

PROTECTING RIGHTS OF YOUNG PEOPLE —

IN THE AREAS RELATED TO DRUGS AND DRUG POLICY

Conclusions
from the workshop

YODA
YOUTH ORGANISATIONS
FOR DRUG ACTION

TO
YOUR
MIND

ON MAY 15-22 2017, 30 YOUNG ACTIVISTS

from European civil society organizations working in the field of drugs with young people gathered in Belgrade, Serbia. We discussed how the people we work with are having their basic rights violated in the key areas related to drug use, such as access to healthcare, criminal law and social services.

Participants of the meeting represented a variety of backgrounds and experiences, from those working in treatment, to street-outreach combined with needle exchanges, to those helping party-goers in clubs to test their ecstasy for adulterants.

Organizations >>>>

Healthy Options

Project Skopje

Providing services for-mostly-injecting drug users, in 5 drop-in centers and an outreach program.

Hallgatói Drogpolitikai Egyesület

which works with young recreational drug users and conducts research on youth drug use.

Juventas

Organisation based in Podgorica, where it runs a drop-in center for sex workers and drug users, as well as conducting street-working activities with homeless.

Margina

Organization working in the field of harm reduction and HIV prevention.

Social Drug Policy Initiative

Youth organization providing services such as drug-checking in party settings and music festivals, as well as educating young people on the topic of drugs and the law.

CEPA

Organization focused on drug prevention and social inclusion for young people from disadvantaged communities.

Aksion Plus

working in drug treatment, harm reduction and prevention of blood-borne viruses (BBVs)

Free Clinic

here they run drop-in center and outreach programme for young people who use drugs.

Prima

Organization working with drug users and sex workers, through outreach programmes and in its harm reduction center.

Students for Sensible Drug Policy

Involved in peer drug education, advocacy and services for recreational drug users in UK.

Re Generation

Organization working with both recreational and problem drug users through education and outreach.

The purpose of this meeting was to discuss the experience of young people affected by drugs in different countries, and the challenges faced by both them and civil society organizations that represent them. Participants also shared the solutions that they already apply in their countries, so that others were able to learn about examples of how particular problems were overcome. One of our priorities was to highlight how existing international laws can be applied to the cases participants see in their everyday work, and to establish what additional tools should be available in order to better support young people in difficult life situations.

TOPICS OF THE MEETING INCLUDED:

Social inclusion of young people affected by drugs and social services or interventions directed to them

The availability of drug treatment for young people

Young drug users in prisons

Additionally in relation to these topics we discussed the specific needs and experiences of services and other means of support for minorities and vulnerable groups as a result of their gender identify sexual orientation, socio-economic status and ethnicity.

Criminal law and policing in regards to young people using drugs

The experience of young people in the judicial system in relation to drug laws



SOCIAL INCLUSION AND SOCIAL SERVICES

As members of social inclusion and support services we understand the importance to strive for the greatest possible participation of young people in society whilst working to fulfil their rights to specific support and wellbeing services, such as education or housing. Most issues reported by the participants can be grouped into three topics: foster care, education and employment support

FOSTER CARE

Participants reported two main problems regarding the foster care system: It was reported that children and teenagers who leave foster care to live on the streets often enter a legal vacuum, where it is unknown who is authorized to make crucial decision as their legal guardian. While in critical life-threatening situations certain decision can be made by doctors; accessing drug treatment or receiving harm reduction services is rarely seen as such and therefore civil-society workers need scope and permission to offer these vital interventions.

While provisions of harm reduction equipment or entering a drug treatment is usually not a matter of life and death, access to treatment in the short term is required to prevent serious harm in the long term.

We therefore opt that in such situations these decisions should be allowed to be made in cooperation by a government-certified social worker and a doctor.

Another reported problem was the inadequacy of training on everyday life skills provided to young people in foster care settings, especially those affected by drugs. In many European countries teenagers leaving the state-system are left on their own, after spending years isolated from many parts of every-day life, which include matters such as obtaining ID documents, applying for social housing or obtaining access to appropriate health care provisions. Not understanding how the system and its institutions work leaves many young people isolated which in turn strengthens and contributes to their marginalization.

