

HIV AND YOUNG PEOPLE WHO INJECT DRUGS



Empowered lives.
Resilient nations.



A TECHNICAL BRIEF

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GLOSSARY

Definitions of some terms used in this technical brief

Children are people below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier.⁽¹⁾

Adolescents are people aged 10–19 years.⁽²⁾

Young people are those aged 10–24 years.⁽³⁾

“Young people who inject drugs” in this document refers to people 10–24 years of age who inject non-medically sanctioned psychotropic (or psychoactive) substances, including children 10–17 years and adults 18–24 years.

While this technical brief uses age categories currently employed by the United Nations and the World Health Organization (WHO), it is acknowledged that the rate of physical and emotional maturation of young people varies widely within each category.⁽⁴⁾ The United Nations Convention on the Rights of the Child recognizes the concept of the evolving capacities of the child, stating in Article 5 that direction and guidance, provided by parents or others with responsibility for the child, must take into account the capacities of the child to exercise rights on his or her own behalf.

Key populations are defined groups who due to specific higher-risk behaviours are at increased risk of HIV, irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviours that increase their vulnerability to HIV. The five key populations are men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people.⁽⁵⁾

People who inject drugs refers to people who inject non-medically sanctioned psychotropic (or psychoactive) substances. These drugs include, but are not limited to, opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes.

This definition of injecting drug use does not include people who self-inject medicines for medical purposes, referred to as “therapeutic injection”, nor individuals who self-inject non-psychotropic substances, such as steroids or other hormones, for body shaping or for improving athletic performance.

INTRODUCTION

Young people aged 10–24 years constitute one-quarter of the world's population,⁽⁶⁾ and they are among those most affected by the global epidemic of human immunodeficiency virus (HIV). In 2013, an estimated 4.96 million people aged 10–24 years were living with HIV, and young people aged 15–24 years accounted for an estimated 35% of all new infections worldwide in people over 15 years of age.⁽⁷⁾

Key populations at higher risk of HIV include people who sell sex, men who have sex with men, transgender people and people who inject drugs. Young people who belong to one or more of these key populations – or who engage in activities associated with these populations – are made especially vulnerable to HIV by widespread criminalisation, discrimination, stigma and violence, combined with the particular vulnerabilities of youth, power imbalances in relationships and, sometimes, alienation from family and friends. These factors increase the risk that they may engage – willingly or not – in behaviours that put them at risk of HIV, such as frequent unprotected sex and the sharing of needles and syringes to inject drugs.



Although global coverage of harmreduction services has slowly increased, there is a lack of services focused on and accessible to young people, despite low ages of initiation into injecting drug use in many countries and important differences in vulnerability and risk between younger and older

Governments have a legal obligation to respect, protect and fulfil the rights of children to life, health and development, and indeed, societies share an ethical duty to ensure this for all young people. This includes taking steps to lower their risk of acquiring HIV, while developing and strengthening protective systems to reduce their vulnerability. However, in many cases, young people from key populations are made more vulnerable by policies and laws that demean, criminalize or penalize them or their behaviours and by education and health systems that ignore or reject them and that fail to provide the information and treatment they need to keep themselves safe.

The global response to HIV largely neglects young key populations. Governments and donors fail to adequately fund research, prevention, treatment and care for them. HIV service-providers are often poorly equipped to serve young key populations, while the staff of programmes for young people may lack the sensitivity, skills and knowledge to work specifically with members of key populations.

According to joint estimates by the United Nations Office on Drugs and Crime, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 12.7 million (8.9 million–22.4 million) people globally inject drugs,⁽⁸⁾ around 80% of whom live in low- and middle-income countries.⁽⁹⁾ The age distribution is not known. The continued high prevalence of injecting drug use, combined with insufficient coverage of harm-reduction programmes, is of concern because of the strong association of unsafe injecting with risk for transmission of HIV and other infections such as viral hepatitis.^(10,11) Although global coverage of harm-reduction services has slowly increased, there is a lack of services focused on and accessible to young people, despite low ages of initiation into injecting drug use in many countries and important differences in vulnerability and risk between younger and older people who inject

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