Overview and analysis of harm reduction approaches and services for Children and Young People Who Use Drugs

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for the ICF “International HIV/AIDS Alliance in Ukraine”

This material has been prepared within the **Harm Reduction for children young people who use drugs in Ukraine: Reaching the Underserved**, 2015.

Project implemented with financial support from the Elton John AIDS Foundation.

Acronyms

AdjHR	Adjusted Hazard Ratio(s)
AFEW	AIDS Foundation East-West
AHR	Adjusted Hazard Ratio
AOR	Adjusted Odds Ratio
ART	Antiretroviral Therapy
ARYS	At-Risk Youth Study
ATS	Amphetamine Type Stimulant(s)
BBV	Blood Borne Virus(es)
BiH	Bosnia and Herzegovina
CBT	Cognitive–Behavioural Therapy
CEE	Central and Eastern Europe
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CI	Confidence Interval
CIS	Commonwealth of Independent States
CISHRWIN	Civil Society on Health & Right of Vulnerable Women and Girls in Nigeria
CM	Crystal Methamphetamine
CPCS	Child Protection Centres and Services
CRC	United Nations Convention on the Rights of the Child
CYP	Children and Young People
CYPUD	Children and Young People who Use Drugs
DUST	Drug Use Screening Tool
EFA	Exploratory Factor Analysis
EHRN	Eurasian Harm Reduction Network
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EVA	Extremely Vulnerable Adolescent(s)
EVYP	Extremely Vulnerable Young People
FFI	Frequent Former Injector(s)
FUS	Frequency of Use Score
HBV	Hepatitis B virus
HCP	Health Care Practitioner
HCV	Hepatitis C virus
HR	Hazards Ratio(s)
HRI	Harm Reduction International (formerly IHRA, the International Harm Reduction Association)
IATT	Inter-Agency Task Team
IAWG	Inter-Agency Working Group
IDPC	International Drug Policy Consortium
IDU	Injecting Drug Use(r)
IFI	Infrequent Former Injector(s)
IQR	Interquartile Range
IVDU	Intravenous Drug Use(r)
KP	Key Population(s)
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
LMICs	Low and Middle Income Countries
LSD	Lysergic acid diethylamide, also known as lysergide and colloquially as 'acid'
MA	Methamphetamine

MARA	Most-At-Risk Adolescent(s)
MI	Motivational Interviewing
MSF	Doctors Without Borders
MSM	Men who have Sex with Men
NTASM	National Treatment Agency for Substance Misuse (UK)
NEP	Needle Exchange Programme
NGO	Non-Governmental Organisation
NIDU	Non-Injecting Drug Use
NIROA	Non-Injecting Routes Of Administration
NIU	Non-Injecting Users
NSP	Needle and Syringe Programme
OHCHR	United Nations High Commissioner for Human Rights
OR	Odds Ratio(s)
OST	Opioid Substitution Therapy
OTC	Over The Counter
PCB	Programme Coordinating Board (of UNAIDS)
PDS	Polydrug Use Score
PrEP	Pre-Exposure Prophylaxis
PSI	Population Services International
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
PYAR	Person-Years-At-Risk
RISE	Resource, Information, Support, Education, as in the organisation Youth RISE
RTI	Route Transition Intervention
SEE	South East Europe
SG	Shooting Gallery
SIBA	Safer Interventions and Broader Acceptance
SSS	Sensation Seeking Scale
STI	Sexually Transmitted Infection
TB	Tuberculosis
UK	United Kingdom of Great Britain and Northern Ireland
UN	United Nations Organisation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTs	United Nations Country Teams
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSCR	United Nations Security Council Resolution
WHO	World Health Organization
WLDAS	West Lothian Drug and Alcohol Service
WMD	Weighted Mean Difference
YKP	Young Key Populations
YPWID	Young People Who Inject Drugs

Contents

Preface

It is only in relatively recent years that harm reduction for children and young people who use drugs (CYPUD) has begun to see the light of day as a crucially important intervention for the continuum of prevention to care and treatment for communicable diseases, especially HIV/AIDS, tuberculosis and viral hepatitis. Although well intentioned, a lengthy period of time has been taken by international agencies, such as those in the United Nations - particularly UNICEF, UNAIDS, WHO and UNODC - and international NGOs, in discussing, debating and arguing over the age range and the terminology to be used for those who are not legally adults in their own country or territory. Whilst the legal basis for such health and related service interventions is important, it has somewhat distracted such well-meaning organisations from moving rapidly forward with specific guidance on how to assess the unique needs of CYPUD and how to establish and scale-up harm reduction services for such young members of the population.

As with 'adults' who use, or inject, drugs, there can be multiple risk behaviours facing CYPUD including sex work, domestic violence which may, or may not, include sexual abuse, as well as young people/adolescents who are in the process of becoming aware of their sexual orientation and gender identity.

Regardless of age or 'label' used to describe them, at-risk CYPUD cannot be protected from communicable diseases by simply waving legislation in the air that results in them being unable to access the health and related services that they need. Rather, practical steps that are evidence-based and implemented in a manner that is acceptable to the target populations within the CYPUD-community are needed, and urgently. And those interventions are already well known and referred to as 'harm reduction', of which global guidance has been available from WHO, UNODC and UNAIDS since 2007 (update in 2012).

As Fisher notes, "it is not the substance use, but rather the physical, psychosocial, emotional, and often legal consequences of use that lead to terrible consequences among adolescents."[1](1) Even with the advent of the UN Convention on the Rights of the Child (CRC), little practical progress has been made around the world in recognising, implementing, evaluating and taking to scale harm reduction interventions for CYPUD in direct violation of the CRC.

Many articles published since the late 1990's cannot even bring themselves to consider harm reduction as a viable intervention for CYPUD, preferring instead to focus on drug use prevention and abstinence-based approaches, especially those in schools which, overall, have been an abject failure around the world. Although there have been many lessons learnt in the realm of drug demand reduction and drug use prevention that unanimously show that such approaches fail badly, there continues to be many Governments and large international organisations, including within the UN system, that maintain that the slogan, 'Say no to drugs', is an effective approach for CYPUD at-risk of the harms of drugs and other substances, especially alcohol.

It is, therefore, time to wake up and be practical in response to the many unique needs of CYPUD and to work with such children and young people in providing tailored harm reduction services to them.

Executive Summary

This report analyses harm reduction interventions and approaches for children and adolescents who use drugs (CYPUD) aged 10 to 18 years based on publications and draft papers available over the past 25 years.

Specifically, this report provides an inventory, and analysis, of studies of HIV prevention and care/harm reduction for CYPUD (Chapter 3 and Annex A) as well as methodologies, approaches and experiences in the delivery of harm reduction services for CYPUD internationally (Chapter 4 and Annex B). In addition, it provides an inventory of existing harm reduction programmes for, and data related to, CYPUD (Chapter 5 and Annexes C and E) together with an inventory, and analysis, of international experience of interventions to prevent transition from non-injecting to injecting drug use by CYPUD (Chapter 6 and Annex D). Each chapter provides a summary of recommendations for consideration in the development, and implementation, of future HIV prevention and harm reduction services for CYPUD aged 10-18 years. Comprehensive annexes provide a summary, or abstract, of each of the more than 280 materials reviewed and analysed to inform this report.

Overall, more than 95% of all materials reviewed relate to 'young people', 'adolescents', or 'young adults' aged between 15 and 24 years, and sometimes as high as 30 years of age. Although more recent literature has recognised the increasing number of children and younger people who use drugs - meaning those males, females and transgender people aged 10 to 18 years - there is almost no data available on the nature or extent of such substance use and no apparent systematic approaches for the current, or future, collection of such data within countries. As a result, it is virtually impossible to make justifications for the targeting of limited financial and human resources for harm reduction interventions for the 10-18 age group, especially in low and middle income countries.

The reasoning given for the dearth of data and studies of CYPUD is attributed in the literature to ethical dilemmas and the problem of consent for people who are 'minors', i.e. below the legal age in a country at which they can provide their own consent for health and related services, and to be included in research studies. To-date, little progress - if any - appears to the forthcoming in addressing these key challenges.

The literature that is available predominantly relates to methodologies and approaches for HIV and drug use prevention. The reduction in drug-related harm is overwhelmingly dominated by abstinence-based approaches in which drug detoxification, treatment, rehabilitation and family/community reintegration are the primary instruments. This reflects the plethora of literature emanating from North America. In addition, considerable efforts have been expended over the last two decades on factors leading to drug use initiation and the role played, in particular, by the smoking of cigarettes and cannabis (marijuana), as well as the increasing use of alcohol.

In addition, almost nothing has been identified concerning specific gender differences and needs for the implementation of services for CYPUD, although there are a very limited number of materials that include issues of gender identity and sexual orientation among young people, but not specifically among young people from key populations or those who use drugs.

As a result, there is very little opportunity for potential implementers to learn from the lessons of others who have attempted to provide evidence-based and cost-effective services to assist CYPUD to

reduce the harms associated with such behaviours. The closest that we can get to lessons learnt is to look at services for older 'young people', i.e. teenagers and those in their low-20's, and to look at the factors that result in the initiation of drug use, including the factors for young people to transition from non-injecting drug use to injecting drug use.

Ultimately, innovative approaches will need to be attempted in order to facilitate the inclusion of CYPUD aged 10-18 years into the design, set-up and implementation of HIV prevention and harm reduction services for their age group. In addition, it would be a fallacy to assume that 'one size fits all' for services needed by CYPUD aged 10-18 years, or that CYPUD of a specific age in a more socio-economically developed environment will have the same needs as those living in poverty, for example. It is also clear that legal and policy changes will need to go hand-in-hand with revising, or amending, each of the service delivery components to HIV prevention, care and treatment for PWID that is recommended by WHO, UNODC and UNAIDS.

1. Introduction

1.1 How to use this report

Chapters 3-6 of this report provide an analysis of issues relating to CYPUD. The documents identified in relation to each issue area have, whenever feasible, been summarised and collated into the annexes of this report as follows:

Annex A: Documents relating specifically to the delivery of harm reduction services for CYPUD and analysed in **Chapter 3**;

Annex B: Documents relating specifically to methodologies, approaches and experiences in the delivery of harm reduction services for CYPUD and analysed in **Chapter 4**;

Annex C: Documents and data relating specifically to existing harm reduction services for CYPUD and analysed in **Chapter 5**; and,

Annex D: Documents relating specifically to international experience on prevention of transition from non-injecting to injecting by CYPUD and analysed in **Chapter 6**.

An inventory of harm reduction services identified for CYPUD by country is at **Annex E**.

A unique identification number has been given to each material in order to make it easier for staff of the International HIV/AIDS Alliance in Ukraine to download a specific publication from Dropbox (https://www.dropbox.com/sh/c2t1ln5tvc7zbi8/AACDeBjkLoOs6nlnoHjJo5PWa?dl=0).

The unique identification system works as follows:

0024_B_Armstrong_G_HRJ_2014

0024	this is the unique identification number for the material.
B	refers to Annex B (and therefore to Chapter 4) of this report on 'methodologies, approaches and experiences in the delivery of harm reduction services for CYPUD'.
Armstrong_G	this is the family name (surname), i.e. 'Armstrong', followed by the initial letter of the first name, i.e. 'G', of the lead author of the material; only materials in the Latin script have been researched for this report. Other authors of the material are listed in the inventory shown at Annex E.
HRJ	this is the acronym for the publisher or publication, e.g. 'Harm Reduction Journal', or 'HRJ';
2014	the date of publication, or drafting, of the material.

Please note that the title of the material is not given in this unique identifier due to the need to keep such ID as short as possible for ease of reference.

1.2 Definitions

Over the past decade, and more, a range of definitions have been used for 'children' and for 'young people', including those who use drugs. The United Nations, including the UN Children's Fund (UNICEF) and the UNAIDS Inter-Agency Working Group (IAWG) on HIV and Young People who Inject Drugs, use a range of definitions, including the following:

- Children are defined as being below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier[2];
- Adolescents are defined as aged 10‑19 years by the World Health Organisation (WHO)[3];
- Young people are defined as being aged 10‑24 years[4];
- Youth are defined as being aged 15-24 years[5]; and,
- The UN Convention on the Rights of the Child defines 'a child' as being aged 10-18 years[6], the definition also used by UNICEF[7].

In addition, most-at-risk adolescents (MARA) are defined by UNICEF as people between the ages of 10 and 18 who are involved in injecting drug use or sex work; who live on the street; who are incarcerated; who are from disadvantaged ethnic groups; or who are men who have sex with men[8].

Sometimes the term 'young adults' is used in papers appearing in academic journals but often this terminology is misleading as it often refers to people aged over 18 years and, more usually, aged 21 years or older.

As with adults, children and young people may have overlapping risks for contracting, or transmitting, communicable diseases such as HIV, Tuberculosis and viral hepatitis B and viral hepatitis C, respectively. Consequently, the term 'young key populations' is sometimes used in published materials.

The World Health Organisation defines 'key populations' as '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'[9].

In some countries and regions, others groups are also included as a 'key population', such as migrants, internally displaced persons, as well as prisoners and people in other types of 'closed setting'. People living with HIV, including children and young people, may also be considered as a 'key population'.

In this document, children and young people are defined as being aged from 10 to 18 years inclusive. In addition, this document uses the same definition of 'key population' as WHO.

There is also a range of definitions for 'harm reduction'. This document uses **International Harm Reduction Association** definition: ' Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

2. Methodology

Online searches were undertaken using Google Scholar, Academia.edu, PubMed and Cochrane Reviews. Keywords used for such searches included one, or more, of the following:

abuse; adolescent; adolescents; age; at-risk; behavior; behaviour; boys; brief intervention; brief interventions; cessation; chasing; child; child abuse; child health; child welfare; children; children's right to health; combination prevention; comprehensive health services; convention on the rights of the child; coping; counseling; crystal methamphetamine; drug abuse; drug misuse; drug related harm; drug use; drugs; drug injecting; early onset; girls; harm; harm reduction; HCV; hepatitis C; hepatitis C virus; heroin; high-risk young people; HIV; homeless; homelessness; human immunodeficiency virus; ice; initiators; injecting; injecting drug use; injecting drug users; injection; injection drug use; injection drug users; injection initiation; injection prevention; integrated services; intervention; interventions; key populations; life transition; MARA; mental health; meth; methamphetamine; MI; most at-risk adolescents; motivational interviewing; MSM; NIDU; non-injecting drug use; non-injecting drug users; opioids; people who inject drugs; people who use drugs; predictors; prescription drug abuse; prescription drug misuse; prescription drug use; prevention; protective factors; PWID; PWUD; resilience; risk; risk behavior; risk behaviors; risk behaviour; risk behaviours; risk factors; risk reduction; risk taking; route transition; route transition interventions; route transitions; RTIs; sex workers; social learning theory; social setting; social transition; speed; street adolescents; street children; street involved youth; street living adolescents; street living children; street living youth; street working adolescents; street working children; street working youth; street youth; sex work; sex workers; substance use; syringe access; testing; transition; under-18s; vulnerable; vulnerability; young adult; young adult injectors; young IDU; young key populations; young people; young people who inject drugs; young people who use drugs; young PWID; young PWUD; youth; youth friendly harm reduction programmes.

Articles from the following journals were used:

Addiction; Addiction Behaviour; AIDS Behaviour; American Psychologist; Acta Psychiatrica Scandinavia; Addiction Research; American Journal of Drug and Alcohol Abuse; American Journal of Public Health; British Journal of Addiction; BioMed Central Pediatrics; BioMed Central Public Health; Canadian Centre on Substance Abuse; Contemporary Drug Problems; Cochrane Database of Systematic Reviews; Clinical Infectious Diseases; Canadian Medical Association Journal; Drug and Alcohol Dependence; Drug and Alcohol Review; Drugs: education, prevention, and policy; European Addiction Research; Evidence Based Child Health; Health Education and Behavior; Health Education Research; Health Promotion Journal of Australia; Harm Reduction Journal; Health & Social Care in the Community; International Association for Child and Adolescent Psychiatry and Allied Professions; International Debate Education Association; International Journal of Drug Policy; Journal of American Academic Nurse Practitioners; Journal of Adolescent Health; Journal of Acquired Immune Deficiency Syndrome; Journal of the Association of Nurses AIDS Care; Journal of Child Psychology and Psychiatry; Journal of Drug Education; Journal of Epidemiology and Community Health; Journal of the International AIDS Society; Journal of Paediatrics and Child Health; Journal of Psychoactive Drugs; Journal of Urban Health; Morbidity and Mortality Weekly Report; National Association of Social Workers; Nordic Studies on Alcohol and Drugs; Oxford University Press; Paediatric Child Health; Public Health Report; Preventive Medicine; Substance Abuse Treatment, Prevention, and

Policy; Scandinavian Journal of Social Medicine; Substance Use and Misuse; The Social Policy Journal; US Department of Health and Human Services; and, The Lancet.

