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What we need, not what we're given: recommendations for action from young sex workers who use drugs

Marie Schneider[1], Josephine Achieng[1], Rebeca Calzada Olvera[1], Brett Koenig[2], Jenn McDermid[3*] and Young Sex5 Workers Who Use Drugs Group

Abstract
Globally, young sex workers who use drugs (YSWUD) are at the intersection of laws and policies that criminalize and stigmatize both drug use and sex work which, when compounded by age, leads to increased state targeting and surveillance. Such punitive responses create significant barriers for YSWUD in accessing health, social, and harm reduction services, while also increasing exposure to structural and everyday violence (e.g., overdose risk, increased workplace violence, police targeting, etc.). In order to better highlight the global realities and priorities of YSWUD, this commentary brings together YSWUD from across the world to speak to their unique experiences and expertise with the aim of providing guidance around how service providers and policy makers can move beyond the logics of criminalization to best engage with YSWUD.

Introduction

Evidence has demonstrated that sex workers who use drugs experience marked targeting, harassment, and surveillance, due in part to their overlapping identities as sex workers and drug users, both of which are highly criminalized and stigmatized [1–6]. Such overlapping criminalization and stigmatization has been shown to contribute to pronounced health inequities among sex workers who use drugs, as well as increased exposure to structural and everyday violence (e.g., overdose risk, increased workplace violence, police targeting, etc.) [1–5]. In recent years, heightened global political unrest, growing economic disparity, ever-increasing police budgets and surveillance, and an unregulated drug toxicity crisis that is increasingly being felt in areas outside of North America, has exacerbated much of the violence endured by sex workers who use drugs.

While sex workers and drug users of all ages are affected by punitive laws and violent institutions that reproduce widespread socio-structural inequities, *young* sex workers who use drugs (referring here to individuals between the ages of 14–29) are often disproportionately impacted due to their age [2]. In many contexts, young sex workers who use drugs are confronted with paternalistic attitudes, coercion, or moral panics around their drug use and engagement in sex work, which undermines their agency and bodily autonomy and creates distinct barriers in accessing social, health, and harm reduction services [2, 7]. For example, evidence has shown how young sex workers are frequently perceived as having been exploited into sex work due to their age, reducing their willingness to engage with vital sexual and reproductive

*Correspondence:
Jenn McDermid
jennifer.mcdermid@ubc.ca
[1]Youth RISE, Killarney, Ireland
[2]School of Population and Public Health Graduate Program, University of British Columbia, Vancouver, Canada
[3]Interdisciplinary Studies Graduate Program, University of British, Columbia, Canada

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health and harm reduction services. [8–10]. Additionally, the stigma young sex workers face has been linked to increased exposure to everyday violence—carried out largely by state actors such as police, or predatory people posing as clients —by making it more difficult to create or engage in critical sex worker support networks, and limiting young sex workers' knowledge of their rights and local resources [8–11]. Broadly, stigma is defined by Hatzenbuehler et al. [12] as "…the cooccurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised" (p. 813).

Similarly, young people who use drugs often have to contend with social welfare and healthcare systems that do not sufficiently meet the needs of youth. Despite the myriad reasons why young people use drugs—including sociality, fun, and pleasure, and the mediation of physical, emotional, psychological, and hisorical pain—young people who use drugs are typically met with abstinence-based "solutions" to their drug use [13–17]. This is coupled with the perspectives held by many parents, caregivers, service providers (e.g., healthcare or social service workers), and policy makers who feel that young people who use drugs are not able to make decisions about their own well-being, and that connecting them with harm reduction will further "encourage" drug use [14, 15]. As a result, young people are regularly forced into carceral systems of "care" that limits their freedom to engage with appropriate, non-coercive services. Given the volatile nature of the global drug supply, these kinds of approaches place young drug users in increasingly precarious and unsafe positions by reducing access to potentially life-saving harm reduction supplies, knowledge, and communities [13–17].

The erasure of young sex workers who use drugs and need for meaningful involvement

Although the realities of young people who engage in sex work or drug use are reasonably well-documented, young sex workers who *also* use drugs are less often the focus of research, and frequently unable to get their health, harm reduction, and social service needs met [2, 7, 9, 14]. Young sex workers who use drugs tend to be categorized as either sex workers or drug users, with most services designed for one key population [7]. This is compounded by a lack of youth-led services or networks more broadly, further impeding on young sex workers who use drugs' ability to find inclusive spaces that are targeted towards youth [7, 9, 14].

