



Recovery Science and Harm Reduction Reading Group: June 2021 Summary

Article Summary

This article is a study of the experiences of young people around the world when accessing harm reduction services. These services include syringe access programs, opiate substitution therapy, sexual health services, and health education. People were eligible to participate if they were 18-30 years old and reported injecting drugs before the age of 18. Researchers conducted 19 group interviews with 132 participants in 14 countries.

Participants reported several barriers to accessing harm reduction services. Organizational or societal obstacles (known as "structural barriers") included age restrictions on accessing services, illegality of substance use, cost, and distance from home. Social barriers included possible identification as a person who injects drugs, and reliance on their partners for injection equipment among female participants.

Participants also mentioned other issues such as a lack of youth-friendly services and not knowing where or how to access services. Groups also shared that youth believed they did not need services because they hadn't experienced negative consequences related to their drug use. Finally, the need for services outside of harm reduction—such as employment, legal, education, and support for street-involved youth—were highlighted among study participants.

Krug A et al. *Journal of the International AIDS Society* 2015, 18(Suppl 1):19442
<http://www.jiasociety.org/index.php/jias/article/view/19442> | <http://dx.doi.org/10.7448/IAS.18.2.19442>



Research article

"We don't need services. We have no problems": exploring the experiences of young people who inject drugs in accessing harm reduction services

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Abstract

Introduction: Evidence suggests that people who inject drugs often begin their drug use and injecting practices in adolescence, yet there are limited data available on the HIV epidemic and the responses for this population. The comprehensive package of interventions for the prevention, treatment and care of HIV infection among people who inject drugs first laid out in 2009 (revised in 2012) by World Health Organization, United Nations Office of Drugs and Crime and Joint United Nations Programme on HIV/AIDS, does not consider the unique needs of adolescent and young people. In order to better understand the values and preferences of young people who inject drugs in accessing harm reduction services and support, we undertook a series of community consultations with young people with experience of injecting drugs during adolescence.

Methods: Community consultations (4–14 persons) were held in 14 countries. Participants were recruited using a combined criterion and maximum variation sampling strategy. Data were analyzed using collaborative qualitative data analysis. Frequency analysis of themes was conducted.

Results: Nineteen community consultations were organized with a total of 132 participants. All participants had experienced injecting drugs before the age of 18. They had the following age distribution: 18–20 (37%), 21–25 (48%) and 26–30 (15%). Of the participants, 73.5% were male while 25.7% were female, with one transgender participant. Barriers to accessing the comprehensive package included: lack of information and knowledge of services, age restrictions on services, belief that services were not needed, fear of law enforcement, fear of stigma, lack of concern, high cost, lack of outreach, lack of knowledge of HCV/TB and lack of youth friendly services.

Conclusions: The consultations provide a rare insight into the lived experiences of adolescents who inject drugs and highlight the dissonance between their reality and current policy and programmatic approaches. Findings suggest that harm reduction and HIV policies and programmes should adapt the comprehensive package to reach young people and explore linkages to other sectors such as education and employment to ensure they are fully supported and protected. Continued participation of the community of young people who inject drugs can help ensure policy and programmes respond to the social exclusion and denial of rights and prevent HIV infection among adolescents who inject drugs.

Keywords: young people; adolescents; drugs; injecting drug use; harm reduction; HIV.

Received 5 September 2014; Revised 9 January 2015; Accepted 9 January 2015; Published 26 February 2015

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Introduction

While the age distribution of the 12.7 million people who inject drugs globally is unknown [1], evidence suggests that people who inject drugs begin their injecting practices at a young age, often in adolescence [2]. Of the total population of people who inject drugs, 13.1%, or 1.7 million, were living with HIV in 2013 [1]. Globally, young people aged 15–24 years account for an estimated 35% of all new infections in people over 15 years of age [3]; yet data on the epidemic and response among young people who inject drugs (YPWID) are limited.

However, the data that do exist paints a stark picture. A number of countries have reported increases in prevalence of injecting drug use among young people [4] and high rates

of HIV amongst adolescents who inject drugs [5,6]. YPWID are especially vulnerable to HIV [7,8]. Young people are more likely to share non-sterile injecting equipment [9]. As young people are new to the injecting community, they are less likely to know safer injecting practices [10]. In addition, sexual risk-taking takes place amongst YPWID [11] further increasing HIV risk. Legal age restrictions on harm reduction services prevents young people from accessing these services [12] and punitive measures that criminalize drug use further discourage service use thereby increasing HIV risk [13,14].

The comprehensive package of harm reduction services [15] has been endorsed by the World Health Organization (WHO), United Nations Office of Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Key meeting themes



Youth face barriers to getting harm reduction support



Youth want services beyond harm reduction



Messaging for harm reduction should be specific for youth



Substance use research with youth is challenging

DISCUSSION SUMMARY

The following themes came from the discussion:



Youth face barriers to getting harm reduction support

Many youth do not know how to access services such as HIV testing or syringe access programs. Females and LGBTQ individuals who inject drugs face additional stigma and discrimination.



Youth want services beyond harm reduction

Youth need services to meet their basic needs, such as employment and housing. Youth also want services for self-fulfillment, such as creative outlets and social opportunities.



Messaging for harm reduction should be specific for youth

Outreach efforts may better engage youth if messages focused on preserving fun and safety instead of reducing harm. Fear-based and punishment-centered language does not appeal to many youth.



Substance use research with youth is challenging

Research with youth often requires parental consent, which would involve disclosing substance use to parents. Researchers must balance ethical research practices with producing accurate knowledge.



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Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Organized by RICARES and Brown University School of Public Health, and supported by the New England Addiction Technology Transfer Center.