Suitable materials were then reviewed and, if available, downloaded. A summary of each material was then made, either through using the provided abstract or summarising the executive summary.

A reference table was created in Microsoft Excel listing in chronological order the year of publication, geographic coverage, author(s), title, publisher and/or publication, website reference and keywords of each material identified as relevant. In addition, all details included on the MS-Excel reference table were used, together with a summary of each material, in MS-Word format; both the MS-Excel reference table and the MS-Word summary of each selected material have been included as annexes to this review document; see Chapter 1.1, above, for details.

Email communications were made with authors who had published key materials in the last few years and were known to still be engaged in the subject area. Information was shared to identify new, recent or upcoming materials that would aid the analysis contained in this review document.

Contact was also made by email with a range of non-governmental and community-based organisations around the world believed to be involved in the delivery of harm reduction services for CYPUD.

Key focal points at various agencies of the United Nations and Governments were also contacted to identify service delivery organisations and/or materials to inform this review.

3. Analysis of studies of harm reduction for CYPUD

There are virtually no materials available of implemented studies on HIV prevention and care/harm reduction interventions for children or young drug users; those identified are included in Annex A. It is often problematic to differentiate between implemented studies on HIV prevention and care/harm reduction interventions for young drug users and methodologies, approaches and experiences of harm reduction service provision internationally, as analysed in Chapter 4. Therefore, the focus of this chapter is on studies of specific services delivered to CYPUD in practice, i.e. an analysis at the micro level as compared with the macro level provided in Chapter 4.

The implemented studies of particular use come from an overview of available evidence concerning one-to-one interventions for young people (2005) [10], an evaluation of HIV prevention among young PWID in Ukraine (2002)[11], a systematic review of interventions (2002) [12] and an evaluation in the USA of a needle exchange programme for youth (1999)[13]. It is of note that the evidence of 'what works' with interventions for young people who use drugs is heavily dependent on studies generated in North America up until around 2005.

In terms of working with young people, the following principles and general considerations are suggested by the studies:

- Consider the young person's view;
- Make the client feel welcome;
- Convey a sense of optimism;
- The accessibility of services in terms of waiting times and the setting within which assessments and interventions occur;
- The quality of assessments and the extent to which these conform with accepted best-practice; and,
- The use of reminders and follow-up.

The studies also suggest that general programme characteristics, and related process indicators, that are likely to enhance implementation effectiveness include:

- Comprehensive interventions, i.e. not just concentrating on drug use but tackling the wider cultural issues including life skills training, stress and coping;
- Carefully planned interventions with clear aims, objectives and target audience;
- Well-funded interventions; long term with booster sessions;
- Having school facilities for high-risk groups or targeting high risk groups, e.g. dropouts;
- Using experienced and well trained staff with low turnover; and,
- Multi-agency working.

The main findings emanating from these studies also include the following:

- A focus of many projects and programmes on drug use prevention rather than harm reduction, per se, i.e. an abstinence-based approach predominates;
- A simple, targeted, lifestyle assessment and information provision appears to offer a relatively simple way of reducing stimulant drug use among young people who do not inject;

- A simple motivational interviewing-based intervention can reduce consumption of tobacco, alcohol and cannabis, respectively;
- Service delivery is impacted by changes at the individual, social environment and political levels;
- Counselling interventions appear to be effective;
- The use of self-support groups is often beneficial to the individual;
- Negative public opinion towards PWID and the work of projects and programmes assisting such people is a challenge;
- A key role is played by law enforcement officers and medical institutions in making it possible for young PWID to access services.

Recommendations on how to improve such services include:

- The use of a large variety of mass media approaches to deliver deliberate, informational work to shape a tolerant public opinion towards PWID and related projects and programmes;
- Informational and educational work is needed that focuses on representatives of the social environment of young PWID, including co-dependents, their parents and other relatives;
- Legal statutory support of the services is needed for better coordination and harmonisation of actions with law enforcement officers and medical institutions, respectively;
- Constant attention needs to be paid to 'street work' through the creation of 'field stations' for counselling work run by peer educators;
- There is a need for new technologies to be used and methods to involve young PWID in the prevention of HIV and other communicable diseases;
- A system of continuous scientific support is needed by specialists implementing services for PWID, including ways to motivate, encourage and support volunteers from among the drug using youth population;
- For the professional development of recruited specialists, the systematic exchange of experience and new methods and technologies should be made available through seminars, training courses, round table discussions and conferences.

However, such studies tend to be based on work with people over the age of 18 years. For HIV programmes in particular, Dolan and Niven have noted that, 'the most common definition of youth in the literature is between the ages of 15 and 24 years'[14]. For such groups, as well as young clients, Dolan and Niven make the following recommendations with respect to study design, outcomes and instruments to use for harm reduction and associated work with young people:

- Randomise (at clinic level or individual level);
- Collect baseline, post-intervention and follow-up data on the same clients;
- Use control or comparison group;
- Collect behavioural and biological data; and,
- Use standardised instruments to measure HIV outcomes[15].

4. Analysis of methodologies, approaches and experiences in the delivery of harm reduction services in the Americas and Europe, including countries of the Former Soviet-Union, for CYPUD

A total of 98 materials were identified in relation to methodologies, approaches and experience of harm reduction service provision to CYPUD internationally, covering the period from 1989 to 2015; a summary of each document can be found at Annex B. The materials cover a wide range of issues that broadly fall into the following categories:

- Situation assessment related to CYPUD: 36 documents published between 1989 and 2014;
- Accessing services by CYPUD: 11 documents published between 2001 and 2015;
- Drug policy and its impact on CYPUD: 21 documents published between 1990 and 2014;
- Comprehensive, integrated services: 22 documents published between 2002 and 2015;
- Therapeutic approaches to assisting CYPUD: 4 documents published between 2004 and 2014;
- The role of the family and CYPUD: 3 documents published between 2005 and 2014; and,
- Female CYPUD: 1 document published in 2011.

The literature reflects the debate over the 'War on Drugs'. Many studies - especially those emanating from North America - focus on abstinence-based approaches or on the delivery of drug treatment services for young people. There has been an increasing focus over the past two decades, however, on 'harm reduction' services for young people; young female drug users are rarely mentioned even within the context of overlapping health risks from sex work.

Situation Assessment

The **overall assessment of the situation of CYPUD around the world** has for some time been very much caught up in the debate over the 'War on Drugs'. Furthermore, the issue of consent causes considerable difficulties from a public health perspective. The literature covers a wide range of circumstances in which children and young people use, and inject, drugs, ranging from dance parties through to peer influence, to dealing with abuse. Very little has been published on the situation of children and youth with overlapping HIV, TB and viral hepatitis risks, such as through sex work and drug use, living and/or working on the street, and coming to terms with their sexual orientation and gender identity. No targeted interventions could be found for drug using MSM or transgender youth. A significant number of articles and guidelines in more recent years have discussed the needs for drug treatment among CYPUD and modalities around this, as well as approaches to create demand among CYPUD to access the limited number of services that are targeted towards this group.

The situation of drug use among CYPUD is relatively common across most countries in that drugs are easily accessible; there is a correlation between drug use and sex; relatively low condom use by young people who use drugs; the sharing of used needles/syringes for the injecting of drugs; difficulties in accessing harm reduction services in those places where it is available; the poor quality of harm reduction services that are accessed; and HIV, drug and sex education in schools is either non-existent or inadequate[16]. In more developed countries, a further challenge is the gap between young people's and adult services and the issues of transition[17].

'Resilience' among young people is also an issue analysed by a range of articles in which protective factors are suggested including supportive families; positive peer relationships; and the opportunity

to develop self-esteem and efficacy through valued social roles[18]. Of particular note is the conclusion by Newman and Blackburn that 'the most common sources of childhood anxiety are chronic and transitional events, with chronic problems having more lasting effects than acute adversities' and that 'resilience can develop only through gradual exposure to stressors at a manageable intensity level'.[19]. 'Multi-focused prevention programmes', or 'combination prevention' interventions that are targeted to most at-risk children and young people are regularly suggested in the literature[20].

Hunt, Barrett and Fletcher, on behalf of Harm Reduction International (HRI, formerly the International Harm Reduction Association), have suggested that there are recurring themes in the risk and protective factors concerning CYPUD. The structural and environmental factors include repressive drug control policies; medical and police corruption; lack of identity papers or no access to such papers; and, exclusionary health service costs. Individual factors affecting CYPUD include mental health problems; learning difficulties; and, physical and sexual abuse. They also identify the most vulnerable CYPUD as being orphaned and street children and those in state care; those involved in the criminal justice system; sex workers; and, ethnic minorities[21].

Drug policy and its impact on CYPUD

The UN Convention on the Rights of the Child (CRC) was established in 1989 as a primary international instrument to protect the rights of children and young people. In particular, Article 33 of the CRC requires that,

> 'States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances'[22].

This provision is also linked to a child's right to health (Article 24) and the general principles of the CRC (Articles 2, 3, 6 and 12, respectively). The debate on 'appropriate measures' in Article 33 of the CRC continues and is used by many advocates to argue for greater access and improved quality of harm reduction and related interventions for CYPUD.

Specific issues arising from Articles of the CRC include: (1) What measures are considered as being 'appropriate' to 'protect children' from the use of illicit drugs (Article 33)? (2) How to ensure the 'non-discrimination' of CYPUD to access services (Article 2)? (3) What are 'the best interests of the child' (Article 3)? (4) The role of drug use and its effects on 'the right to life, survival and development' (Article 6); and, (5) The right to be heard and to have their views taken into account (Article 12) [23]. In a 2012 submission to the UN Office of the High Commissioner for Human Rights (OHCHR) on 'Children's Right to Heath' (Human Rights Council Resolution 19/37) by Barrett, et al, for HRI, it is recommended that:

- Data collection on injecting drug use among children must improve if we are to 'know our epidemic' and respond accordingly;
- International guidance is required to support those working with children who inject drugs and to improve service delivery;
- 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; and,

- Resources for frontline services for children and young people who inject drugs must be increased[24].

However, the CRC is often ignored, or the wording and terminology of it - such as 'all appropriate measures' - can be used as an excuse to avoid providing certain, or any, evidence-based services to CYPUD. HRI, Youth RISE (Youth Resources, Information, Support, Education for reducing drug related harm), and The Eurasian Harm Reduction Network (EHRN), together with others, have been advocating for many years for government policies around the world to conform to the aspirations of the CRC and have regularly noted the following fundamental problems in helping CYPUD to reduce their drug related harms:

- A **lack of disaggregated data**, meaning there is a lack of specific data about who they are, why they are using drugs, why they use certain drugs and how they use them; there is also a lack of data on how many young people are living with HIV and HCV, respectively, and what other drug related harms they are experiencing;
- A **lack of youth-specific harm reduction, HIV and drug policies and programmes**, including the lack of 'honest education', a lack of services and interventions for those already using drugs, and the lack of NSP and OST services. HRI and Youth RISE note that 'even where harm reduction services do exist, most children and youth under 18 are either excluded due to their age, or cannot access them without parental consent';
- **Youth are criminalised for drug use** and often sent to mandatory treatment or rehabilitation facilities, or to youth detention centres or jails; lesser punishments, but still harmful, include expulsion from school and other educational institutions;
- **Youth are not involved in policy and programme design**, and are also often excluded from the creation of prevention and awareness campaigns or training and material dissemination; this is usually a result of stigma and discrimination with young people seen only as 'recipients' of such interventions, programmes and policies. In some countries, former drug users are included as a token gesture of participation by the community in drug policy and programme discussions rather than the participation of current drug users; and even where young drug users have been included, it is often 'facilitated' by NGOs rather than directly with policy makers and, therefore, the views of young drug users is filtered and diluted to some extent[25] [26].

Various studies were conducted during 2014 by IDPC and Youth RISE on the impact of drug policy on young people who use drugs in several countries including the USA, Mauritius, Romania and Kyrgyzstan, with the overwhelming conclusion that CYPUD face significant problems in accessing harm reduction programmes due to legislative barriers, stigma and discrimination.

Accessing harm reduction services by CYPUD

Even when CYPUD-specific harm reduction services are established, one of the greatest challenges is for CYPUD to **access** them. In 2002, WHO published 'an agenda for change' in which it advocated for adolescent friendly health services and gave examples as to how this had been achieved by government agencies and NGOs around the world, even in resource-constrained settings[27]. WHO built on this further in 2012 with guidance on the public health rationale for making it easier for adolescents to obtain the health services that they need to protect and improve their health and well-being through the development of national quality standards[28].

With the increased need for HCV services, efforts are mounting to generate demand among young injectors to come forward to access services. An example from Australia published in mid-2001 attempted to use various approaches to access networks of young people including using the grapevine, targeting people who are loosely attached to networks, utilising the mechanism of social influence, and peer educators. The conclusion was that peer driven interventions far outweigh any disadvantages encountered[29].

An exploration of the experiences of young people who inject drugs in accessing harm reduction services in 14 countries reported earlier in 2015 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' and that there is a need to respond 'to the social exclusion and denial of rights' among adolescents who inject drugs[30].

Comprehensive, integrated services

Very little **data** is currently collected, or available, as to the number of YKP, including CYPUD, in each country and the prevalence of communicable diseases - such as HIV, TB and viral hepatitis - within each community; Chapter 5, and Annex C, provide more information in this regard. Therefore, as a result, it is not possible to ascertain the cascade of access by CYPUD to prevention, diagnosis, treatment, care and related services for such communicable diseases, nor the burden of disease on such CYPUD in each country or region.

Whilst the 'Comprehensive guidelines on HIV prevention, diagnosis, treatment and care for key populations' published by WHO in July 2014 provides guidance on what should be implemented, it does not assist in how to implement such interventions for YKP specifically. The **'Global Guidance Briefs' on 'HIV interventions for young people'** were issued in 2008 by the Inter-Agency Task Team on HIV and Young People led by UNFPA that provides an overview related to education, health, humanitarian emergencies, most at-risk young people, community-based interventions, and young people in the workplace[31]. UNICEF also published the final draft of its **'manual on programming to prevent HIV in most at-risk adolescents' in 2008** focused primarily on the UNICEF region of Central and Eastern Europe and the Commonwealth of Independent States; chapter 5 of this publication deals specifically with 'harm reduction' for adolescents, i.e. those aged 10-19 years, and stresses the crucial need to involve adolescents who inject drugs in HIV prevention programmes, including engaging them in the local situation assessment and the collection, or provision, of information[32]. Unfortunately, the 2008 UNICEF manual is general in nature and treats the age group of 10-19 year-olds as an homogenous group overall. It does, however, concur with the suggestions on areas for further research included in a 2004 WHO report[33], including:

- whether there are any significant age or sex related variables relevant to programming, and whether adolescent specific guidelines should be developed;
- the effectiveness of peers in terms of information/education, counselling/support, and demand creation for harm reduction measures; and,
- the best mix/package of interventions particularly in resource poor settings and the feasibility of substitution services.

Around the mid-2000's, a variety of guidance was published in North America and the UK on forms of substance use treatment and related interventions, such as the article in The Social Policy Journal

on **'Harm Reduction: A model for social work with adolescents'** in which establishing a 'rapport' to help the adolescent to 'modify or give up their risk-taking behaviour' was the focus[34]. Other publications focused on how to integrate drug harm reduction into existing youth services[35], recognising the linkages between young people who inject drugs and HIV/AIDS[36], as well as more technical materials on the **'pharmacological management of substance misuse among young people'** both in the community and in 'secure environments', meaning prison and other forms of custodial detention, such as police cells[37]. The Canadian Paediatric Society issued its harm reduction policy statement in early 2008 in which they state,

> 'The target patient population and the context in which harm reduction strategies are delivered influence the specific interventions used. Health care practitioners (HCPs) who provide care to adolescents should be aware of and familiar with the types of harm reduction strategies aimed at reducing the potential risks associated with normative adolescent health behaviours'[38].

