**Call for input: OHCHR study on youth and human rights**



**About Youth Organisations for Drug Action**

**Youth Organisation for Drug Action in Europe (YODA)** is a network of young persons led and young persons focused organisations and individuals that was set up in 2011 to meet the needs of young people and students who have been disenfranchised when it comes to influencing drug policy but are amongst those most affected by drugs and the drug laws. YODA is part of a growing movement of young people speaking out against dogmatic and stigmatising drug policies which affect our future and the world we live in.

Our aims are:

* Building a better and healthier society for young people and children, where drug policy is based on evidence (ie from WHO/EMCDDA/NGOs, institutions whose expertise is often sidelined/ignored during the policy making process for most countries) and human rights.
* Reducing the social stigma associated with drug use by providing the public, policy makers, media and other organisations with comprehensive and reliable information about the impact of drugs and drug policy on young people and other vulnerable communities.
* Improving the quality of life of children and young people using drugs by informing the society about boundaries of individual drug use and the need to elaborate evidence based drug policy on local, national and international level.
* Promoting drug policies based on evidence, human rights, tolerance and respect.
* Promoting reduction of social and individual harms caused by the drug use, drug policy, drug trafficking and related issues.

The network promotes participation and expression of its members in all activities without regard to race, sex, gender, gender expression, ability, affectional or sexual orientation, parenting or caring status, political affiliation, age, criminal record, blood borne virus status, national origin and faith or belief.

**Outline of this report**

In order to contribute to the study on the implementation of human rights with regard to young people, we are submitting this report which identifies:

1. Cases of discrimination against young people in the exercise of their human rights
2. Presents best practices in the full and effective enjoyment of human rights by young people, highlighting the contribution of empowered youth to the realization of human rights in society.

The report is a result of the work of almost 30 young people, representative of YODA member organisations, who discussed the topic during a week-long workshop in 2017. The topics discussed include

(i) social inclusion of young people affected by drugs and social services or interventions directed to them

(ii) criminal law and policing in regards to young people using drugs

(iii) the availability of drug treatment for young people

(iv) the experience of young people in the judicial system in relation to drug laws and

(v) young drug users in prisons.

Special attention was paid to the specific needs and experiences of services and other means of support for minorities and vulnerable groups as a result of their gender, sexuality, socio-economic status and ethnicity.

**Key issues**

The main problems reported by our members when it comes to social inclusion and social services are in relation to foster care, education and employment support.

**Young people who leave foster care are at risk**

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 decisions can be made by doctors. However, accessing drug treatment or receiving harm reduction services are rarely supported as essential to the health and wellbeing of these vulnerable young people.

We advocate for the need for civil-society workers to have the scope and permission to offer these vital interventions. In many European (Europe as a continent not EU) countries teenagers leaving the state-system are left on their own, after spending years isolated from many parts of every-day life. These 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 reinforces their marginalization and violates their human rights.

**Young people need investment in consistent, trustworthy and evidence-based education**

A major shortcoming when it comes to education is significant lack of quality, evidence-based drug and alcohol education, honest and pragmatic, available to young people. In a vast majority of the countries represented at our workshop (from Western to South-Eastern Europe), such education was provided solely by civil society organizations using their own resources. In public education systems substance education is characterized by low quality and inadequate levels. Young people are competent with the internet and have access to a multitude of information sources and experiences. Outdated, incorrect and irrelevant information provided through official channels are quickly discredited and completely unhelpful and often more damaging to the lives of young people. This leads to a disconnect and distrust in the ‘system’ and to authorities leading young people into more dangerous situations where they cannot ask for genuine support by the services and institutions which should be protecting them.

**Young people need support entering into the workforce**

The lack of economic prospects and the issue of problematic drug use are often present 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). In many cases, most of the clients of civil society organizations working in the drug field are identified within this category. Lack of future prospects can lead to problematic use, and those who may not have problematic use can be discriminated against, if caught or even just by association, and then any future prospects are taken from them.