The meaningful involvement of young sex workers who use drugs in policy, programming, and service-delivery settings can help to ensure the safety and needs of young sex workers are prioritized . As highlighted in a recently published Global Network of Sex Work Projects (NSWP) report [8], the implementation of sex worker-led programming and training in service delivery settings can help to sensitize service providers to offer inclusive and non-discriminatory services to young sex workers, which, in turn, reduces barriers to access. Similarly, having youth-focused health and harm reduction services led by young sex workers and drug users ensures that programs are tailored to young sex worker and drug user communities, while also allowing young sex workers who use drugs to be open about their experiences without fear of stigmatization, poor treatment, or punitive measures (e.g., involving parents, police, or other authority figures, denying care, using coercive tactics, applying labels like "drug seeking", etc.) [7, 8, 14, 15]. Globally, there are diverse examples of young sex workers and drug users adopting leadership roles in health and harm reduction services, from Red Umbrella Athens in Greece, which employees young sex workers as staff members [8], to Juana Banga in Lithuania, which includes young drug users in their governance structure (14). On a policy-level, the involvement of young sex workers who use drugs in policy development can help to reimagine the systems and institutions young sex workers who use drugs are forced to traverse, making them better equipped to actually support their well-being and self-determination [7–9].

Strong youth-led support networks are also critical in reducing young sex workers who use drugs' experiences of stigma, abuse, and isolation—particularly in service-delivery, criminal-legal, and policy settings. Such networks have been shown to allow for knowledge-sharing and community building in non-judgmental spaces, and to empower young sex workers who use drugs to develop a unified voice to better fight for sustained structural and systemic change, including improved access to voluntary, compassionate care [8, 9].

Despite this evidence, research and policy discussions continue to ignore the voices and perspectives of young sex workers who use drugs . In order to address this gap, this commentary brings together young sex workers who use drugs from across the world to speak to our unique contexts and strategies in navigating systems that are overwhelmingly hostile, stigmatizing, and criminalizing, and to highlight our cross-border struggles and solidarity efforts. This work is intended to shed light on the global realities of young sex workers who use drugs with the aim of providing guidance around how service providers and decision-makers can best engage with young sex workers who use drugs, and to continue to build the capacity of young sex workers who use drugs to serve our own needs in the face of significant barriers.

Who we are

This commentary is based on the efforts of a global working research group made up of young sex workers who use drugs, social workers, and activists based in Lithuania, Kyrgyzstan, Germany, Belgium, Uganda, Kenya, and Mexico. Most of us identify as young sex workers who use drugs or have significant experience with the issues described throughout this piece. We were connected by Youth Resources, Information, Support, and Education (Youth RISE), a research and advocacy collective with a mission to mobilize youth to be engaged in full-spectrum harm reduction[1] and drug policy change , and to better promote young people's health and human rights.

Our working group engaged in six weekly online meetings between October and December, 2022. In the first sessions, we identified prevalent issues experienced by young sex workers who use drugs, including paternalism and stigma (defined in this context as the operationalization of prevailing power structures through social processes such as discrimination, labeling, stereotyping, etc. [12]), and risks associated with being a young sex worker who uses drugs (e.g., criminalization, structural and everyday violence inflicted by the state, a lack of appropriate services, etc.). We also highlighted the benefits of sex work engagement and drug use. As we built capacity, we shared our own stories, made cross-border connections around our similar and distinct experiences (e.g., differing legal and geographical contexts, health, support and harm reduction services, vulnerabilities, etc.), and advocated for the greater availability of services led by young sex workers who use drugs that meaningfully address our needs.

The working group was organized around non-hierarchical engagement that fostered an environment of collaboration and non-judgement. We allowed for discussions that promoted the complexities and diversities in perspectives and experiences among young sex workers who use drugs, recognizing that we are not a homogenous group. In order to accommodate the realities of everyone in the group, alternative modes of engagement were also established. For example, we could contribute to the working group in ways beyond our scheduled online meetings, such as using chat applications or sharing via email correspondence. This low-barrier model made certain that those with caregiving responsibilities, poor internet connections, or different working schedules could still participate.

Below we provide an overview of the discussions and recommendations that came out of our working group. We organize our discussions and recommendations into three sections: navigating structural barriers as young people with intersecting criminalized identities; the role of stigma and discrimination in the lives of young sex workers who use drugs; and the need for young sex workers who use drugs to be engaged in service delivery and policy settings. While our work is meant to build understanding of the unique perspectives and global experiences of young sex workers who use drugs, we especially hope to inform service delivery, funding, research, and policy making in order to ensure that our needs are met.