The evidence for the use of **specialist substance use treatment for young people** is explored in the 2009 work of Briton for the UK National Treatment Agency for Substance Misuse[39]. It covers people under the age of 18 years using a literature review and primary research published in peer review journals. Britton notes that, 'informed guidance and consensus about good practice suggests that there are a number of conditions that should be met before providing specialist substance misuse treatment to young people', including:

- An assessment should always take place before an intervention;
- Risk assessments are a vital first stage in assessment;
- Young people should have an individual care plan that addresses the needs identified in the assessment;
- Multiple professionals and services may be required to meet young people's needs which are often complex, multiple and extend beyond the remit of specialist substance misuse services;
- Care should be coordinated across services by an identified lead professional;
- Young people have a right to be safeguarded from harm and, as such, child protection issues should be explored and addressed if identified;
- Some young people can consent to their own treatment (i.e. when they are assessed as competent to do so). Others will require their parents' consent prior to treatment interventions;
- Young people should be encouraged to allow parents and carers to participate in their treatment plans. However, where this is not achievable, young people can expect confidentiality from health care providers, though this may limit the service that they can receive due to consent issues; and,
- Young people should have their views taken into account. This is both in terms of the treatment they receive and the design and delivery of the service.

In addition, Briton highlights the following good practice points for substance use treatment for young people:

- Studies have shown that specialist treatment interventions are effective in reducing substance misuse among young people;
- From the current evidence base, it is not possible to say which treatments are better than others in reducing substance use;

- Using a specialist treatment technique that is evidence-based appears to reduce dropout rates; and,
- Specialist treatment appears to bring benefits to areas of a young person's life beyond their substance misuse.

An earlier publication in June 2005 by the same UK National Treatment Agency for Substance Misuse (NTASM) outlines the **essential elements of treatment services for substance use by young people** in order for coordinated models of service delivery to be made[40]. The NTASM stresses the need for care pathways that include identifying substance misuse need and referral; information sharing between treatment services; assessment; care planning and joint working; virtual teams; and transitional arrangements. Intervention components are then addressed that comprise four tiers:

Tier 1: Generic and primary services to ensure universal access and continuity of care to all young people;

Tier 2: Youth orientated services offered by practitioners with some drug and alcohol experience and youth specialist knowledge;

Tier 3: Young people's specialist drug services working with complex cases requiring multi-disciplinary team-based work; and,

Tier 4: Very specialist forms of intervention for young drug users with complex care needs.

Other key issues included by the NTASM include performance management, data collection, quality control and quality assurance, clinical governance, the sharing of information and record-keeping, as well as confidentiality and consent.

By 2010, the **'Reference Group to the UN on HIV and Injecting Drug Use'** had issued its 'Consensus Statement' in which Section 1.1.4 is devoted to 'working with vulnerable subpopulations of IDUs', of which 'young IDUs' are one of several sub-groups highlighted. It states that,

> "'In some countries, harm reduction and drug treatment services, such as NSPs and OST programs, are prevented from providing service to young people because of their age, despite high levels of HIV risk among young people who inject drugs"[41].

The recommendations made by the Reference Group to the UN in relation to young people who use drugs include the following:

- To achieve maximal impact, national HIV strategies should include implementation of the comprehensive package of nine interventions outlined in the WHO, UNODC, UNAIDS Technical Guide[42], so that they are widely available and accessible to all IDUs. In particular, NSPs, OST, ART and sexual risk reduction strategies targeting IDUs should be implemented as a matter of priority; and,
- Harm reduction and drug treatment services should be accessible to young people who use drugs, and legislation should be reviewed in order to provide an enabling environment for delivering these services[43].

A range of materials have been published that look at various aspects of comprehensive, integrated services for CYPUD and other YKP. Delany-Moretlwe, et al, published a review in 2015 of 110 articles

on non-HIV-related **needs, barriers and gaps in the provision of comprehensive health services for young key populations** (YKP) aged 10-24 years. They found that YKP experience more health issues as compared to older members of key populations and as compared with youth among the general population 'and face significant obstacles to accessing care as a result of their age and membership of KP'[44]. Delany-Moretlwe, et al, conclude,

> "Now that normative guidance exists for the optimal set of interventions for KP [WHO, July 2014], priority needs to be placed on evaluating optimal approaches for the delivery of a comprehensive package of care of YKP. Investments in providing linked, non-HIV but related services that also address critical enablers of programmes are likely to have significant benefits for HIV prevention across all populations"[45].

Pettifor, et al, have conducted a review of the **evidence on prevention strategies, challenges to prevention, and combination prevention packages for YKP** under the age of 24 years, and under 18 years in particular. They found that HIV prevention interventions for YKP are very much akin to those for older KPs but that **pre-exposure prophylaxis (PrEP)** 'could offer a highly effective, time-limited primary prevention for young key populations if it is implemented in combination with other programs to increase access to health services and encourage the reliable use of PrEP while at risk of HIV exposure'[46].

Adherence to, and retention in, **treatment and care services for HIV-positive youth and adolescents from key populations** has also been looked at, such as by Lall, et al, in their 2015 study that conducted a comprehensive literature review for those aged between 10 and 24 years. They note a total of 26 articles published between 1999 and 2014 but that 'no studies reporting on youth and adolescents identified as sex workers, transgender people and prisoners'. ART adherence was reported as being influenced by age, access to healthcare, the burden of multiple vulnerabilities, and policy involving risk behaviours and mental health. Lall, et al, conclude that 'current limited evidence suggests that healthcare delivery should be tailored to the unique needs of YKP'. Specifically, they call for more research to help inform future interventions to (1) improve access to treatment and management of co-morbidities related to HIV; (2) to ease the transition from paediatric to adult care; and, (3) to increase uptake of secondary prevention methods[47].

A key study of the global financial aspects of HIV prevention - including harm reduction interventions - for adolescents has been made by Stover, et al[48]. In their 2014 article on **'the impact and cost of the HIV/AIDS investment framework for adolescents'**, they note that scaling-up investments and services according to the UNAIDS investment framework for HIV 'could avert 2 million new adolescent HIV infections by 2020'. They also state that 'achieving the Investment Framework will require a 45% expansion in annual expenditure to nearly $5.5 billion by 2014' and that 'after 2014 resource needs will decline somewhat due to reductions in new infections'.

Therapeutic approaches to assisting CYPUD

A range of therapeutic approaches have been discussed over many years in the literature although primarily focused on abstinence-based objectives. 'Motivational interviewing' (MI) has been discussed in more recent years as one approach to reducing the harms incurred by adolescent and adult drug users due to its perceived benefits to young people who smoke cigarettes and/or drink

alcohol. The results of a multi-site cluster randomised trial of 'single-session motivational interviewing in reducing drug consumption and perceptions of drug-related risk and harm among young people' concludes there to be 'substantial evidence of non-treatment benefit to be derived among young people involved in illegal drug use in receipt of motivational interviewing'[49]. However, another study of MI with young ecstasy and cocaine users by Marsden, et al, published in 2006 found MI to be 'no more effective at inducing behaviour change than the provision of information alone'[50]. In both studies, the 'young people' were aged 16-20 years and 16-22 years, respectively. It is, therefore, open to question as to the usefulness of MI with CYPUD to help reduce drug-related harms.

One interesting tool is provided by Fisher who provides an overview of the use of cognitive–behavioural therapy (CBT) and skill development, psycho-educational and interpersonal skills, anger management, and support group therapies, as well as the ethical issues that may come up in practice. The book claims to be a good resource for therapists, counselors, and clinicians to help adolescents who, Fisher suggests, suffer from aggression and violence during three phases: while obtaining drugs, during active use, and during withdrawal from the substances. In particular, **chapter 6 outlines** 'harm reduction methods for treating substance use disorders in adolescents', and other chapters include ethical issues to consider as well as drug assessment, anger management and compliance issues[51]. However, once again, Fisher is targeting a group termed 'adolescents' who are at the extreme end of the age range of 10-18 years for CYPUD and, consequently, the usefulness of such tools must be open to question.

It is clear that **age-appropriate research is urgently needed in the use of therapeutic approaches with CYPUD aged 10-18 years as a method to reduce risk and harms associated with drug use**.

The role of the family and CYPUD

For the provision of a comprehensive and integrated approach to harm reduction for CYPUD there is a role for family and related caregivers, although the literature is focused far more on the family role in preventing drug use. There are broadly two schools of thought: one is the role of the family as a potential tool in the prevention of drug use by CYPUD; and the other is how the family can assist the young drug user in entering drug treatment. Publications on the explicit role of the family in harm reduction for CYPUD are virtually non-existent. There are a plethora of articles published in the USA during the 1980s and 1990s regarding the role of families in therapeutic approaches to helping young people to achieve abstinence from drug abuse; such articles have not been included in this review. For the very limited number of references to the role of the family in harm reduction for CYPUD, the role of the family is seen as one component of many that has the potential to support CYPUD in reducing the harms related to their way of life overall rather than just the type, quantity, frequency and method of drug use.

With regards to the role of the family in relation to the causes and ways of preventing drug use by those at the older end of the CYPUD age range, the book edited by Scheier and Hansen in 2014 is of particular note as it has a specific emphasis on parenting techniques that have shown the most promise for reducing or preventing drug use in teenagers[52]. Some elements of this publication maybe of use in the development - or re-establishment - of relations between teenage drug users and their key family members, especially parents, with the view of reducing the harms rather than necessarily having the objective of drug use cessation. The chapter by Wills, Carpenter and Gibbons

on 'parental and peer support: an analysis of their relations to adolescent substance use', might be of particular use in this regard. Several papers also focus on the potential role of 'multidimensional family therapy', although there are questions as to its cost-effectiveness when compared to other therapeutic interventions[53].

The literature is overwhelmingly in agreement that far more 'sound research' is needed in this area and, in particular, there is still very little published on the role of the family in harm reduction for CYPUD.

Female CYPUD

There is very little written explicitly on harm reduction for female children and female youngsters. The vast majority of materials relate to males with a perceived inference that services for male children and male youth will suffice for the specific needs of females of the same age. This is, however, unlikely to be the case. Explicit materials for female youngsters largely relate to instances of young mothers or youth pregnancy and drug use. An article by Martin suggests that young mothers and pregnant women are often in 'a process of personal and social identity transition' from drug use to the establishment of ties to the non-drug-using world due to isolation and stigmatisation, amongst other factors and that services for such young women need to take these factors into account to be effective[54].

In conclusion, based on the literature, the following **key issues** should be considered when planning to establish and operate harm reduction services for CYPUD:

1. The factors leading to the initiation of drug use by CYPUD (see Chapter 4 and Annex D);
2. Issues over how to identify at-risk, and most at-risk, CYPUD, especially females, MSM and TG youth;
3. Approaches to motivate CYPUD to access services and to keep them engaged in such services and adherence to medical and/or clinical interventions, including the specific needs of female, transgender and other CYPUD;
4. Interventions that are relevant for CYP rather than adults: medical interventions, including primary healthcare; clinical techniques that can be used including CBT, psycho-educational and interpersonal skills, anger management, as well as individual, family and support group therapies;
5. Legislative and policy obstacles in the provision of services to CYPUD and the provisions of the UN CRC, including issues such as a lack of confidentiality, the need for parental consent, vague laws including mandatory reporting/registration with authorities, and services set up by older people that do not attract CYPUD; and the provision of services to CYPUD in trouble with the law and their involvement with the criminal justice system;
6. Monitoring, evaluation, and surveillance issues for programme and survey data relating to CYPUD;
7. Ethical considerations as to whether reducing harms for CYPUD is appropriate rather than an abstinence-based approach; in the literature, this debate is often implied rather than being explicit in nature;
8. The provision of harm reduction awareness - rather than just drug demand reduction and prevention - to most at-risk children and young people in schools and other educational institutions;

9. Incorporation of HCV prevention, diagnosis and treatment interventions into harm reduction approaches and services for CYPUD, including 'combination prevention' for HIV, TB and viral hepatitis; and,
10. Integration of services and related coordination: state-run and NGOs; medicalised and psycho-social approaches; prevention and treatment; and, physical and mental health.

5. Analysis of data on existing harm reduction services for CYPUD

Considerable efforts have been made to identify specific harm reduction services for children and/or young people who use drugs (CYPUD) throughout the world. However, very few such services have been identified; brief information of 32 agencies identified worldwide that provide specific services for CYPUD aged 10-18 years can be found at Annex C. Table 1, below, provides a list of organisations identified to-date.

Almost all services identified are implemented by NGOs that provide drug use related services to adults and/or to young people aged approximately 15-24 years, on average, and have then become aware of the increasing needs of younger clientele, usually aged from 10-18 years. Even so, details related to their CYPUD interventions are often vague and it is difficult to ascertain the extent to which many of the listed organisations provide harm reduction services rather than just education and referral.

From discussions held with various staff of NGOs who are, or who have attempted, to implemented harm reductions services for CYPUD aged 10-18 years, the primary obstacle appears to be the intensity of human resources and related skill set required for a child-centred approach alongside adolescent and/or adult services. This, in turn, requires increased financial resources. Added to this is the ethical and legal considerations of working with individuals below the age of consent but who either lack parents or a legal guardian, or who cannot get such consent from such people. There is also a category of NGO that works on drug use prevention through a variety of means, including school-based education interventions, but who do not provide harm reduction services, per se.

Only four publications were identified that discussed the issue of population size estimates for CYPUD. A global overview and review of data is provided in a presentation by Widdus of UNICEF in 2009[55], making the information and conclusions somewhat outdated. Country-specific data for Ukraine is provided by Balakireva, editor, in 2011 concerning most-at-risk children and youth in the 10-19 age group[56]. More recent data summaries for CYPUD are provided by Fletcher and Krug in Chapter 3.2 of, ' The Global State of Harm Reduction: Towards an Integrated Approach', published n 2012 by Harm Reduction International[57]. The December 2013 report by Barrett, Hunt and Stoicescu on data related to PWID under 18 years of age, and the Fletcher and Krug review, both come to very similar conclusions in that,

> "A global population size estimate for people who inject drugs under the age of 18 is unavailable. The contribution of injecting among under-18s to HIV epidemics is largely unknown. National population size estimates are exceptionally rare and age disaggregation in HIV surveillance is poor." [58]

The key data limitations noted include:

- The under-representation of under-18s in HIV bio-behavioural surveillance;
- A lack of appropriate age disaggregation at national level (across many issues); and,
- A lack of consistency in guidance on age disaggregation across international data collection processes[59].

This 'data blind spot' results in the inability to develop budget estimates for the allocation of scarce resources[60]. From the very limited data available, Barrett, et al, suggest that:

- Low ages of initiation of injecting drug use have been identified across regions;
- There are significant variations between countries and within them in the extent of injecting among under-18s, ages of initiation, types of drugs used and the ways services are accessed;
- In some countries, significant proportions of PWID are adolescents, with Eastern European and Asian countries particularly affected;
- There are important differences between younger people who inject drugs and their older counterparts, including in risk-taking behaviour such as increased needle sharing, with important implications for policy and practice; and,
- Children and young people who inject drugs have complex needs extending beyond their drug use; socio-economic contexts, health and social welfare infrastructures as well as multiple personal factors are key. Specific groups of young people are at increased risk, in particular those who live and/or work on the street. [61]

No.	Country	City	Organisation Name	Key Interventions
1	Cambodia	Phnom Penh; Siem Reap	Kaliyan Mith	Outreach, Drop-In Centres, Non-Formal Education & school reintegration, Vocational Training.
2	Cambodia	Phnom Penh	Korsang	NSP; support to OST; Outreach, Drop-In Centres, Non-Formal Education.
3	Cambodia	Phnom Penh	Mith Samlanh	NSP; support to OST; Detoxification; Street-based & community-based education; Rehabilitation.
4	Cambodia	Sihanoukville	M'Lop Tapang	Prevention, harm reduction & relapse prevention.
5	Canada	Toronto	TRIP!	Basic counseling, crisis intervention, how to handle drug-related emergencies, & CPR.
6	China	Kunming	tbc	Increase access to harm reduction services for young PWID and those who are at risk of initiating IDU.
7	Denmark	Copenhagen	Fontana / Club24U	Social activities for clean & sober addicts, their families/relatives.
8	Indonesia	Banda Aceh	Friends International	Outreach; Legal Registration: ensuring families gain continuous access to public services; Education: reintegration & support to remain in education; Vocational Training; Job Placement
9	Indonesia	Jakarta	Teman Baik	Outreach; Legal Registration: ensuring families gain continuous access to public services; Education: reintegration & support to remain in education; Vocational Training; Job Placement
10	Italy	Botticella, near Novafeltria	San Patrignano	Therapeutic programme; educational and rehabilitative; no pharmaceutical treatment for addiction; psychotherapy or psychiatric methods used if they are deemed necessary to treat problems of a specific & individual nature.
11	Lao PDR	Vientiane	Dongkoi Children's Development Center	Working through approximately 10 teachers and volunteers providing after-school activities to 200 children at risk of engaging in drug use, illegal migration, and other risky behaviours.