We believe it's essential to provide young people in the foster care system, especially those having problems with drugs, not only with the knowledge in school topics, but also skills many people see as obvious and basic, such as guidance in relatively simple matters related to contacts with governments and their respective health and social care systems.

EDUCATION

A major shortcoming in this field was a significant lack of quality evidence based drug and alcohol education available to young people; based on pragmatism and honesty. In a vast majority of the countries represented at our workshop such education was provided solely by civil-society organizations using their own resources, or in public

education systems at low quality and inadequate levels. Usually drug and alcohol education at schools was limited to one single lesson conducted by an unprepared teacher, police officer or ex-drug user, who rely on scare tactics to present young people with a bias view, which is usually not representative of reality. There is little to no scientific evidence that this approach affects behavioral change and the levels of substance use among youth.

We call for inter-governmental bodies such as European Union and its institutions to create agreed standards for evidence based, public health focused drug education, which will clearly suggest reliable methods and tools; similar to the agreed standards for drug treatment.

We are willing and able to join discussions with public officials and educators as to how this should be implemented in schools and in other settings to protect youth.

EMPLOYMENT

The lack of economic prospects and the issue of problematic drug use are often interrelated in the lives of young people. In many participating countries there is a growing number of young people who are not in education, employment or training (NEET), and in many cases most of the clients for drug civil society organizations are identified within this category.

We believe that targeted job-education and employment programs should be included in the drug treatment system to ensure youth are future ready.



CRIMINAL LAW AND POLICING

The possession of drugs (even for personal use) remains illegal in every country represented at the meeting. Participants reported that police harassment of their clients is extremely common including but not limited to: excessive stop-and-search, unlawful detention and verbal or physical violence.

The criminalization of drugs for personal use has not reduced the number of young people using drugs or the scale of harm related to such, although it remains a significant barrier for young people accessing essential services.

Representatives from several countries reported police intensifying patrols around drop-in centers and other facilities attended by young people who use drugs, in efforts to arrest more people for drug possession. By deploying these tactics they actively discourage young people who use drugs from accessing these vital services provided by civil society organizations and medical professionals, which ultimately reduce harm and preserve life.

Other organizations mentioned that police 'crackdowns' are common in areas known for high levels of drug use where outreach services were working to engage young people in crucial services. This has caused them to disperse around the city making it much harder to engage young people struggling with problematic drug use.

The use of stop-and-search was a huge concern and its frequency was astonishing; many clients report being searched multiple times in one day. Searches are often accompanied by verbal abuse, various forms of humiliation and in some cases physical violence. While in most countries there are laws requiring searches to be made by an officer of the same sex, these are often ignored leading to additional humiliation of (usually) young women and sometimes escalating into sexual harassment or abuse.

Illegal detention is another problem faced by young people, since in many countries police are allowed to detain a suspect for 24, 48 or 72 hours without charge. Abuse at the police station is often worse than that experienced during stop-and-search on the streets; strip-searches, verbal abuse and physical violence were reported as the norm.

According to participants, young clients who face police harassment often start to see all state employees and the state itself as enemies and are discouraged from seeking treatment and other forms of support.

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Considering all of above, we call for the following steps to be taken to limit the violations of the rights of young people who use drugs in relation to criminal law and policing:

The decriminalization of small amounts of drugs for personal possession, with the term "small amount" being defined in the law for each substance to avoid ambiguity

Increased accountability of police officers, including CCTV at police stations, cameras in police cars and body-cameras

Allowing young people in detention who use drugs to contact and be visited by a civil society organization or social worker

Providing civil society organizations working with young people who use drugs with the resources to provide their clients with free legal advice

Facilitation and support for co-operation between civil society organizations and police

Professional and financial recognition for examples of best practice of police officers who treat vulnerable young people with respect and support.