Navigating structural barriers as young people with intersecting criminalized identities

Young sex workers who use drugs are disproportionately impacted by punitive laws, policies, and practices resulting from our dual criminalization and age [7]. While all sex workers who use drugs encounter heightened levels of state targeting and harassment due to the widespread criminalization of sex work and drug use, disproportionate surveillance among young sex workers who use drugs (by police, service providers, caregivers, and other state bodies) increases our vulnerability to criminalization [9]. For example, paternalistic perspectives around young sex workers who use drugs—particularly those who work and use drugs in visible (e.g., street-based) environments—often makes us more prone to police and social worker engagement due to the widely-held belief that we are unable to make decisions for ourselves. This is coupled with age of consent laws and child welfare legislation, which are ostensibly designed to protect minors from harm and sexual exploitation, but, in practice, often undermine our agency and bodily autonomy as young sex workers [8].These same laws can also deter service providers from offering harm reduction supports, or other forms of care, due to concern that they may be penalized for "facilitating" our sex work and drug use, or for not reporting us to police or child welfare [7].

Among those of us who experience additional forms of systemic oppression (e.g., due to racialization, housing status, class, gender identity, migration status, etc.), there is an even greater risk of being criminalized. Past evidence has demonstrated that sex workers who use drugs are often identified by police through harmful racist, gendered, and classist stereotypes [1]. This practice increases the likelihood that the most marginalized young sex workers who use drugs will be stopped by the police, arrested, or charged for their involvement in sex work and drug use [1, 9].

The surveillance and criminalization we face as young sex workers who use drugs negatively impacts our health and well-being, often discouraging us from connecting with health, social, and harm reduction services out of fear of police or other forms of state intervention, and

[1] Full Spectrum Harm Reduction incorporates all of the people who use drugs, and all of the methods with which they use them, as well as all of the political, social, and environmental contexts surrounding drug use. It aims to include and account for the diversity of factors at play when we consider all forms of drug use and all of the people who use drugs globally [7].

pushing us further underground. By driving young sex workers who use drugs away from services and out of public view, we become more vulnerable to fatal overdose amidst a global drug toxicity crisis, experience reduced access to peer and other support networks, and have fewer occupational health and safety protections (e.g., ability to adequately screen clients, negotiate terms of service , etc.) [8, 11, 13]. Dual criminalization has also been linked to increased exposure to violence among young sex workers who use drugs, as it limits our opportunities for recourse [8]. This fosters an environment where some—including supposed clients and police—feel that they can exploit or commit violence against us with relative impunity, placing young sex workers who use drugs at greater risk of harm.

Additionally, as young sex workers who use drugs we often struggle to have our basic needs met, with a high number of us facing housing insecurity, homelessness, and ongoing poverty. Our dual criminalization tends to impede on our ability to access suitable, long-term housing. For example, young sex workers who use drugs are often unable to be forthcoming about our sex work, leading landlords to prioritize those who have "stable" employment [8]. Moreover, across different geographical contexts, we found that young sex workers who use drugs can be evicted if our occupation or drug use is discovered, and have very few opportunities for legal recourse when our housing rights are violated. Landlords also tend to discriminate against us due to our age or past involvement in the criminal legal system, further reducing the number of housing options available to us. This pattern pushes many of us into social housing or shelters, where we often face more surveillance and increased interactions with police. We can be easily removed or evicted from these settings due to our engagement with sex work or drug use, resulting in homelessness [8].

Taken together, the structural barriers young sex workers who use drugs face makes managing our daily lives more difficult. Our dual criminalization permeates nearly every aspect of our lives, undermining our ability to meet our basic needs and increasing our likelihood of having to engage with the police, coercive service providers, or other state actors. Moreover, drug prohibition and anti-sex work legislation has failed to protect us, instead amplifying our vulnerability to violence. It is for these reasons that we advocate for the full decriminalization of sex work globally, the legalization and regulation of criminalized drugs, and for our agency and bodily autonomy as young people to be fully recognized.