No.	Country	City	Organisation Name	Key Interventions
12	Lao PDR	Vientiane	Peuan Mit	Outreach; Drop-in Centre; Education and Vocational Training; Income generation; Family reintegration.
13	Lebanon	tbc	Safer Interventions and Broader Acceptance (S.I.B.A.)	Safer interventions and broader acceptance of young people who use drugs.
14	Lebanon	Beirut	Skoun	Prevention and treatment services.
15	Mexico	Mexico City	Espolea	The reduction of risks and threats is a philosophy that allows us to create a paradigmatic opportunity to treat drug in a neutral way, to develop ways to reduce the negative impacts of drugs on individuals and communities.
16	Nepal	8 centres in Kathmandu Valley & 1 in Butwal, and 17 regional centres	Child Protection Centres and Services (CPCS)	Prevention; Risk reduction; Social rehabilitation.
17	Nepal	Kathmandu	Youth Vision	Increase access to harm reduction services for young PWID and those who are at risk of initiating IDU.
18	Nigeria	tbc	Civil Society on Health & Right of Vulnerable Women and Girls in Nigeria (CISHRWIN)	No detailed information yet available.
19	Russia	Moscow	Samusocial Moscow	An emergency and social assistance programme for the homeless.
20	Russia	Moscow	Doctors Without Borders (MSF)	No detailed information yet available; see ref: https://streetchildrennews.wordpress.com/2007/02/19/life-on-the-streets/
21	Thailand	Bangkok; Aranyaprathet	Peuan Peuan	Outreach; Education & Vocational Training; Income generation.
22	Thailand	Bangkok	tbc	Increase access to harm reduction services for young PWID and those who are at risk of initiating IDU.
23	UK	Coventry; Warwickshire; Enfield; Milton Keynes; North Yorkshire.	Compass	Abstinence from problematic drug and/or alcohol use at the earliest opportunity while recognising that a significant number of individuals may not yet be motivated or be in a position to quit.
24	UK	Multiple	Catch22	Diversion & rehabilitation to break the cycle of reoffending; Apprenticeships & Employability; Young people aged four to 18 with alternative education; Specialised delivery to children, young people and their families with additional or multiple needs.
25	UK	West Lothian region, Scotland	West Lothian Drug & Alcohol Service (WLDAS)	Counselling, support & education programmes; Outreach services; Information, advice & support;

No.	Country	City	Organisation Name	Key Interventions
26	UK	Warrington	The young person's drug and alcohol team (formerly Phaze)	Specialist support & intervention on a one-to-one basis; Information on how to minimise the dangers; To move people as quickly & safely as possible through treatment to recovery & re-integration into society.
27	UK	Hubs in Woking, Camberley, Redhill, Walton & Guildford, Surrey	Catalyst	Limited number of one-to-one sessions or ongoing group support; Counselling; Employment/training support; Mental wellbeing; Medical intervention; Home visits; Access legal advice; NSP.
28	UK	National franchise	Triangle Consulting Social Enterprise Limited	Under license: Physical health; Where you live; Being safe; Relationships; Feelings & behaviour; Friends; Confidence & self esteem; Education & learning.
29	UK	Swindon	U-turn	Encompasses all illicit substances, solvents and prescribed medication but excludes the use of tobacco.
30	UK	Doncaster	Better Deal (Doncaster Young Person's Service for drugs & alcohol)	Advice; Information; Support; Individual counselling & harm reduction up to age 19 years.
31	Vietnam	Ho Chi Minh City; Hanoi	Fontana	Treatment centre: detoxification & stabilisation; Assimilation centre: relapse prevention training & educational, rehabilitation & resocialisation activities; 12-step programme; Women affected by domestic violence & neglected children.
32	Arabia, Colombia, Germany, Latvia, Lithuania, Sweden, UK, USA	-	Mentor International	Empowering young people to avoid drug abuse; this includes focusing on various target groups & identifying appropriate activities & support for each.

Table 1: Agencies identified that provide some form of drug use interventions for CYPUD aged 10-18 years.

6. Analysis of international experience on prevention of transition from non-injecting to injecting by CYPUD

A review was made of 76 documents concerning the prevention of transition from non-injecting drug use (NIDU) to injecting drug use (IDU). Of these, a notable number were primarily concerned with initiation of substance use by young people. Over 90% of the literature concerns 'young people' aged from around 15-16 years to approximately 25 years, and even as high as 30 years of age. In addition, a significant number of research papers consider the propensity of cigarette, alcohol and/or cannabis use by 'young people' in North America to be a precursor to the use of more harmful illicit drugs. Overall, the literature falls into the following groupings:

1. The use of cigarettes, alcohol and cannabis as a precursor to the use of more harmful illicit drugs by 'young people';
2. Approaches to the prevention of drug use initiation among 'young people' (not CYPUD, per se);
3. Factors in the transition from NIDU to IDU; and,
4. How to support YPWID to move to NIDU.

There is only one document that directly relates to the 10-18 age group and issues as to the possible causes, and potential prevention, of transition from NIDU to IDU by CYPUD as well as other points related to CYPUD; this is draft paper on HIV and young people who inject drugs: A technical brief developed by the Inter-Agency Working Group on Key Populations and published by UNAIDS in July 2014[62].

The use of cigarettes, alcohol and cannabis as a precursor to the use of more harmful illicit drugs by 'young people'

Although at the somewhat higher end of the CYPUD spectrum, a typical example of the predominant research is that of Yamaguchi and Kandel who reported in a 1984 article[63] on illicit drug use initiation and progression in high school students interviewed at grade 10 and 11 (i.e. aged approximately 15-16 years) in New York State, USA, and then reinterviewed nine years later at ages 24-25. They found that,

1. Marijuana (Cannabis) use by friends in adolescence is an additional important predictor of marijuana initiation;

2. Prior use of marijuana is necessary for progression to other illicit drugs;

3. Multiple factors are involved in the progression to prescribed drugs, with symptoms of depression by adolescents and the use of other illicit drugs are important for both sexes, and maternal use of psychoactive drugs, dropping out of school, and prior use of marijuana of additional importance for women; and,

4. Although licit drugs influence initiation into marijuana independently of age effects, it is especially for the progression from marijuana to other illicit drugs that the earlier drug is associated with the progression to a higher stage drug.

Using the same cohort, Kandel and Logan report that the period of major risk for initiation to cigarettes, alcohol, and marijuana is completed for the most part by age 20, and to illicit drugs other than cocaine by age 21. They note that 'initiation into prescribed psychoactive drugs occurs at a later

age than for the licit and illicit drugs'. Furthermore, they comment that marijuana and alcohol use decline most rapidly beginning at ages 20-21 years and that overall patterns are similar for men and women, with men initiating all drugs at higher rates than women, except for prescribed psychoactives[64].

Approaches to the prevention of drug use initiation among 'young people'

There are many articles that seek to provide guidance on who to target among 'at-risk' children and young people and how to target them. For example, a study by Ginzler, et al, of 375 street youth aged 13-21 years interviewed between 1994-99 in Seattle, Washington, USA, found that 'street youth may follow different patterns of use than normative groups, and that interventions geared toward youth who use substances heavily must include contextual factors, in addition to substance-use history'[65]. A study by Fuller, et al, published in 2002 of a cohort of 270 people aged 15-30 years in Baltimore, USA, found that new injectors were at high-risk for HIV and hepatitis yet difficult to reach for prevention efforts[66]. Another study by Fuller, et al, using the same cohort in Baltimore, concluded that,

> "short-term non-injection drug use, particularly exclusive crack smoking, was associated with adolescent initiation of injection drug use. Early prevention efforts targeting this high-risk group of younger drug users are warranted in order to delay or prevent onset of injection drug use'[67].

Fuller, et al, also report in a 2005 paper that 'racial segregation and neighborhood-level educational attainment must be considered when drawing inferences about age at initiation of injection drug use and related high-risk behaviors'[68]. A 2003 study by Roy, et al, of 415 'never injectors' in North America (with a mean age at entry to the study of 19.5 years), found an incidence rate of drug injecting initiation of 8.2 per 100 person-years. They concluded that the 'predictors of initiation' included:

- a recent episode of homelessness;
- aged below 18 years;
- being tattooed;
- recently having used hallucinogens, heroin, and cocaine/crack/freebase;
- having had a friend who injects drugs; and,
- having ever experienced extra-familial sexual abuse.

They concluded that injection drug use is frequent among street youth but that prevention of drug injection initiation appears possible[69].

The Reference Group to the UN published the following recommendations in 2010 vis-a-vis injecting drug use initiation[70]:

- Evidence-based interventions to reduce initiation to injecting drug use and associated harms should be further investigated and included in a comprehensive response to HIV, along with interventions to encourage and facilitate the transition from injecting to non-injecting routes of administration;
- In developing policy and legislation, consideration should be given to potential impact upon rates of initiation to injecting and associated harms;

- It is necessary to monitor changes in drug markets, drug type and availability that may impact upon the incidence and prevalence of injecting, and ensure that services are available, and of sufficient scale, to meet needs as appropriate;
- Further examination is required to better understand the drivers influencing the spread of injecting in countries where injecting is an emerging phenomenon;
- Efforts should be made to identify those who may be particularly likely to initiate injecting and interventions should aim to reach those at risk;
- Peer-focussed interventions to prevent initiation to injecting drug use should be implemented;
- Equipment for non-injecting routes of drug administration should be made available;
- Access to drug treatment should not be contingent upon injecting status; both IDUs and non-IDUs should have access to drug dependence treatment; and,
- Harm reduction services should be accessible to new IDUs through multiple strategies including outreach and low threshold service provision.

Factors in the transition from NIDU to IDU

The first article identified for initiation of IDU is that of Stenbacka in 1990. Out of 156 PWID in Stockholm, Sweden, 78% of the men had been introduced to illicit drugs by a man and only 14% by a woman. Of the women, 74% had been introduced by a man and only 21% by a woman. The article notes that 'the majority of both the men (62%) and the women (51%) were introduced by a close friend. Most of the introductions took place in a secure environment, at the home of either the novice, a friend or the introducer'[71].

A 1992 study reported by Des Jarlais, et al, of 83 people who 'sniffed' heroin and were then randomly assigned to a four-session social learning based AIDS/drug injection prevention programme or a control condition found that after almost 9 months, '24% of the followed subjects reported injecting illicit drugs'. The reason for taking up heroin injecting included association with being in the control group, intensity of non-injected drug use, prior injection, and having close personal relationships with current intravenous (IV) drug users[72].

A further study by Stenbacka, et al, published in 1993 of 23,482 men aged 18-20 years who had been conscripted for military service in Sweden in 1969-70. They found that although many conscripts had tried cannabis, a smaller number continued with intravenous drug use and were, in general, characterised by poor emotional control and a history of social maladjustment and early onset of use. As a result, Stenbacka, et al, suggest that 'social maladjustment' is a causative factor for illicit drug use and for the role of cannabis as a stepping stone to heavy drug use[73].

Crofts, et al, in 1996 looked into the initiation of young people into injecting drug use in Australia and found that,

> "one of the main reasons that young people begin to inject is the greater effect of the drug when injected, and therefore that injecting is more economical"[74].

They suggest that a range of other factors may also play a part in young people moving from non-injecting to injecting of illicit drugs, including:

- Situation factors such as unemployment, poverty and homelessness;

- The influence of the peer group: most peers of the new injector are drug users. Drug users, especially injectors, have been found to be related to, and not isolated from, the peer group;
- The influence of relationship: friend, lover or sibling initiators; sexual partners play a much more significant role for females than for males;
- The role of incarceration in exposing young people to new peers, behaviour and attitudes; and,
- Socialised attitudes to authority and institutions.

One of the very few evaluations of efforts to reduce initiation into drug use appeared in 1998 by Hunt, et al, in the UK in which they found that immediately following the delivery of a brief intervention to reduce initiation into injecting, 'IDUs' disapproval of initiating non-injectors significantly increased', and that, 'participants injected in front of fewer non-injectors in the subsequent 3 months. They also report that, 'requests for initiation fell. Hunt, et al, conclude:

> "the cheapness and ease with which such an intervention can be delivered, suggest that by incorporating such interventions into drug work it may be possible to reduce the number of people who begin injecting"[75].

Based on the same cohort, Stillwell, et al, undertook structured self-report interviews. In their 1999 article, they note that, '86% of the sample had been initiated into injecting by an IDU: 78% of their initiators being either a friend, partner, or sibling. Only 7% of respondents reported being pressured into injecting. 70% of respondents assessed that modelled injecting had been an important influence on their decision to inject by making them curious about injecting. In turn, 98% of the respondents had modelled injecting around NIDUs, but 59% reported being unsure, or thought it unlikely, that they had made someone want to try injecting. Of these respondents, 90% had talked to an NIDU about injecting, and 77% had injected around an NIDU. The findings suggest the need for interventions that raise awareness about the socially transmitted nature of injecting drug use'[76].

Although not specifically covering the 10-18 age group of CYPUD, a concise summary of the 'characteristics' of 'first injection' from 6 countries of South Eastern Europe in 2003 notes that:

- They are mostly unplanned;
- Injecting for the first time is usually not done alone;
- Women are often given their first injection by sexual partners;
- Men are most likely to be first injected by a friend;
- If vomiting occurs (if an opioid is used), this soon stops, the analgesic effect of the drug may reduce discomfort anyway, and peer information is usually given about how this reaction is usually short-lived;
- Equipment sharing is common as new and infrequent injectors may find it harder to access sterile equipment, have less contact with health services, and may lack money to buy new equipment, if it is not free;
- The young initiate may be told that the equipment was 'clean' and not be aware of how to know if this is true; and,
- Use of a new equipment can be seen as 'bad luck'[77].

In the same publication, a summary of factors related to initiation and transition to injecting are given, as follows:

- There is often some move back and forth between IDU and non-IDU at different times in a person's life;
- Transitioning is often a process, not just a one-off event;
- Patterns of use and routes of administration are sensitive to drug availability, cultural, social, economic and law enforcement factors, and regional (and within regions) and cultural variations are evident;
- If one route of administration is dominant, new drugs are more likely to also be used the same way (thus, there is a risk of injecting of Amphetamine Type Stimulants (ATS) if heroin injecting has been established);
- Market forces: if injectable drugs are cheap and readily available, injection use is more likely as it is if the drugs available are not so suitable for smoking/inhaling (e.g. low quality/potency or composition);
- The improved 'high' that is often reported with IDU;
- 'Cost effectiveness';
- Curiosity may entice some to injection drug use;
- Rituals may develop: a group mix, etc., and this can be a 'pull' to join in the group rituals to ensure membership of the group;
- Peer pressure and/or modelling can also be a 'pull';
- If there is a lot of interaction with injectors, injecting may be more likely (subtle modelling); and,
- There may be an identification with 'injector identity', as being 'cool or chic'. Also the young person may already be seen as 'deviant' because of their temperament, delinquency, etc[78].