HEALTHCARE AND DRUG TREATMENT

Problems reported in this area revolved around three main issues: stigma of people who use drugs in the healthcare system, inadequate access to services and legal barriers preventing youth from accessing such.

STIGMA

Young people who use drugs who sought medical help sometimes reported harassment and humiliation from medical staff. This ranged from rude comments made to them during medical procedures to being denied access to facilities. Whilst in participants' opinion relations between their clients and medical professionals are significantly better than with the police, there still remains room for improvement.

We believe organizing regular roundtables between medical professionals (especially working in the areas with prevalent drug use), civil society representatives and people who use drugs themselves, will foster a sense of shared understanding and work to remedy high levels of prejudice.

Another prominent issue was access to HIV, Hepatitis C and B testing. These vital public health interventions should be for free and anonymous



and be made available in targeted environments that are convenient, such as mobile and rapid testing points where possible to meet the needs of at risk groups.

LACK OF COVERAGE

Effective drug treatment, especially opioid substitution therapy remains generally underfunded in the countries that participated in the meeting, which manifests itself in the vastly insufficient levels of access to such for affected populations. Many participants reported that net amounts spent on drug treatment in their respective countries could generate a more positive impact if spent rationally; considering cost-benefit analysis. Often a majority of the resources are transferred to in-patient facilities, faith groups or groups with ambiguous motivations, who rely on treatment methods supported by no scientific evidence.

Out-patient treatment options are usually much more suitable for youth and are not only cheaper but also enable young people to engage in paid employment and improve their relationships with their families and communities. Adapting and monitoring minimal standards is also an important tool in ensuring that treatment is effective, evidence based and complementary to human rights standards.

Another problem reported regarding the quality and ethical standards of some of the treatment programs was the sexual harassment of young women, who are sometimes disproportionately targeted for urine drug tests; supervised by male staff of the programs

We demand all the procedures of this kind to be conducted by a person of same sex as the patient.

LEGAL BARRIERS

The first problem reported in this area was the fear of criminalization whilst seeking treatment or emergency medical care. Young people who use drugs or those who witness an overdose are often hesitant to go to hospital or call an ambulance because they are afraid of being arrested. This can be solved either by the **decriminalization of possession of drugs for personal use, as suggested above, or implementing regulations similar to Good Samaritan Law in the United States that guarantees that people who seek emergency medical help for drug-related incidents will not be prosecuted, even if illegal substances are found at the premises. This example demonstrates how drug laws across Europe contravene the right to the highest attainable standard of health and preservation of life.**

Another legal barrier, which relates to the problem of legal guardianship we described before, is that teenagers are often required to have their parents' permission to access certain medical or treatment services. The reluctance to disclose drug use to parents and primary carers means that many young people choose not to do this.

This echoes other standards across Europe where young people can access health care below the age of 18 without their parents' consent on the basis that they fully understand and are able to consent to their care without their parents' knowledge.

Whilst we believe parents act in the best interest of their children in the vast majority of the cases- we have to acknowledge the massive social stigma related to drug use, and offer services such as HIV/Hepatitis C and B testing, harm reduction and low-threshold treatment available for teenagers aged 15 and over, without their parents' consent.

PRISONS AND DETENTION CENTERS

Problematic and recreational drug use rates are considerably higher among youth in prison and detention centers than among the general youth population. This requires special attention and care in such places, which are usually left without any drug services due to strict regulations or lack of funding. We acknowledge that it is currently impossible to provide therapy or substitution treatment in every custodial setting. However **there should be at least one prison or youth detention center in every country or region (relative to the countries size and population) where those young people presenting with problematic and recreational drug use can access appropriate harm reduction services and drug treatment. Furthermore,** the Imprisonment of youth often for crimes committed a long time ago can mean the forced withdrawal from current drug treatment services which removes all progress made and increases risks to health and life.

Alternatives for imprisonment are another important topic with some of participants showing examples from their countries where the cases of young people on trial for the crime committed in relation to their drug use e.g. property crime committed to support drug dependency, can be 'paused' by the judge and the defendant given the option to start drug treatment instead. If the treatment is completed the case is discontinued.