The role of stigma and discrimination in the lives of young sex workers who use drugs

Dominant social views around sex work and drug use shape the stigma we face as young sex workers who use drugs, which can be particularly harsh. Broadly, sex workers are often depicted in contradictory ways, portrayed as being either immoral, victims of abuse, or as sexually dangerous [8, 9]. Similarly, drug users are often seen as victims of our drug use, or as deviants who need to be controlled and policed [13]. For young sex workers who use drugs, our intersecting stigmas, as both sex workers and drug users, are compounded by our age, resulting in us being regularly confronted with patronizing attitudes and actions targeted at directing young people away from behaviors that are widely seen as harmful. These stigmatizing views are perpetuated through policies and laws [8, 18] and manifest across our daily interactions which can prevent us from meeting our basic health, social, and harm reduction needs, and drive us into isolation [1, 8, 9].

In health, harm reduction, and social service delivery settings in particular, we regularly experience moral judgments from providers or are denied services entirely. Service providers often display condescending attitudes towards us, refuse to take our needs seriously, or try to promote the abstinence of both sex work and drug use in order for us to access services, without any understanding of our experiences. Such forms of stigma and discrimination often lead us to avoid disclosing our sex work and drug use to service providers, meaning that we are unable to be fully transparent about our service needs.

In situations where we do disclose, or where service providers assume that we are sex workers who use drugs, we are confronted with the triple stigma of being drug users, sex workers, and young people. This typically results in negative responses from service providers, who shift to being infantilizing, pathologizing, and critical of us for our involvement in sex work and drug use, ultimately making us feel less worthy in comparison to other service users. Deeply embedded stereotypes and widely-held assumptions about drug use and sex work among service providers can obstruct us from being engaged with holistically and on our own terms. For example, many service providers see us as young people who need to be "saved" and "fixed" due to our "risky" behaviors, focusing only on our age in relation to our drug use and sex work, regardless of the services we may be trying to access. In this context, we are often worried that service providers may escalate encounters to involve police, caregivers, or social workers . Moreover, our age adds an additional layer of complexity when accessing adult-oriented harm reduction sites, where we are sometimes turned away for looking "too young" or "too healthy", or treated as being less knowledgeable or autonomous in comparison to our older counterparts. This dynamic can be both intimidating and uncomfortable, preventing us from asking questions or getting appropriate harm reduction support [15].

These kinds of stigmatizing and discriminatory encounters erodes our trust in health, social, and harm reduction services, making us less likely to access these services again. This is ultimately very damaging as it severs our connections with lifesaving harm reduction and drug use services, including safe consumption sites and treatment providers, reduces our likelihood of receiving regular STI and HIV testing and other critical health interventions, and limits our ability to seek supports from social, educational, or legal services. Taken together, the stigma that young sex workers who use drugs face due to widespread misconceptions about our sex work and drug use, as well as our compromised right to autonomy based on our age, needs to be understood as a significant challenge to our health and well-being.

Stigma also ignores the nuanced realities of both sex work and drug use. For many of us, sex work has played a positive role in our lives: it has helped lift us out of poverty amidst abandonment by the state, provided us with a flexible work schedule so that we can manage our other responsibilities, and financed our education. Engaging in this kind of work allows us to have more control over our time, often translating into a more balanced life. Similarly, we use drugs for a variety of reasons. Drug use can offer relief from physical, psychological, or emotional pain, , and provide us with an opportunity to have fun and experience pleasure [15]. Yet people in positions of power over our lives, including service providers and policy makers, focus only on limited, negative understandings of drug use and sex work. This results in decisions being made on our behalf that are antithetical to our realities, including the development of coercive policies and programs that do not meet our needs, homogenize our experiences, make our work or drug use less safe, and further invisiblize us.

In order to combat inaccurate representations of young sex workers who use drugs, promote our agency and bodily autonomy, and mitigate experiences of stigma, we advocate for the adoption of the "nothing about us without us" principle [19]. This includes the meaningful involvement of young sex workers who use drugs in targeted service provision (e.g., guiding service design, providing trainings , being hired as peer service providers, etc.), as well as informing the policy, research, and programming decisions that directly impact our lives. We expand on this further in the following section.

Taking back our power: The need for peer-led services among young sex workers who use drugs

As already outlined, there remains critical gaps in the health, harm reduction, and social services for young sex workers who use drugs. In our experience, targeted services fail to cater to our complex and interconnected needs, including treating us holistically. This oversight, in tandem with our fear of criminalization, punitive responses, and institutional violence in service settings, reduces our likelihood of disclosing our full identities when engaging with service providers, and frequently results in the delivery of inadequate, inappropriate, or discriminatory services and programs for young people who both engage in sex work and use drugs. The dual erasure of our identities and experiences and the state surveillance and criminalization we encounter has serious consequences, often deterring us from accessing services, or pushing many of us into isolation, limiting our ability to openly build community networks, share resources, and access the supports we need [15] .