Another input to the debate on the reasons young adults transition to IDU comes from UNODC in 2004, although, yet again, this covers the age group of 15-24 years. UNODC suggest the following factors that influence the transition to IDU:

- **More pleasure** (tolerance development): a "better trip", a stronger effect, and a quicker onset of the effect;
- **Curiosity:** Injecting is a new sensation and they often aspire for something new and better;
- **Financial considerations**: Injecting is more efficient, it is cheaper than other forms since one can get more pleasure with a smaller dose;
- **Social environment:** Existing IDU in the peer group means they are exposed to injecting drug use; often group pressure or group norms can be an important cause of the transition;
- **Availability:** The ability to get a hold of the drug, in comparison to other drugs and low prices are also important factors;
- **Personal causes:** Life issues such as family breakdown, emotional disturbance, poverty or other personal issues can lead the drug user to intensify his or her drug use by injecting; and,
- **Visibility:** Injecting is less visible as it is faster than smoking and does not leave any smell[79].

More recently, the 'Reference Group to the UN on HIV and Injecting Drug Use' noted the following potential risk factors for initiation to IDU[80]:

- Drug dependence;
- Having friends or sexual partners who inject drugs;

- Being present at places where injection occurs;
- Engagement in sex work;
- Having suffered sexual abuse;
- Having experienced trauma or violence, either in childhood or as an adult;
- Homelessness;
- Unemployment;
- Lower socio-economic status;
- Having been incarcerated;
- Having at a young age engaged in delinquent behaviour including truancy, running away from
- home and criminal activity;
- Leaving school early; and,
- Younger age.

An article by Harocopos, et al, concerning 'new injectors' - but not necessarily of the CYPUD age group - concludes that 'injection initiation should be viewed as a communicable process' and that 'prevention messages should therefore aim to find innovative ways of targeting beginning injectors and present a realistic appraisal of the long-term consequences of injecting'. As with quite a few other studies, this analysis recommends that 'interventionists should also work with current injectors to develop strategies to refuse requests from non-injectors for their help to initiate'[81].

How to support YPWID to move to NIDU

The prevention of transition from NIDU to IDU has also been termed by some as 'transitioning' or 'route transition'. Discussions suggest that 'transitioning interventions' can be implemented through the following approaches:

a) Preventing initiation to injecting, i.e. preventing CYPUD from starting to inject by deterring them from wanting to try it[82]; Hunt, et al, refer to such people as 'at-risk' users who need to be identified and assisted in reducing their propensity to adopt injecting[83];

b) The role of current PWID as gatekeepers and the potential reduction of their influence on NIDUs vis-a-vis injection initiation[84]; and,

c) Through promotion of alternate routes of administration, such as smoking or sniffing.

'Reverse transition' is a transition away from injecting to non-injecting routes of drug administration[85]; these programmes are based on returning PWID to a non-injecting form of drug use administration that they previously used, or still use.

Based on the work of Hunt, et al, Figure 1 provides an overview of the different steps in 'bridging' that includes both prevention of IDU initiation (route transition interventions) as well as and switching from IDU to NIDU (reverse transitioning)[86]. They provide suggestions on interventions that could help reduce injecting - rather than to stop injecting completely - and its associated harms.

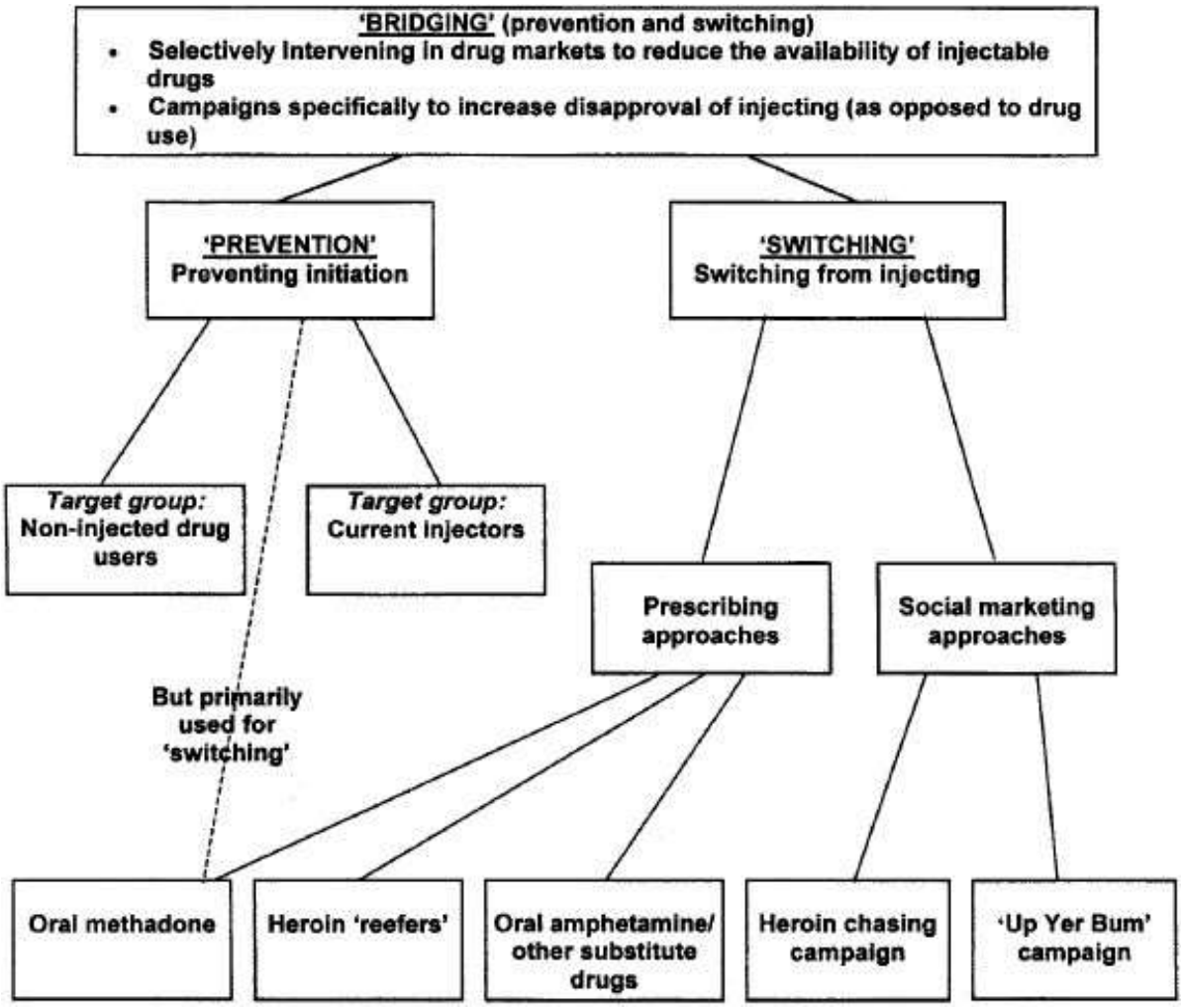

Figure 1: A schema for route transition interventions (RTIs).

Source: Hunt N, Griffiths P, Southwell M, Stillwell G, Strang J. Preventing and curtailing injecting drug use: opportunities for developing and delivering 'route transition interventions'. Drug and Alcohol Review. 18, 4: (1999), p447, http://www.neilhunt.org/pdf/1999-transitions-review-hunt-griffiths-stillwell-southwell-strang.pdf, accessed 22 June 2015.

In this regard, a study in 2004 in Bulgaria, Macedonia, Croatia, and Bosnia-Herzegovina found that 'the features surrounding the transition into injecting reported by the participants were similar to what has been discovered elsewhere, and the survey findings do not negate the possibility of delivering any type of RTI in each of the four countries'[87].

Furthermore, work undertaken in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kazakhstan, has attempted to model these experiences from the UK by working with active PWID to discourage them from initiating others into injecting. Under the 'Break the Cycle' programme, PWID are encouraged to adopt the following behaviours:

- Don't inject in the presence of non-injectors;
- Don't talk only about the positive effects of narcotics, i.e. the kaif, or high, in front of non-users or non-injectors;
- Don't assist someone with their first injection; and,
- Develop skills to refuse unwelcome requests to help someone learn to inject[88].

Conclusions

In conclusion, there is virtually no materials available specifically on predictors, or approaches for the prevention, of injecting drug use by CYPUD aged 10-18 years. From the published research and summaries, the **predictors of initiation** of injecting drug use among older YPUD may include:

- Intensity of non-injected drug use;
- Prior injection;
- Having close personal relationships with current intravenous (IV) drug users[89];
- 'Social maladjustment';
- The role of cannabis as a stepping stone to heavy drug use[90];
- The greater effect of the drug when injected, and therefore that injecting is more economical;
- Situation factors such as unemployment, poverty and homelessness;
- The influence of the peer group: most peers of the new injector are drug users. Drug users, especially injectors, have been found to be related to, and not isolated from, the peer group; this is also referred to as 'social network influence';
- The influence of relationship: friend, lover or sibling initiators;
- The role of incarceration in exposing young people to new peers, behaviour and attitudes;
- Socialised attitudes to authority and institutions[91];
- Short-term non-injection drug use, particularly exclusive crack smoking, was associated with adolescent initiation of injection drug use[92];
- Introductions to drug injecting often take place in a secure environment, at the home of either the novice, a friend or the introducer[93].

According to the publish material identified, the **prevention of initiation to injecting** drug use by older CYPUD may be influenced by one or more of the following interventions:

- As injection-related risk behaviours may be established as early as the onset of injection initiation, there is a need to educate NIDU of the harms associated with unsafe injection practices[94];
- Social network influences on the NIDU should be addressed;
- Individual susceptibility should be assessed and addressed[95];
- Use of a brief intervention with NIDU to reduce initiation into injecting[96];
- The need for interventions that raise awareness about the socially transmitted nature of injecting drug use[97];
- Promotion of alternate routes of drug administration, such as smoking or sniffing[98];
- Don't inject in the presence of non-injectors;
- Don't talk only about the positive effects of narcotics, i.e. the high, in front of non-users or non-injectors;
- Don't assist someone with their first injection; and,
- Develop skills to refuse unwelcome requests to help someone to learn to inject.

Recommendations

In general, the research and summaries published in relation to older CYPUD give some indication as to what might be (a) viable interventions for identifying at-risk CYPUD aged 10-18 years; and, (b) interventions for the potential prevention of transition from NIDU to IDU among CYPUD aged 10-18 years.

a) Viable interventions for identifying at-risk CYPUD aged 10-18 years

Development of an assessment tool that includes components such as:

1. What is the intensity of your current non-injecting drug use (type(s) of drug, frequency of use, intensity of use, method of administration)?
2. Do you use cannabis/marijuana? How often? How much do you use on average each time?
3. Have you ever injected drugs in the past?
4. Are you interested in injecting drugs? If yes, why?
5. Has anyone ever explained to you about injecting drugs? If yes, who and when?
6. Do you currently have close personal relationships with PWID who are currently injecting?
7. Do you consider yourself to be living in poverty?
8. Are you homeless?
9. Do you get enough food to eat every day? Are you malnourished?
10. Do you have regular interaction with parents/guardians? If yes, how often?
11. Do any of your siblings or other relates use drugs? Do any of them inject drugs?
12. Do you regularly attend school or any other form of educational institution?
13. Do you have a job? If yes, what do you do?
14. Do you interact with a peer group that includes PWID?
15. Who do you look up to in your drug using peer group(s)? Why?
16. Are you involved in one or more personal and/or sexual relationship with a person who injects drugs?
17. Have you ever been incarcerated/detained/locked-up - including police detention facilities, prison, social services detention facilities, etc.?
18. Do you find it easy to interact with authorities, police, doctors, parents, etc.?

b) Interventions for the potential prevention of transition from NIDU to IDU among CYPUD aged 10-18 years

1. Identify and interact with CYPUD and build upon their strengths, competencies and capacities for their meaningful involvement in the planning, design, implementation and evaluation of CYPUD services, such as drop-in, mobile or other services and programmes that are 'friendly' to the NIDU and IDU groups aged 10-18 years;
2. Advocate for the revision of legislation and policies that inhibit the provision of health, social and other services to CYPUD aged 10-18 years, especially the provision of harm reduction interventions;
3. Individual susceptibility to drug injecting should be assessed and addressed;
4. Develop interventions to educate CYPUD of the harms associated with unsafe injection practices;
5. Work with the social networks of CYPUD to instigate route transition initiatives to limit the influence of current PWID on the NIDU, such as:

- Don't inject in the presence of non-injectors;
- Don't talk only about the positive effects of narcotics, i.e. the high, in front of non-users or non-injectors;
- Don't assist someone with their first injection; and,
- Develop skills to refuse unwelcome requests to help someone to learn to inject.

6. Use brief intervention with NIDU to reduce initiation into injecting, such as through the use of motivational interviewing;
7. Develop interventions that raise awareness about the socially transmitted nature of injecting drug use;
8. Promote alternate routes of drug administration, such as smoking or sniffing;
9. Consider whether existing services and infrastructure, e.g. services for youth, would be appropriate for CYPUD and add components for reaching and providing services to CYPUD and CYPID, respectively;
10. Integrate and link multidisciplinary programmes and services in order to ensure that they are as comprehensive as possible and address the overlapping vulnerabilities and intersecting behaviours of children and young people of different key populations;
11. Consider partnering with community-led organisations of youth and PWID and thereby building upon their experience and credibility with CYPID; and,
12. Integrate monitoring and evaluation into service delivery and undertake relevant research on the needs and effective interventions for CYPUD and CYPID, respectively.

ANNEX A References to studies of harm reduction for CYPUD

Listed in chronological order.

One-to-one interventions for young people: overview of available evidence
Hunt N, Stevens A
A report for Kent Drug and Alcohol Action Team. EISS, University of Kent, 2005
http://www.neilhunt.org/Reports/2005-Young-people-practice-review-hunt-and-stevens.pdf
0152_A_Hunt_N_KDAAT_2005

This report presents an overview of the available evidence on effective practice in interventions for young people who use drugs. It reviews existing publications on good practice and effectiveness, and provides a glossary (at Appendix B) giving brief descriptions of interventions for which there is evidence of effectiveness.

A review of HIV prevention among young injecting drug users: A guide for researchers
Dolan KA, Niven H
Harm Reduction Journal 2005, 2:5
http://www.harmreductionjournal.com/content/pdf/1477-7517-2-5.pdf
0153_A_Dolan_KA_HRJ_2005

Additional File 1: Summary of Studies of programs for young and new injecting drug users:
www.biomedcentral.com/content/supplementary/1477-7517-2-5-S1.doc

Young people aged 15–24 years account for fifty percent of all new AIDS cases worldwide. Moreover, half of all new HIV infections are associated with injection drug use. The average age for initiation into injecting drug use is 20 years of age. This paper investigates whether HIV prevention programs have reduced risk behaviours in young people.

Evaluation of project "HIV prevention among young IDUs" (10 regions of Ukraine) plus KAP results
UNICEF
Kiev, UNICEF, 2002
http://www.unicef.org/evaldatabase/files/UKR_2002_02.pdf
0188_A_UNICEF_UNICEF_2002

Purpose / Objective: (1) To evaluate the results reached by the project (2001-2002) against its objective: to build the capacities of social services for youth in the field of HIV prevention among young IDUs; (2) To analyse and describe the monitoring and evaluation system developed and established for the purposes of the project, for its further scaling up.

Methodology: The final evaluation was done September 17-23, 2002 in 14 cities of Ukraine - Sevastopol, Novovolyns'k (Volynska region), Makijivka (Donetsk region), Melitopol (Zaporizhja region), Chervonohrad (Lviv region), Mykolajiv, Biljajivka (Odesa region), Kharkiv, Chernihiv, Yalta, Dnipropetrovs'k, Nikopol, Kryvyj Rih, and Dniprodzerdshyns'k (Dnipropetrovs'k region). Anonymous one-on-one structured interviews were conducted by 52 interviewers from the State Institute of Family and Youth Affairs, who are constantly working as part of the existing network of interviewers. 1,997 injection drug users, 14 years old and older, were interviewed. 623 of the interviewed injection drug users used the services of the Trust counselling stations in 9 cities: Sevastopol, Novovolyns'k (Volynska region), Makijivka (Donetsk region), Melitopol (Zaporizhja region), Chervonohrad (Lviv region), Mykolajiv, Biljajivka (Odesa region), Kharkiv and Chernihiv. A certain

portion of questions coincided with the questions that were asked during the initial evaluation. At the same time, the questionnaire included new questions about knowledge, attitude and practice of injection drug users.

