and interventions to address the diversity of youth substance use patterns worldwide. From our perspective as members of this Youth RISE project, urgent areas for action for youth who use opioids include systemic changes and scaling up access to youth-tailored harm reduction programs (e.g., drug-checking, supervised consumption spaces, naloxone), making prescribed alternatives are available, providing comprehensive drug education, and addressing the stigma and surveillance that come with abstinence-focused approaches.

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Author contributions
AJ and TG conceptualized this commentary and led writing – original draft. All authors contributed to this commentary and to writing – review & editing.

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Data availability
No datasets were generated or analysed during the current study.

Declarations

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Not applicable.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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