Community solidarity has already become a central part of our survival as young sex workers who use drugs. In lieu of adequate supports, we have learned to be self-reliant, showing-up for each other with mutual aid, distributing health and harm reduction supplies, creating informal safety networks and information-sharing (e.g., warning each other about bad clients, using drugs together, sharing harm reduction supplies, etc.), engaging in political and community organizing, and providing emotional support and care. In some jurisdictions, the establishment of sex worker and drug user led organizations has increased our ability to provide resources within our own communities. For example, in many of the cities we live in, these organizations act as community hubs, offering harm reduction supplies (including naloxone kits) and access to safe consumption sites, safer-sex resources, educational tools and organizing spaces, protection from the police, basic necessities, and referrals to trusted service providers. In order to continue to improve young sex workers who use drugs' access to supports, we need to expand grassroots, peer-led services that exclusively or primarily support young people and build capacity among young sex workers who use drugs [20].

Our hope is to create more of these kinds of youth-focused community organizations, catering specifically to the needs of young sex workers who use drugs, while also demanding changes within our local health, social, and harm reduction services. Most importantly, it is imperative that all service providers (e.g., primary care clinicians, mental health professionals, social workers, frontline and harm reduction workers, etc.) and policy makers meaningfully involve us in the policy, programming, and clinical decisions that affect us—applying the "nothing about us without us" principle. This type of engagement can create opportunities to educate service providers about our community, reduce stigma and build trust, create peer-to-peer programming opportunities for young sex workers who use drugs, and ultimately ensure social, health, and harm reduction services actually meet our needs [20]. As a crucial first step, we advocate for

the development of a Full Spectrum Harm Reduction approach so that we may be able to access social services, housing and legal supports, peer-led sexual health resources, and physical and mental health services in a centralized location from providers and community members who treat us with dignity and respect, and understand our diverse realities.

Conclusion

As young sex workers who use drugs, we exist at the intersection of multiple forms of criminalization and stigma, which has increased our exposure to institutional violence and exacerbated many of the structural and everyday barriers we experience in meeting our basic health, social, and harm reduction needs.Through the establishment of our Youth RISE working group, we have been able to address the impacts of such forms of criminalization and stigma by identifying many of the global service and policy gaps encountered by young sex workers who use drugs, as well as build community solidarity, share perspectives, and expand the peer-support networks that already exist for many of us locally. In doing this work, we as young sex workers who use drugs want to make clear that we are the experts of our own lives and demand that service providers, researchers, and policy makers include us in shaping the decisions that directly affect us. Below are our final recommendations:

For Policy and Decision-Makers:

- Decriminalize all aspects of sex work (including the sale, purchase, and advertisement of sexual services, as well as third-party involvement) and legalize and regulate criminalized drugs.
- Reduce state involvement in the lives of young sex workers who use drugs and establish state-wide policies that ensure our own agency and bodily autonomy is prioritized despite our age.
- Ensure the principle of "nothing about us without us" is centered in developing policies, programs, and services for us by prioritizing the visibility and full engagement of young sex workers who use drugs through shared leadership and decision-making.
- Invest in community-led Full Spectrum Harm Reduction Services that exclusively target young sex workers who use drugs.
- Build the capacity of young sex workers who use drugs by investing in low-barrier education, skills development, and networking opportunities that allow us to improve our own well-being and to better serve our own communities.
- Establish alternative safety networks that improves our access to justice without involving the police and invest in accessible and low-cost or free legal aid supports.

For Service Providers:

- Conduct trainings led by young sex workers and drug users to sensitize service providers (e.g., primary care clinicians, mental health professionals, social workers, frontline and harm reduction workers) to provide inclusive, non-coercive, and non-discriminatory services to young sex workers who use drugs.
- Establish low-barrier, confidential programming that does not pathologize young sex workers who use drugs or require young people to stop engaging in sex work or using drugs to access services.
- Increase the involvement of young sex workers who use drugs within service settings by involving us in peer service provider and program development roles.
- Encourage service providers to not elevate the choice to stop using drugs or engaging in sex work above the choice to continue.
- Develop legal aid services for young sex workers who use drugs.

For Researchers:

- Ensure that young sex workers who use drugs are directing the research priorities that impact our lives.

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