Key Findings and Conclusions: Regarding the implementation of HIV/AIDS Prevention among Young People Using Injection Drugs Project, project activities fit the urgent needs of the target group representatives. Individual kinds of work under the project are inter-related and correspond to the general mission of the project - that is, the amplification of the opportunities of the SSYC in terms of preventive work among injection drug users through Trust counselling stations. The attitude of the target group representatives to the work of the project is, in general, positive. However, there is a problem of negative public opinion towards injection drug users and the work of such projects. The evaluation of the effectiveness of the work of Trust counselling stations showed that certain positive changes took place at all levels of project influence -- individual, social environment and political levels. The effectiveness of the HIV/AIDS Prevention among Young People Using Injection Drugs Project and the work of the SSYC Trust counselling stations in all the designated for research cities, in particular, can be evaluated as high. Despite the fact that project implementing agencies faced numerous difficulties and obstacles, they managed to gain rich experience, make certain steps ahead by way of the creation of a network of counselling stations for young people using injection drugs, and create a foundation for continuing this work.

Recommendations: Continue to develop and expand this important work, taking into account project implementation experience and knowledge. It is extremely important to preserve and develop established relationships with other preventive programmes, different organisations and institutions. Continual financing by the government is required for successful project implementation.

In order to continue the work of creating a positive environment for injection drug users, deliberate, informational educational work needs to be done broadly in order to shape tolerant public opinion toward drug addicts and Trust counselling stations that provide them help. For this purpose, it is expedient to use a larger variety of mass media.

Informational, educational work also needs to focus on the representatives of the social environment of young people using injection drugs - meaning co-dependents, their parents and other relatives. For this purpose, they need to be more involved in volunteer activities and participate in self-support groups. Legal statutory support of the work for better co-ordination and harmonisation of actions with law enforcement offices and medical institutions is necessary.

In order to help specialists to work in the area of HIV-infection prevention among injection drug users, with the specifics of working at Trust counselling stations, it is vital and timely to create a system of continuous, scientific support. In order to involve volunteers from among youth and experts from different fields, a system needs to be developed that would motivate, encourage and support them. In order to reach the latent part of injection drug users, constant attention needs to be paid to "street work" through the creation of field stations for counselling work, employing peer educators, as well as new technologies and methods of involving injection drug users in HIV/AIDS prevention.

For the professional development of recruited specialists, it is expedient to continue to systematically exchange experience and teach new methods and technologies through organising

seminars, training courses, round table discussions and conferences. Accumulated experience needs to be disseminated and spread to other regions and cities of Ukraine. For this purpose, additional funds to finance this activity are needed.

A collaborative evaluation of a needle exchange program for youth
Weiker RL, Edgington R, Kipke MD
Health Education & Behavior 1999 Apr;26(2):213-24
http://www.ncbi.nlm.nih.gov/pubmed/10097965?dopt=Abstract
0230_A_Weiker_RL_HEB_1999

Limited research has been conducted to examine the effectiveness of existing HIV prevention and harm reduction interventions targeted to injection drug-using youth. Moreover, although there are a growing number of needle exchange programs being developed for youth throughout the United States, the effects of these services have yet to be systematically evaluated. This article describes a collaborative evaluation conducted by the Division of Adolescent Medicine, Childrens Hospital Los Angeles, and Clean Needles Now, a needle exchange serving young injection drug users. The evaluation employed a multimethod research design that included both qualitative and quantitative methods. Findings are presented about how a community-based agency's service delivery philosophy can affect the design and implementation of an evaluation. Lessons learned from this collaborative evaluation are presented, including the potential benefits of incorporating harm reduction principles into research activities.

ANNEX B References to methodologies, approaches and experiences in the delivery of harm reduction services for CYPUD

''We don't need services. We have no problems'': exploring the experiences of young people who inject drugs in accessing harm reduction services
Krug A, Hildebrand M, Sun N
Journal of the International AIDS Society 2015, 18(Suppl 1):19442
http://www.jiasociety.org/index.php/jias/article/view/19442/pdf_1
0002_B_Krug_K_JIAS_2015

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 WHO, UNODC and UNAIDS, 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: 19 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.

Providing comprehensive health services for young key populations: needs, barriers and gaps
Delany-Moretlwe S, Cowan FM, Busza J, Bolton-Moore C, Kelley K, Fairlie L
Journal of the International AIDS Society 2015; 18(2Suppl 1): 19833
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4344539/pdf/JIAS-18-19833.pdf
0003_B_Delany-Moretlwe_S_JIAS_2015

Introduction: Adolescence is a time of physical, emotional and social transitions that have implications for health. In addition to being at high risk for HIV, young key populations (YKP) may

experience other health problems attributable to high-risk behaviour or their developmental stage, or a combination of both.

Discussion: We reviewed the needs, barriers and gaps for other non-HIV health services for YKP. We searched PubMed and Google Scholar for articles that provided specific age-related data on sexual and reproductive health; mental health; violence; and substance use problems for adolescent, youth or young sex workers, men who have sex with men, transgender people, and people who inject drugs.

Results: YKP experience more unprotected sex, sexually transmitted infections including HIV, unintended pregnancy, violence, mental health disorders and substance use compared to older members of key populations and youth among the general population. YKP experience significant barriers to accessing care; coverage of services is low, largely because of stigma and discrimination experienced at both the health system and policy levels.

Discussion: YKP require comprehensive, integrated services that respond to their specific developmental needs, including health, educational and social services within the context of a human rights-based approach. The recent WHO 'Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations' are an important first step for a more comprehensive approach to HIV programming for YKP, but there are limited data on the effective delivery of combined interventions for YKP. Significant investments in research and implementation will be required to ensure adequate provision and coverage of services for YKP. In addition, greater commitments to harm reduction and rights-based approaches are needed to address structural barriers to access to care.

Keywords: adolescent, youth, injecting drug use, MSM, sex workers, risk, integrated services

Tailored combination prevention packages and PrEP for young key populations
Pettifor A, Nguyen NL, Celum C, Cowan FM, Go V, Hightow-Weidman L
Journal of the International AIDS Society 2015, 18 (Suppl 1): 19434
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4344537/pdf/JIAS-18-19434.pdf
0004_B_Pettifor_A_JIAS_2015

Introduction: Young key populations, defined in this article as men who have sex with men, transgender persons, people who sell sex and people who inject drugs, are at particularly high risk for HIV. Due to the often marginalized and sometimes criminalized status of young people who identify as members of key populations, there is a need for HIV prevention packages that account for the unique and challenging circumstances they face. Pre-exposure prophylaxis (PrEP) is likely to become an important element of combination prevention for many young key populations.

Objective: In this paper, we discuss important challenges to HIV prevention among young key populations, identify key components of a tailored combination prevention package for this population and examine the role of PrEP in these prevention packages.

Methods: We conducted a comprehensive review of the evidence to date on prevention strategies, challenges to prevention and combination prevention packages for young key populations. We focused specifically on the role of PrEP in these prevention packages and on young people under the age of 24, and 18 in particular.

Results and discussion: Combination prevention packages that include effective, acceptable and scalable behavioural, structural and biologic interventions are needed for all key populations to prevent new HIV infections. Interventions in these packages should meaningfully involve beneficiaries in the design and implementation of the intervention, and take into account the context in which the intervention is being delivered to thoughtfully address issues of stigma and discrimination. These interventions will likely be most effective if implemented in conjunction with strategies to facilitate an enabling environment, including increasing access to HIV testing and health services for PrEP and other prevention strategies, decriminalizing key populations' practices, increasing access to prevention and care, reducing stigma and discrimination, and fostering community empowerment. PrEP could offer a highly effective, time-limited primary prevention for young key populations if it is implemented in combination with other programs to increase access to health services and encourage the reliable use of PrEP while at risk of HIV exposure.

Conclusions: Reductions in HIV incidence will only be achieved through the implementation of combinations of interventions that include biomedical and behavioural interventions, as well as components that address social, economic and other structural factors that influence HIV prevention and transmission.

Keywords: HIV, key populations, combination prevention, pre exposure prophylaxis

Review: an urgent need for research on factors impacting adherence to and retention in care among HIV-positive youth and adolescents from key populations

Lall P, Lim SH, Khairuddin N, Kamarulzaman A

Journal of the International AIDS Society 2015 Feb 26;18(2 Suppl 1):19393
http://www.jiasociety.org/index.php/jias/article/view/19393
0005_B_Lall_P_JIAS_2015

INTRODUCTION: The 50% increase in HIV-related deaths in youth and adolescents (aged 10-24) from 2005 to 2012 highlights the need to improve HIV treatment and care in this population, including treatment adherence and retention. Youth and adolescents from key populations or young key populations (YKP) in particular are highly stigmatized and may face additional barrier(s) in adhering to HIV treatment and services. We reviewed the current knowledge on treatment adherence and retention in HIV care among YKP to identify gaps in the literature and suggest future directions to improve HIV care for YKP.

METHODS: We conducted a comprehensive literature search for YKP and their adherence to antiretroviral therapy (ART) and retention in HIV care on PsycInfo (Ovid), PubMed and Google Scholar using combinations of the keywords HIV/AIDS, ART, adolescents, young adults, adherence (or compliance), retention, men who have sex with men, transgender, injection drug users, people who inject drugs and prisoners. We included empirical studies on key populations defined by WHO; included the terms youth and adolescents and/or aged between 10 and 24; examined adherence to or retention in HIV care; and published in English-language journals. All articles were coded using NVivo.

RESULTS AND DISCUSSION: The systematic search yielded 10 articles on YKP and 16 articles on behaviourally infected youth and adolescents from 1999 to 2014. We found no studies reporting on youth and adolescents identified as sex workers, transgender people and prisoners. From existing literature, adherence to ART was reported to be influenced by age, access to healthcare, the burden

of multiple vulnerabilities, policy involving risk behaviours and mental health. A combination of two or more of these factors negatively impacted adherence to ART among YKP. Collectively, these studies demonstrated that future programmes need to be tailored specifically to YKP to ensure adherence.

CONCLUSIONS: There is an urgent need for more systematic research in YKP. Current limited evidence suggests that healthcare delivery should be tailored to the unique needs of YKP. Thus, research on YKP could be used to inform future interventions to improve access to treatment and management of co-morbidities related to HIV, to ease the transition from paediatric to adult care and to increase uptake of secondary prevention methods.

KEYWORDS: adherence; antiretroviral therapy; human immunodeficiency virus; retention in HIV care; young key populations

IDPC/Youth RISE case study series: Drug policy, harm reduction and young people in the United States
Pollard R
London, IDPC/Youth RISE, November 2014
http://www.youthrise.org/sites/default/files/resources/Drug-policy-case-study-young-people.pdf
0015_B_Pollard_R_IDPC_2014

While the USA has become infamous for having the largest prison population in the world as a result of its regressive drug policy, the impacts of its drug policy towards young people who use drugs are rarely discussed. This case study offers an overview of some of the main drug policy issues facing young people in the USA, looking at the impacts of the drug policy and harm reduction on young people, drawing data and evidence from official national statistics and experiences of young people who use drugs themselves. This paper then concludes with a series of recommendations for potential reform areas.

HIV and young people who inject drugs: A technical brief - Draft
Inter-Agency Working Group on Key Populations
Geneva, UNAIDS, July 2014
http://www.inpud.net/UNAIDS_YKP_Briefs_PWID_2014.pdf
0016_B_IAWGKP_UNAIDS_2014

This technical brief is one in a series addressing four young key populations. It is intended for policy-makers, donors, service-planners, service-providers and community-led organizations. This brief aims to catalyse and inform discussions about how best to provide services, programmes and support for young people who inject drugs. It offers a concise account of current knowledge concerning the HIV risk and vulnerability of young people who inject drugs; the barriers and constraints they face to appropriate services; examples of programmes that may work well in addressing their needs; and approaches and considerations for providing services that both draw upon and build the strengths, competencies and capacities of young people who inject drugs.

IDPC/Youth RISE case study series - The impacts of drug policy on young people: Mauritius
Krug A, Pollard R
London, IDPC/Youth RISE, March 2014
http://www.youthrise.org/sites/default/files/resources/IDPC-Youth-RISE-drug-policy-case-study_Mauritius.pdf
0017_B_Krug_A_IDPC_2014

This case study looks at these issues, presenting information drawn from surveillance data, policies and experiences of both local service providers and young people who use drugs themselves. In light of the challenges that young people face, this paper concludes with a series of recommendations for policy reform.

IDPC/Youth RISE case study series - The impacts of drug policy on young people: Romania
Pollard R
London, IDPC/Youth RISE, March 2014
http://www.youthrise.org/sites/default/files/resources/IDPC-Youth-RISE-drug-policy-case-study_Romania.pdf
0018_B_Pollard_R_IDPC_2014

The information presented in this paper is drawn from the experiences of local service providers, young people who use drugs and a review of the available literature. This case study is designed to offer a snapshot of the drug policy and harm reduction landscape in Romania in relation to young people. Based on the findings of this case study, we offer a series of key recommendations for effective policy reform that can improve the health of, and reduce stigma towards, young people who use drugs in Romania.

Parenting and Teen Drug Use: The Most Recent Findings from Research, Prevention, and Treatment
Scheier LM, Hansen WB (Eds.)
Oxford University Press, 31 January 2014
https://global.oup.com/academic/product/parenting-and-teen-drug-use-9780199739028?cc=gb&lang=en&
0019_B_Scheier_LM_OUP_2014

This book provides comprehensive coverage of the most current research on youth drug use and prevention, carefully and meticulously presenting empirical evidence and theoretical arguments that underlie the mechanisms linking parental socialization and adolescent drug use. Written by leading experts, chapters examine the causes and consequences of drug use, the myriad ways to prevent it, and the latest findings from the prevention research community regarding what works, with a specific emphasis on parenting techniques that have shown the most promise for reducing or preventing drug use in teens. *Parenting and Teen Drug Use* will provide valuable insight to a wide audience of clinicians, treatment providers, school counselors, prevention experts, social workers, physicians, substance abuse counselors, students, and those who work with youth on a day-to-day basis to influence positive youth adaptation. Chapters include:

Parental Influence on Adolescent Drug Use
Elizabeth Prom-Wormley, Hermine H. Maes, and Lawrence M. Scheier

Family-based Models of Drug Etiology
Wendy Kliewer and Nikola Zaharakis

Parenting Styles and Adolescent Drug Use
Lawrence M. Scheier and William B. Hansen

Adolescent Identity: Is This the Key to Unraveling Associations between Family Relationships and Problem Behaviors?
Elisabetta Crocetti, Wim H. J. Meeus, Rachel A. Ritchie, Alan Meca, and Seth J. Schwartz

Parenting from the Social Domain Theory Perspective: This Time it's Personal
Christopher Daddis and Judith G. Smetana

A Primer on Parent-Child Communication: Why Conversations Matter
Steven M. Giles and Lawrence M. Scheier

Parental and Peer Support: An Analysis of Their Relations to Adolescent Substance Use
Thomas A. Wills, Megan Carpenter, and Frederick X. Gibbons
http://www.academia.edu/attachments/35445671/download_file?st=MTQzMzQwODU3NSw4Ni4xNjMuODguMTY0LDMxODU5ODEz&s=work_strip&ct=MTQzMzQwODU3Niw0MTMwNTUsMzE4NTk4MTM=

Family-Based Prevention Programs
Karol L. Kumpfer and William B. Hansen

Adolescent Drug Abuse Treatment: Family and Related Approaches
Ken C. Winters, Andria Botzet, and Tamara Fahnhorst

Concluding Remarks: A Puzzle Has to Have Pieces
Lawrence M. Scheier and William B. Hansen

Multidimensional family therapy for adolescent drug users: a systematic review
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
Luxembourg, EMCDDA Papers, Office of the European Union, 2014
www.emcdda.europa.eu/attachements.cfm/att_222780_EN_TDAU13008ENN.pdf
0020_B_EMCDDA_EMCDDA_2014

During adolescence, some young people may experiment with both licit and illicit substances (alcohol, tobacco, cannabis and other drugs). This can have an impact on their behaviour, their relationships with others and how they function in society. For those who develop substance use disorders, family has a vital role to play in addressing this issue. This EMCDDA Paper focuses on a form of inclusive therapy that involves the young person, their family and their environment. Based on five studies carried out in the United States and the EU, the holistic approach encapsulated by Multidimensional family therapy initially delivers promising results that are visible both during therapy and after it has ended. However, the approach requires family engagement which cannot always be obtained, and may come at a higher cost than other therapeutic options.

