



General Assembly

Distr.: General
19 February 2013

English only

Human Rights Council

Twenty-second session

Agenda item 3

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by the Eurasian Harm Reduction Network, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[11 February 2013]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

Injecting drug use among children and the child's right to health*

Overview

Harm Reduction International welcomes the forthcoming day on the child's right to health and commends the Human Rights Council for drawing attention to this issue. We are particularly encouraged to see a focus on children in exceptionally difficult circumstances.

Injecting drug use is a key driver of HIV epidemics in regions such as Eastern Europe and Central Asia and South East Asia. The situation of children under 18 who inject, however, is poorly understood. Available studies show that ages of initiation into injecting are very low in some countries. A consistent finding is that when children who are street involved are surveyed, rates of injecting drug use (and other forms of drug use) among them will be far higher than those revealed in home or school-based surveys. Children with histories of abuse, mental health problems, drug dependence in the family are among those also at higher risk.

In this context basic frontline services can help protect children from immediate harms and save lives while working to address the underlying causes of vulnerability and working toward long term change. Too many children die or suffer serious harm before solutions can be found.

While alcohol, cannabis, solvents and 'club drug' use remain notably more prevalent than injecting among children and young people this submission focuses on injecting in the context of meeting the needs of children 'in exceptionally difficult circumstances' and as it represents a significant gap in terms of research and public health and child rights-based responses.

Through a rights-based discussion of these issues, moreover, lessons can be learned in addressing the legal, practical and ethical dilemmas raised when working not only with children who inject, but also those involved in more prevalent forms of drug use.

Injecting drug use among children and young people

Drug use among children and young people is a concern for governments, communities and families across the world and is reflected in multiple UN declarations and resolutions. However, patterns of use and health harms are often not properly understood, particularly in relation to those under the age of 18.

Although levels of drug use among young people appear to be stabilising or decreasing in many high-income countries, population-level surveys tend to conceal the drug-related harms experienced by the most vulnerable groups. In these populations, drug use is less likely to be transitory and more likely to progress to more problematic patterns of use, such as injecting.

Children who inject drugs often face multiple types of social exclusion. In many regions of the world the age of initiation into injecting now appears to be decreasing, in some cases as low as 10 or 12 years old. For some, injecting drug use is a first experience of drugs. Studies from various countries provide important insights:

* Harm Reduction International, Consortium for Street Children, YouthRISE, NGOs without consultative status, also share the views expressed in this statement.

- In Central Asian and East European countries, it is thought that up to a quarter of all people who inject drugs are under the age of twenty.
- In Ukraine, a recent study showed that 15.5% of young people who had injected drugs reported that they started before turning 15.
- In Viet Nam, a survey conducted across two cities found that almost 17% of street youth were injecting drugs.
- In the Philippines a study of 468 young men who inject drugs aged 15-24 found that one in eight, were under 18.
- In 2011, 5% of male injecting drug users surveyed across seven locations in Burma/Myanmar were aged 15-19. None had ever had a HIV test. In 2008, 37% of people who inject in Myitkyina were in this age group.
- 38% of people who inject drugs in Nepal report initiation before the age of twenty.
- A study by Medecines Du Monde identified decreasing ages of initiation in Dar es Salaam, Tanzania, and initiation into injecting as young as 10.

Appropriate measures to protect children who inject drugs?

Research has consistently shown that young injectors are more likely to report sharing equipment and less likely to access needle and syringe exchange services, increasing their risk of blood-borne virus transmission including HIV and hepatitis C. Children and young people who inject are also at risk of other preventable diseases such as tuberculosis, as well as wound abscesses and death from overdose.

That drug use among children is a health concern is clear. That it is an issue of child *rights* concern is further reinforced in the UN Convention on the Rights of the Child, which requires the protection of children from the illicit use of drugs (art. 33) – a provision that must be read alongside the child’s right to health (art. 24) and the general principles of the Convention (arts 2, 3, 6, 12).

Articles 24 and 33 of the CRC require ‘appropriate measures’ to fulfil the child’s right to health and protect them from the illicit use of narcotic drugs and psychotropic substances, respectively. What may be considered ‘appropriate measures’ to address injecting drug use among children and young people is therefore a central consideration from a child rights perspective. Below, we have set out four basic recommendations for the Human Rights Council to consider in discussing ‘appropriate measures’ to realise the right to health of children who inject drugs.

1. Data collection on injecting drug use among children must improve

There is a critical shortage of reliable data on children and young people who inject drugs due to the limitations of conventional demographic research. Data around injecting drug use is rarely disaggregated by age at a national level and UNGASS indicators do not request such data for international reporting. Estimates are reliant upon small scale studies in specific cities, while data collection surveys based in home or school that often overlook the most vulnerable children and young people rarely found in these settings, and provide statistics only for those under the age of 25. This obscures serious legal and ethical dilemmas around working with legal minors.

2. International guidance is required to support those working with children at risk

Current practice around drugs and young people is heavily reliant upon generalised prevention campaigns with little focus upon existing high risk drug use among children.

Clear guidance does not exist leaving practitioners often unsupported, conflicted, and unclear of legal implications.

Documentation of best practice is rare, and the development of international guidance has been hindered by sensitivities and controversy, and a related lack of political will. The nine core harm reduction interventions recommended by the WHO, UNODC and UNAIDS for HIV prevention, treatment care and support for injecting drug users are not designed specifically for young people. Moreover, young people may be unwilling or unable to access adult-oriented services.

The UN Committee on the Rights of the Child has called attention to the fact that children who inject have been largely unable or unwilling to access adult focused HIV prevention services, recommending the development of ‘specialised and youth-friendly dependence treatment and harm reduction services for children and young people’. International best practice guidelines that meet the specific needs of children and young people who inject are urgently required, alongside clear child protection protocols. Cross sector collaboration is highly recommended, incorporating learning from specialisations such as safeguarding, sexual and reproductive health, working with street involved youth and mental health.

It is essential that the national context is taken into consideration during the development of social policies and interventions, while addressing the broader ‘risk environment’ of poverty, trauma, homelessness and social inclusion to ensure maximum impact on reducing drug related harm.

3. Legal and policy frameworks relating to drug use and service delivery must be reviewed to remove barriers to the realisation of the child’s right to health

Legal and policy frameworks relating to drugs, including: laws that criminalise children or service providers aiming to assist them; age restrictions on access to services; and issues of parental consent and the child’s capacity to consent to treatment, often impede or make unnecessarily difficult work with children and young people who inject.

The UN Committee on the Rights of the Child has made clear consistently over many years that children who use drugs should be treated as victims and not criminals. Criminalising children and young people who inject drugs, through laws that criminalise personal use or possession of drugs, drives them away from services and assistance for fear of arrest or abuse at the hands of police. The Committee recently called on the Government of Ukraine, in the specific context of services for children who inject drugs to ‘*Ensure that criminal laws do not impede access to such services, including by amending laws that criminalise children for possession or use of drugs*’

It is strongly recommended that legal age restrictions to harm reduction services, where such services exist, are removed. Such restrictions are clinically and legally arbitrary and impede an assessment of the best interests of children at risk.

4. Resources for front line services for children and young people who inject drugs must be increased

Funding for harm reduction services at a global level is woefully inadequate with a twenty-fold increase required to meet basic need. Services focused on reaching children and young people who inject drugs are fatally under-resourced; identified by the UN Secretary General as an area of key importance in Asia where 90% of the resources for young people are spent on low-risk youth, who represent just 5% of those who go on to become infected with HIV. While a global estimate of spending on under 18s who inject is unknown, harm reduction services are cost effective and proven to save lives, avoid unnecessary health harms.