We strongly support giving young offenders experiencing problematic drug use options other than imprisonment, such as treatment and/or community service. This will greatly improve their ability to reintegrate into society and improve their future prospects, by supporting them to escape cycles of crime and drug dependency.

SUMMARY

Through the common work of 30 young professionals working with young people affected by drugs in 12 European countries, we learned what works and what does not when it comes to youth drug use. We learned how the rights of young people continue to be violated and explored examples of best practice from particular countries.

Based on this information combined with years of experience working directly with young people we hereby submit the following recommendations:

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RECOMMEN DATIONS:

1. We therefore opt that in such situations these decisions should be allowed to be made in cooperation by a government-certified social worker and a doctor;
2. We believe it is essential to provide young people in the foster care system, especially those having problems with drugs, not only with the knowledge in school topics, but also skills many people see as obvious and basic, such as guidance in relatively simple matters related to contacts with government, social and health care systems;
3. We call for inter-governmental bodies such as European Union and its institutions to create agreed standards for evidence based, public health focused drug education, which will clearly suggest reliable methods and tools; similar to the agreed standards for drug treatment;
4. We believe that job-education and employment programs should be included in the drug treatment system for youth to ensure they are future ready;
5. The decriminalization of small amounts of drugs for personal possession , with the term "small amount" being defined in the law for each substance to avoid ambiguity;
6. Increased accountability of police officers, including CCTV at police stations, cameras in police cars and body-cameras.

7. Allowing young people, in detention, who use drugs to contact and be visited by a civil society organization or social worker.
8. Providing civil society organizations working with young people who use drugs with the resources to provide their clients with free legal advice.
9. Facilitation and support for **co-operation between civil society organizations and police.**
10. Professional and financial recognition for the best practice of police officers who treat vulnerable young people with respect and support.
11. We believe organizing regular roundtables between medical professionals (especially working in the areas with prevalent drug use), civil society representatives and people who use drugs themselves will foster a sense of shared understanding and work to remedy high levels of prejudice.
12. These vital public health interventions **should be available for free**, anonymously and in **targeted environments that are convenient**, such as mobile and rapid testing points where possible to meet the needs for at risk groups.
13. Out-patient **treatment options are usually much more suitable for youth and are not only cheaper but also enable young people to engage in paid employment and improve their relationships with their families and communities.** Adopting and monitoring minimal standards also an important tool in ensuring that treatment is effective, evidence based and complementary to **human rights standards.**

14. We demand all the procedures of this kind to be conducted by a person of same sex as the patient.
15. Adopting regulations similar to Good Samaritan Law in the United States that guarantees that people who seek emergency **medical help for drug-related incidents will not be prosecuted even if illegal substances are found at the premises**. This example demonstrates how drug laws across Europe contravene the right to the highest attainable standard of health and preservation of life.
16. Offer services such as **HIV/Hepatitis C and B testing, harm reduction and low-threshold treatment available for teenagers aged 15 and over, without their parents' consent**. This echoes other standards across Europe where young people can access **health care below the age of 18 without their parents' consent** on the basis that they fully understand and are able to consent to their care without their parents' knowledge.
17. There should be at least one prison or youth detention center in every country or region (relative to the countries size and population) where those young people with problematic and recreational drug use can access appropriate harm reduction services and drug treatment.
18. We strongly support giving **young offenders experiencing problematic drug use options** other than **imprisonment**, such as treatment and/or community service. This will greatly improve their ability to reintegrate into society and improve their future prospects, escaping cycles of crime and drug dependency.

We believe outcomes of this meeting presented further in this publication represent a great range of **experience** coming from established young professionals, who work directly with young people **affected by drugs, drug laws and failing social support systems**. Our hopes are that this can be used by other representatives of civil society who work with young people who use drugs. We also hope that these outcomes can also be used by people who shape policies in the crucial areas related to drugs which effect young people in efforts to improve support systems working to reduce various harms related to drugs.

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