**Violation of human rights by law enforcement officials and judicial system**

Regarding law enforcement, the use of stop-and-search was a huge concern and its frequency was astonishing; many young people report being searched multiple times in one day. Moreover, while in most countries there are laws requiring the search to be made by an officer of the same sex, these requirements are often ignored. This leads to additional humiliation of (usually) young women and sometimes escalates 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 pressing charges. Abuse at the police stations is often worse than that the one experienced during stop-and-search on the streets: Strip-searches, verbal abuse and physical violence were reported as the norm, especially in the countries of Western Balkans.

**Barriers to accessing support and treatment**

Problems reported in the area of healthcare and drug treatment revolves 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.

Young people who use drugs who sought medical help sometimes experienced harassment and humiliation from medical staff. This ranged from rude comments made to them during medical procedures to being denied access to facilities. The relationship reported between our young professionals’ , their clients and medical professionals are significantly better than with the police however, there still remains room for improvement.

Another prominent issue was access to HIV, Hepatitis C and B testing. These vital public health interventions should be anonymous and available for free, with special attention to specific, targeted environments that are convenient, such as mobile and rapid testing points where it is possible to meet the needs for at risk groups. Effective drug treatment, especially opioid substitution therapy, remains generally underfunded which manifests itself in the vastly insufficient levels of access to such for affected populations of young people. 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, for example.

The main problem reported regarding legal barriers is 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, 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. Also, 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 seek medical help. 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 the drug use. Therefore, 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, have to be available.

**Increased risk for young people in prisons**

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 (depending on the countries size and population) where young people with problematic and recreational drug use can access appropriate harm reduction services and drug treatment. Furthermore, young people are often imprisoned for offences committed a long time ago. This can result in forced withdrawal from drug treatment services they attend at the time, which removes all progress made and increases risks to health and life.

Alternatives for imprisonment are another important topic. In some countries in question, the cases of young people undergoing a trial for the crime committed in relation to their drug use (e.g. property crime) and/or to support their drug dependency, can be ‘paused’ by the judge. In such instances, the defendant is given the possibility to start drug treatment instead. If the treatment is completed successfully, 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 in escaping cycles of crime and drug dependency.

**YODA recommendations**

Based on the aforementioned issues, we therefore recommend:

1. In the situation of uncertainty regarding legal guardianship over an underage person, the decisions regarding accessing services and or medical help should be allowed to be made in cooperation between a government-certified social worker and a medical doctor;
2. To provide young people in the foster care system, especially those having problems with drugs, with information and support on basic life managements skills including simple matters related to contacts with the government and social and health care systems.
3. We call for supra-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. Job-education, vocational trainings and employment programs should be included in the drug treatment system for youth to ensure their increased chances for reintegration;
5. The decriminalization of the possession of small amounts of drugs for personal use , with the term “small amount” being clearly defined in the law for each substance to avoid ambiguity and overall discretion of the law enforcement and judiciary;
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 offer their clients with , if possible, subsidised, legal advice and ensure their rights are respected;
9. Facilitation and support for co-operation between civil society organizations and law enforcement;
10. Professional and financial recognition and appreciation for the best practices of police officers who treat vulnerable young people with respect and support;
11. We believe organizing regular roundtables between medical professionals working in the areas with drug use, law enforcement, 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. Vital public health interventions such as HIV, Hepatitis B and Hepatitis C testing 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 of at risk groups.
13. Outpatient treatment options are usually much more suitable for young people. They are not only more cost-effective, but also enable young people to engage in paid employment and improve the relationships with their families and communities. Adopting and monitoring minimal standards for treatment is also an important tool in ensuring it is effective, evidence based and complying with human rights standards;
14. We demand all the procedures of body search to be conducted by a person of same sex as the subject;
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. Existence of at least one prison or youth detention center in every country or region (depending on the countries size and population) where young people with problematic and recreational drug use can access appropriate harm reduction services and drug treatment;
18. We strongly support offering young offenders experiencing problematic drug use alternatives to imprisonment, such as educational opportunities, treatment and/or community service. This will greatly improve their ability to reintegrate into society and improve their future prospects, helping to escape cycles of crime and drug dependency.