New indicators to compare and evaluate harmful drug use among adolescents in 38 European countries
Mammone A, Fabi F, Colasante E, Siciliano V, Molinaro S, Kraus L, Rossi C

Nordic Studies on Alcohol and Drugs, 2014, Vol. 31, No. 4, p343-358
http://www.espad.org/PageFiles/2397/Mammone_2014.pdf
0021_B_Mammone_A_NSAD_2014

New trends in drug consumption reveal increasing polydrug use. Epidemiological indicators in the current use are based on the prevalence and the associated potential harm of a single "main" substance. New indicators are proposed in this publication to evaluate frequency and potential harm of poly-drug use. The indicators are used to compare drug use among countries based on survey data on adolescents' substance use in 38 European countries. The approach is based on an analysis of the frequency of use in the various population samples: lifetime use, twelve months use or last thirty days, depending on available data, and on the risk of harm for the substances used. Two indicators are provided: the frequency of use score (FUS) by summing the frequency of use of each substance, and the polydrug use score (PDS) that weigh all the substances used by their risk. The indicators FUS and PDS were calculated and the distribution functions were used to characterise substance use across ESPAD countries. The analysis shows important differences in poly-substance use severity among countries presenting similar prevention policies. Systematic analysis of substance use and the related risk are of paramount interest. The proposed indicators are designed to better monitor and understand consequences of polydrug use and to measure the resulting risk at country or population level. The indicators may also be used to assess the effects of policy interventions.

Reaching Out: A Learning Guide for Health Programming with Adolescents
Banerjee S, Freeman J
Plan UK, 2014, p43-49
http://www.plan-uk.org/assets/Documents/pdf/Reaching_out_report_final.pdf
0022_B_Banerjee_S_PlanUK_2014

An overview of harm reduction and implementation options for young people in the UK.

Smoking, drinking and drug use among young people in England in 2013
Fuller E, Hawkins V
London, Health and Social Care Information Centre, 2014
http://www.hscic.gov.uk/catalogue/PUB14579/smok-drin-drug-youn-peop-eng-2013-rep.pdf
0023_B_Fuller_E_HSCIC_2014

Especially Chapter 2, Drug Use, p17-52, including Section 2.3, 'Vulnerable pupils and drug use', p23.

This report contains results from an annual survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15). 5,187 pupils in 174 schools completed questionnaires in the autumn term of 2013. The survey report presents information on the percentage of pupils who have ever smoked, tried alcohol or taken drugs. It presents information on the prevalence, frequency and type of drug use by pupils. The report includes information about how much alcohol school pupils consume and how many cigarettes they smoke. The report also describes the attitudes of pupils towards smoking, drinking and taking drugs.

Injecting drug use in Manipur and Nagaland, Northeast India: injecting and sexual risk behaviours across age groups
Armstrong G, Nuken A, Medhi GK, Mahanta J, Humtsoe C, Lalmuanpuaii M, Kermode M
Harm Reduction Journal 2014, 11:27
http://www.harmreductionjournal.com/content/pdf/1477-7517-11-27.pdf

0024_B_Armstrong_G_HRJ_2014

Background: There is an HIV epidemic among PWID in Manipur and Nagaland, Northeast India. Approximately one-third of PWID across these two states are aged below 25 years, yet until now there has been no systematic investigation of the differences between the younger and older PWID. We sought to profile differences in drug use and sexual practices across age groups and to examine whether age is associated with injecting and sexual risk behaviours.

Methods: We used combined cross-sectional survey data collected in 2009 from two surveys involving a total of 3,362 (male) PWID in eight districts of Manipur and Nagaland. All data were collected using interviewer-administered questionnaires.

Results: Compared to PWID aged 35 years or older, PWID aged 18 to 24 years were more likely share needles/syringes in both Manipur (OR=1.8) and Nagaland (OR=1.6). Compared to PWID aged 35 years or older, PWID aged 18 to 24 years were almost two times as likely to draw up drug solution from a common container at their last injection in Manipur (OR=1.8). In Nagaland, PWID aged 18 to 24 years were more likely to use condoms consistently with both casual (OR=3.1) and paid (OR=17.7) female sexual partners compared to PWID aged 35 years or older.

Conclusion: Risky injecting practices were more common among younger PWID in both Manipur and Nagaland, while unprotected sex was more common among older PWID in Nagaland. There is a clear need to focus public health messages across different age groups.

Keywords: Injecting drug use; HIV; Youth

Substance use and risky sexual behaviours among street connected children and youth in Accra, Ghana
Oppong Asante K, Meyer-Weitz A, Petersen I
Substance Abuse Treatment, Prevention, and Policy 2014, 9:45
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4258041/pdf/13011_2014_Article_318.pdf
0025_B_Oppong_Asante_K_SATPP_2014

Background: Research on street children and youth has shown that this population is at high risk for substance use. Though risky sexual behaviours have been investigated and widely reported among street youth in resource constrained-settings, few studies have explored the relationship between substance use and other risk behaviours. This study was therefore conducted to examine the association between substance use and risky sexual behaviours among homeless youth in Ghana.

Method: A cross-sectional survey of a convenient sample of 227 (122 male and 105 female) street connected children and youth was conducted in Ghana in 2012. Using self-report measures, the relationship between substance use and risky sexual behaviours was examined using logistic regression.

Results: Substance use was relatively high as 12% and 16.2% reported daily use of alcohol and marijuana respectively. There were age and sex differences in substance use among the sample. As compared to males, more females had smoked cigarettes, used alcohol and marijuana. While alcohol use decrease with age, marijuana use on the other hand increases with age. Results from multivariate analysis revealed that having ever drunk alcohol and alcohol use in the past one month were independently associated with all the four indices of risky sexual behaviour (ever had sex, non-

condom use, multiple sexual partners and survival sex). Both marijuana use and smoking of cigarettes were associated with having ever had sex, multiple sexual partners and survival sex. Other drug use was independently associated with non-condom use.

Conclusion: Substance use seems to serve as a possible risk factor for sexual risk behaviours among homeless youth. Harm reduction interventions are needed to prevent street children and youth from engaging in substance use and risky sexual behaviours. Such programmes should pay special attention to females and younger children who are highly susceptible to the adverse conditions on the street.

Keywords: Aggregation of HIV risk behaviour, Ghana, Street youth, Substance use

Preference, Acceptability and Implications of the Rapid Hepatitis C Screening Test Among High-Risk Young People Who Inject Drugs
Hayes B; Briceno A; Asher A; Yu M; Evans JL; Hahn JA; Page K
BioMed Central Public Health. 2014; 14(645)
http://www.medscape.com/viewarticle/828347
0026_B_Hayes_B_BMCPH_2014

Background: PWID are at highest risk for hepatitis C virus (HCV) infection, yet many remain unaware of their infection status. New anti-HCV rapid testing has high potential to impact this.

Methods: Young adult (<30 years) active PWID were offered either the rapid OraQuick® or standard anti-HCV test involving phlebotomy, then asked to complete a short questionnaire about testing perceptions and preferences. Sample characteristics, service utilization, and injection risk exposures are assessed with the HCV testing choice as the outcome, testing preferences, and reasons for preference.

Results: Of 129 participants: 82.9% (n = 107) chose the rapid test. There were no significant differences between those who chose rapid vs. standard testing. A majority (60.2%) chose the rapid test for quick results; most (60.9%) felt the rapid test was accurate, and less painful (53.3%) than the tests involving venipuncture.

Conclusions: OraQuick® anti-HCV rapid test was widely accepted among young PWID. Our results substantiate the valuable potential of anti-HCV rapid testing for HCV screening in this high risk population.

Impacts of drug policy on young people who use drugs in Kyrgyzstan
Ganesha
London, Youth RISE, 2014
https://dl.dropboxusercontent.com/u/16336789/GANESHA%20report%20impacts%20drug%20policy.pdf
0027_B_Ganesha_YouthRISE_2014

The purpose of this study is to determine the impact of drug policies on young people who use drugs through questionnaires, and to make recommendations for the improvement of drug policy for young people. The study was conducted in the cities of Osh and Bishkek, with the support of Youth RISE and Open Society Foundations.

Harm Reduction for High-Risk Adolescent Substance Abusers
Fisher Sr. MS
National Association of Social Workers Press, Washington, DC., 2014
http://www.socialworkblog.org/nasw-publications/2014/12/harm-reduction-for-high-risk-adolescent-substance-abusers/
0028_B_Fisher-Sr_MS_NASW_2014

Harm reductive methods are used for adolescents who are at higher risk for aggression and violence during three phases: while obtaining the drugs, during active use, and during withdrawal from the substances. Fisher explains harm reduction as an evidence-based method that concentrates on behavior modification and refrains from making moral judgments. He recognizes abstinence-only programs as unrealistic, moral value–laden frameworks based on dishonesty and simplification. It is not the substance use, but rather the physical, psychosocial, emotional, and often legal consequences of use that lead to terrible consequences among adolescents. *Harm Reduction for High-Risk Adolescent Substance Abusers* provides the research, discussion, and specific clinical techniques that can be used in private practices. Cognitive–behavioral therapy and skill development, psychoeducational and interpersonal skills, anger management, and support group therapies are discussed, as are ethical issues that may come up in practice. The book serves as a good resource for therapists, counselors, and clinicians to help adolescents who have lost control and are signaling for help to get their life back on track and grow into adulthood as successful members of society.

Chapter 1: Prevalence of Adolescent Substance Use

Chapter 2: Aggression and Violence among Adolescents

Chapter 3: Link between Aggression and Violence and Substance Use

Chapter 4: Evaluating Substance Use Disorders

Chapter 5: Substance Abuse Treatment for Adolescents

Chapter 6: Harm Reduction Methods for Treating Substance Use Disorders in Adolescents

Chapter 7: Cognitive–Behavioral and Skill Development Groups

Chapter 8: Psychoeducational and Interpersonal Skills Groups

Chapter 9: Adolescent Substance Abuse Group Work

Chapter 10: Anger Management Group Therapy

Chapter 11: Compliance Issues Associated with Adolescent Substance Abusers: A Social Work Model

Chapter 12: Adolescent Substance Abuse Support Groups

Chapter 13: Social Work and Substance Abuse Treatment Ethical Issues

Conclusion

Observer's Intervention on Youth Thematic Segment – Harm Reduction International
Barrett D
NGO Delegation to the UNAIDS 33rd PCB, Blog, Decisions and interventions, Geneva, 19 December 2013
http://www.unaidspcbngo.org/2013/12/observers-intervention-on-youth-thematic-segment-harm-reduction-international/
0036_B_Barrett_D_HRI_2013

This document notes that injecting drug use among adolescents has been largely overlooked in responses to HIV and that Harm Reduction International (HRI) has undertaken the first global snapshot of available data on this issue. Barrett notes that national population size estimates are exceptionally rare for this age group and that under-18s are often not included in behavioural surveillance. Furthermore, specific research is quite rare and a lot of what is available is isolated, one off or old. In other words, Barrett states that most countries don't know their epidemic but that this should not prevent action:

- Early onset of injecting, and having recently begun injecting, have been associated with increased risks of HIV and hepatitis C transmission.
- Low ages of initiation are clear across regions. In Nepal, for example, it is estimated that 20% of people who inject may be under 18.

A third of young people who inject reported starting under the age of 15 in Albania – a quarter in Romania. In Indonesia, adolescents are almost twice as likely to share needles than older counterparts. They are less likely to test for HIV. In Ukraine it has been estimated that there are just over 50,000 adolescents injecting drugs. According to data from harm reduction services, about 800 were reached last year. And that raises the key question of knowing our responses. Adolescents who inject drugs are less likely to use or access basic harm reduction services. Rarely are services that do exist geared up for work with adolescents who have needs and vulnerabilities that render delivery of those services more difficult, additional to their legal status as a minor.

The existing comprehensive package on HIV and injecting drug use was not developed with adolescents in mind. So it is inadequate. And each of the nine interventions is more difficult to deliver for this age group. I don't want to understate the complexities or sensitivities this involves. Of course it would be better if adolescents were not using drugs. But let's remember that many are living in exceptionally difficult circumstances. Imagine a girl of 15 who is injecting drugs. She lives on the streets. She cannot go home due to abuse. Her drug use is a response to that. This is why harm reduction is so important. Even if we can guarantee that tomorrow we can help her overcome that trauma. Even if tomorrow we can reunite her with her mother and even if tomorrow we can help her stop using drugs, today she is going to inject multiple times, and each occasion could expose her to serious harm including HIV. So what are we going to do? And how many like her are there? I leave you with that challenge and look forward to more attention to this issue.

The 2011 ESPAD Report: Substance Use Among Students in 36 European Countries
Hibell B, Guttormsson U, Ahlström S, Balakireva O, Bjarnason T, Kokkevi A, Kraus L

Stockholm, The Swedish Council for Information on Alcohol and Other Drugs (CAN), May 2012
http://www.espad.org/uploads/espad_reports/2011/the_2011_espad_report_full_2012_10_29.pdf
0054_B_Hibell_B_CAN_2012

Summary: 2011 ESPAD Report: Substance Use Among Students in 36 European Countries
EMCDDA
Luxembourg, EMCDDA, Office of the European Union, 2012
http://www.espad.org/uploads/espad_reports/2011/extended_emcdda_2011_espad_summary_en.pdf
0055_B_EMCDDA_EMCDDA_2012

A supplement to the 2011 ESPAD Report – Additional data from Bosnia and Herzegovina (Federation of Bosnia and Herzegovina), Kosovo (under UNSCR 1244) and the Netherlands
Hibell B, Ulf Guttormsson U
Stockholm, The Swedish Council for Information on Alcohol and Other Drugs (CAN), December 2013
http://www.espad.org/Uploads/ESPAD_reports/2011/FULL%20REPORT%20-%20Supplement%20to%20The%202011%20ESPAD%20Report%20-%20WEB.pdf
0037_B_Hibell_B_CAN_2013

Summary of the Supplement to The 2011 ESPAD Report
Stockholm, The Swedish Council for Information on Alcohol and Other Drugs (CAN), December 17, 2013
http://www.espad.org/Uploads/ESPAD_reports/2011/SUMMARY%20-%20Supplement%20to%20The%202011%20ESPAD%20Report%20-%20WEB.pdf
0038_B_Hibell_B_CAN_2013

The main purpose of the European School Survey Project on Alcohol and Other Drugs (ESPAD) is to collect comparable data on substance use among 15- to 16-year-old European students in order to monitor trends within as well as between countries. In the 2011 ESPAD data collection, more than 100,000 students took part in the following countries: Albania, Belgium (Flanders), Bosnia and Herzegovina (Republic of Srpska), Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany (five Bundesländer), Greece, Hungary, Iceland, Ireland, the Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Malta, Moldova, Monaco, Montenegro, Norway, Poland, Portugal, Romania, the Russian Federation (Moscow), Serbia, Slovakia, Slovenia, Sweden, Ukraine and the United Kingdom. The 2011 target population was students born in 1995, with a mean age of 15.8 years at the time of data collection.

Nearly one-in-three (29%) of the students in the ESPAD countries perceived cannabis to be (fairly or very) easily available. Amphetamines and ecstasy are not considered to be as readily available as cannabis. On average, 21% of the boys and 15% of the girls have tried illicit drugs at least once during their lifetime, according to the 2011 survey. Boys have been clearly more likely to have done this in all surveys; in the latest wave, significantly higher figures for boys were found in more than two-thirds of the ESPAD countries. The vast majority of the students who have tried illicit drugs have used cannabis. Ecstasy and amphetamines share second place (3% each) while cocaine, crack, LSD and heroin were less commonly reported (1–2%). On average, more boys than girls have tried illicit drugs other than cannabis: 7% versus 5% in 2011. The figures are also significantly higher for boys in 14 countries, even though there is one country, Monaco, where significantly more girls reported this. The overall impression is that the increase in the use of illicit drugs between 1995 (11%) and

2003 (20%) observed among the ESPAD countries came to a halt in 2003, since the average prevalence was then 18% both in 2007 and in 2011.

Hepatitis C Virus Infection in Young Persons Who Inject Drugs: Consultation Report
Technical Consultation, February 26–27, 2013
Koh HK, Valdiserri RO
US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy, May 29, 2013
https://www.aids.gov/pdf/hcv-and-young-pwid-consultation-report.pdf
0039_B_Koh_HK_USDHHS_2013

On February 26–27, 2013, the U.S. Department of Health and Human Services (HHS) Office of HIV/AIDS and Infectious Disease Policy, in partnership with the National Institutes of Health, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Administration, and other federal agencies, convened a 2-day consultation to address the emerging epidemic of hepatitis C infection among young persons who inject drugs

Topline Strategies Identified include: (1) Create community-led education and messaging strategies on hepatitis C risks, injection transmission risks (e.g., sharing ancillary injection equipment), and HCV testing resources; (2) Improve and increase infrastructure for HCV surveillance and data collection; (3) Create age-appropriate (e.g., young adult) substance use and hepatitis C interventions and prevention strategies that are evidence based and effective; and (4) Expand both community-based and basic science research activities to better understand how to effectively address the emerging crisis of hepatitis C infection among young IDUs.

Meeting Themes included: (1) Understand the influence of family; (2) Use adolescent- and youth-appropriate strategies; (3) Include the voices of young people; (4) Address social networks; (5) Expand access to sterile preparation and injection equipment for drug users who cannot or will not stop injecting; (6) Leverage opportunities related to advances in HCV treatment; (7) Address HCV surveillance gaps; (8) Use community-level interventions to address systems barriers to prevention, treatment and care services; and, (9) Foster a coordinated federal and private sector response to this public health issue.

Injection Drug Use and Hepatitis C Virus Infection in Young Adult Injectors: Using Evidence to Inform Comprehensive Prevention
Page K, Morris MD, Hahn JA, Maher L, Prins M
Clinical Infectious Diseases (2013) Vol. 57, Issue Supplement 2, S32-S38
http://cid.oxfordjournals.org/content/57/suppl_2/S32.full.pdf
0040_B_Page_K_CID_2013

The hepatitis C virus (HCV) virus epidemic is ongoing in the United States and globally. Incidence rates remain high, especially in young adult injection drug users. New outbreaks of HCV in the United States among young adults, in predominantly suburban and rural areas, have emerged and may be fueling an increase in HCV. This paper discusses some key HCV prevention strategies that to date have not been widely researched or implemented, and wherein future HCV prevention efforts may be focused: (1) reducing sharing of drug preparation equipment; (2) HCV screening, and testing and counseling; (3) risk reduction within injecting relationships; (4) injection cessation and “breaks”; (5) scaled-up needle/syringe distribution, HCV treatment, and vaccines, according to suggestions from mathematical models; and (6) “combination prevention.” With ongoing and expanding transmission

of HCV, there is little doubt that there is a need for implementing what is in the prevention "toolbox" as well as adding to it. Strong advocacy and resources are needed to overcome challenges to providing the multiple and comprehensive programs that could reduce HCV transmission and associated burden of disease worldwide in people who inject drugs.

Keywords: hepatitis C virus, prevention, injection drug users, syringe access, counseling and testing, harm reduction, HCV treatment, HCV vaccine, combination prevention

Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people
Coren E, Hossain R, Pardo Pardo J, Veras MMS, Chakraborty K, Harris H, Martin AJ
Cochrane Database of Systematic Reviews 2013, Issue 2. Art. No.: CD009823. DOI: 10.1002/14651858.CD009823.pub2
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009823.pub2/pdf
0041_B_Coren_E_CDSR_2013

There are millions of children and young people estimated to be living and working on the streets around the world. Many have become resilient but continue to be vulnerable to risks. To promote their best chances in life, services are needed to reduce risks and prevent marginalisation from mainstream society. Eleven studies evaluating 12 interventions have been rigorously conducted of services to support street-connected children and youth, all in the developed world. They compared therapy-based services with usual shelter and drop-in services. The results of these studies were mixed but overall we found that participants receiving therapy or usual services benefitted to a similar level. There is a need for research which considers the benefit of usual drop-in and shelter services, most particularly in low and middle income countries, and which includes participation of street-connected children and young people. None of the studies included participants that were comparable to some street children in low income countries, who may be on the street primarily to earn a living or as a result of war, migration or urbanisation.

Adolescent Substance Use in Stepfamilies, Single-and Two-Biological-Parent Families -A Cross-National Comparison Across 37 Countries
Schnettler S, Steinbach A
Poster, Universitat Konstanz, 2013
www.academia.edu/attachments/31495825/download_file?st=MTQzMzQwODU3NSw4Ni4xNjMuODguMTY0LDMxODU5ODEz&s=work_strip
0042_B_Schnettler_S_UK_2013

Results: Roughly 55% of adolescents consume alcohol or tobacco occasionally; Complexity of family constellation increases the probability for substance use; Highest probability of substance use in complex step-families; Small amount of variance between countries (~ 6-10%); Highest prevalence of substance use in Eastern European welfare regimes; and, Family complexity has relatively stronger effect in Social Democratic, Liberal regimes.

Background paper: Review of the evidence on child protection and HIV synergies
Long S, Bunkers K
Inter-Agency Task Team (IATT), March 2013
http://www.streetchildrenresources.org/wp-content/uploads/gravity_forms/1-07fc61ac163e50acc82d83eee9ebb5c2/2013/07/Background-paper-HIV-and-CP-linkages-Final.pdf
0044_B_Long_S_IATT_2013

This paper summarises the literature that was undertaken for a study commissioned by the Inter-Agency Task Team on Children and HIV – Building protection and resilience: Synergies for child protection systems and children affected by HIV and AIDS. The study aims to better understand the ways in which child protection systems can respond to the needs of children living with and affected by HIV. It also sets out to identify how the children affected by HIV sector can contribute towards the child protection systems strengthening efforts with the end goal being child protection systems that meet the needs of all children who are vulnerable to abuse, violence, exploitation and neglect, whilst also meeting the unique needs faced by HIV-affected children.

Injecting Drug Use Among Children and the Child's Right to Health: Submission of Harm Reduction International to the OHCHR Study on Children's Right to Health (Human Rights Council Resolution 19/37)
Barrett D, Hunt N, Fletcher A
London, Harm Reduction International, 28 September 2012
http://www.ohchr.org/Documents/Issues/Children/Study/RightHealth/Harm_Reduction_International.pdf
0050_B_Barrett_D_HRI_2012

The paper outlines the considerable differences when it comes to implementing the child's right to health and legal, practical and ethical dilemmas raised when working with children who inject drugs that do not arise in the same way with adults.

The international working group on young people, injecting drug use and HIV: research findings and recommendations
Hunt N
XIX International AIDS Conference, Washington DC, USA, 26 July 2012
http://pag.aids2012.org/PAGMaterial/PPT/823_540/hunt%20barrett%20fletcher%20-%20children%20yp%20injecting%20hiv%20-%2012th%20iac%20july%202012%20ver%201.8.pptx
0051_B_Hunt_N_IAC_2012

Powerpoint summary of the research findings and recommendations presented at the 19th International AIDS Conference, Washington, DC, USA.

Children and young people, injecting and HIV: Under-18 and overlooked: Romania's Story
Tomus I
Romanian Harm Reduction Network
XIX International AIDS Conference, Washington DC, USA, 26 July 2012
http://pag.aids2012.org/PAGMaterial/PPT/824_541/final.pptx
0052_B_Tomus_I_IAC_2012

Overview of CYPUD in Romania presented at the 19th International AIDS Conference, Washington, DC, USA.

Engaging Young People who Use Drugs in Developing Youth Friendly Harm Reduction Programmes: Innovative Approaches from around the World
XIX International AIDS Conference, July 23, 2012, 13:0-14:00, Washington, DC, USA
http://pag.aids2012.org/session.aspx?s=447
0053_B_Ramlagan_S_IAC_2012

Evidence shows the majority of people who use drugs begin doing so in their youth when the risk of harm is greatest. This session will present four innovative youth-led harm reduction projects, one

global project and three national projects from Kyrgyzstan, Lebanon and Canada. These projects seek to mobilize the active engagement of young people who use drugs in all aspects of their development and implementation. The four presenters will share their experiences and methods in challenging the barriers faced by young people in accessing services. They will highlight how youth participation is critical to the successful development and implementation of services ensuring that they are relevant and appropriately meet young people's needs. Participants will learn from these successful projects how to better understand the barriers and needs of young people who use drugs and their vital role in leading harm reduction service design and implementation for their peers.

Rapporteur report by Ramlagan S:

Illicit drug use is increasing the world over and today, more and more people, especially the youth are using drugs illicitly. These drugs include over the counter (OTC) drugs, prescription medication illegally obtained or used and drugs that are regarded as illegal. Harm reduction services currently set up to help illicit drug users are more often than not, not suited to the youth.

The session presented the work of Youth Rise and its affiliates in Canada, Lebanon, and Mauritius. All speakers made the extremely important point that harm reduction interventions developed by the youth for the youth are needed. The current problems experienced is that harm reduction interventions are generally only accessible to those over 18 years of age, there is a lack of confidentiality, need for parental consent, vague laws, and is set up by older people so it does not speak to the youth. What is required is that the youth need to be engaged both in service design and implementation, laws need to be rewritten and programs developed specifically for the youth.

Youth report by Gray J:

This session focused on the increasing need for harm reduction services specifically targeting young people.

Youth RISE is a youth-led network with a strong advocacy focus with the aim of establishing evidence based policies concerning harm reduction for young people. Young people face many barriers to accessing harm reduction services including age restrictions, confidentiality issues, lack of youth specific services and unclear laws, which promote caution among service providers. Addressing this requires an understanding of regional contexts, which is best provided by the young people who use drugs. It was noted that there is a lack of focus on harm reduction at this conference despite strong evidence-based programs being available.

Drug users in Lebanon face many challenges. They are often forced to choose between treatment centres and prison and in 2009, 2,228 people were arrested on drug use charges. Abstinence is strongly promoted, NSPs are illegal and substitution programs remain controversial. NGOs currently work in this area but until the advent of a new NGO, S.I.B.A, none of these gave young people a voice in decision making processes. There are current efforts to integrate youth voices through S.I.B.A into existing services and organisations.

The Trip project in Canada is a long running peer led initiative to support people who use drugs in club settings. It performs outreach with educational materials and party packs which include condoms, lube, ear plugs and a straw for safer snorting. The project engages in advocacy, maintains a strong online presence and develops all of its educational materials in house.

In Mauritius, half of people who inject drugs are HIV positive and 95% are HCV positive. Harm reduction has been strongly advocated since 2004 and needle and syringe programs are available. However, there are no youth specific services, despite 7 out of 10 people presenting at rehab facilities are young and NSPs are restricted to those over 18. Lobbying efforts are underway to get these issues included into the new HIV National Strategic Framework.

TRIP! Project: a youth driven peer-led harm reduction initiative focusing on young people in Toronto's electronic music communities

SIBA: an NGO working on drug policy reform and harm reduction education in the Middle East
Daouk S, Lebanon
http://pag.aids2012.org/PAGMaterial/PPT/815_784/siba%20ppt.pptx

Introducing harm reduction in Mauritius and why it is important for interventions to reach young people who use drugs
Rostom G, Mauritius
http://pag.aids2012.org/PAGMaterial/PPT/729_706/pils%20-%20g.rostom%20-%20young%20people%20and%20harm%20reduction%20in%20mauritius%20%5B2012%5D%20final.pptx

Youth RISE: A global network of young people advocating for drug reform policy & harm reduction interventions for young people
Pollard R, UK
http://pag.aids2012.org/PAGMaterial/PPT/814_3186/aids%202012%20gv%20presentation%20robin.pptx

Youth Harm Reduction Programs in Ontario
LaMarre A
University of Guelph, Canada, September 2012
http://www.theresearchshop.ca/sites/default/files/LaMarre_Andrea_Youth%20Harm%20Reduction%20Report_RevisedSeptember2012.pdf
0056_B_LaMarre_A_UoG_2012

A review of the academic and grey literature surrounding the use of harm reduction strategies for youth reveals several tensions in implementing harm reduction practices, in particular needle exchanges, in the youth program context. Harm reduction practices are particularly contentious when developing programs for youth based on categories of vulnerability to which youth may belong, including age and homeless status. This report explores the barriers to providing needed services to youth without establishing a “culture of drug use” and the strategies for harm reduction service provision proposed or employed by shelters and programs in Ontario. Using scholarly journal article and Google searches, as well as informational interviews with youth shelters and programs operating under a harm reduction model, the report reviews the ways in which tensions surrounding youth and NEP use are managed by existing programmes.

Making health services adolescent friendly: developing national quality standards for adolescent friendly health services
World Health Organisation
Geneva, WHO, 2012
http://apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf
0057_B_WHO_WHO_2012

This Guidebook sets out the public health rationale for making it easier for adolescents to obtain the health services that they need to protect and improve their health and well-being and is intended for national public health programme managers, and individuals in organizations supporting their work. Its focus is on managers working in the government sector, but it will be equally relevant to those working in NGOs and in the commercial sector. Chapter 1 outlines the theoretical basis for actions to improve the quality of health service provision to adolescents. Chapter 2 describes a step-by-step process to develop national quality standards for health service provision to adolescents. Chapter 3 provides materials that can be used to prepare for and conduct a workshop to develop national quality standards for adolescent-friendly health services. Annex 1 lists the five dimensions of quality health services for adolescents and the twenty characteristics that relate to them. Annex 2 lists the actions to be taken at national, district and local levels to improve the quality of health service provision to adolescents.

Other substance use
Cheung W, Kit-sum Lam A, Hung S
In Rey JM (ed), IACAPAP e-Textbook of Child and Adolescent Mental Health
Geneva, International Association for Child and Adolescent Psychiatry and Allied Professions, 2012
http://iacapap.org/wp-content/uploads/G.3-OTHER-SUBSTANCE-USE-072012.pdf
0061_B_Cheung_W_IACAPAP_2012

This chapter focuses mainly on the use of substances other than alcohol and cannabis: amphetamines, benzodiazepines, cocaine, codeine, opiates, “club” or “recreational” drugs (GHB, MDMA, Ketamine, and mephedrone), hallucinogens, and inhalants.

The association of sexual risk behaviors and problem drug behaviors in high school students
Doku D
BioMed Central Public Health 2012, 12:571
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3517501/pdf/1471-2458-12-571.pdf
0260_B_Doku_D_BMCPH_2012

Background: The association between risky sexual behaviours and substance uses among Ghanaian youth were investigated.

Methods: An in-school cross-sectional representative survey was conducted among 12-18-year- old youth in Ghana in 2008 (N = 1195, response rate =90%). Logistic regression analyses were employed to investigate the association between substance use (tobacco use, drunkenness, marijuana use and other drug uses) and risky sexual behaviours (sexual debut, condom use and number of sexual partners).

Results: Of all youth, 25% (28% boys and 23% girls) were sexually experienced. The mean age for first sexual intercourse was 14.8 years (14.4 years for boys and 15.1 years for girls). Among the sexually experienced, 31% had multiple sexual partners. Older age (OR = 3.4, 95% CI = 1.7-3.4) and rural residency (OR = 1.5, 95% CI = 1.1-2.1) were independently associated with sexual debut while only older age (OR = 2.4, 95% CI = 1.7-3.4) was associated with condom use. Additionally, smoking (OR = 3.7, 95% CI = 2.0-6.8), tawa use (OR = 2.4, 95% CI = 1.3-4.7), tobacco use (OR = 2.8, 95% CI = 1.7-4.7) drunkenness (OR = 1.7, 95% CI = 1.1-2.8) and marijuana use (OR = 3.3, 95% CI = 1.6-7.0) were independently associated with sexual debut. Furthermore, all substance uses studied were associated with having one or multiple sexual partners.

Conclusion: Substance use seems to be a gateway for risky sexual behaviours among Ghanaian youth. Public health interventions should take into account the likelihood of substance use among sexually experienced youth.

Keywords: Sexual behaviour, Adolescents, Aggregation of risky behaviours, Ghana, Socioeconomic status

Opportunity in Crisis: Preventing HIV from early adolescence to young adulthood
UNICEF, UNAIDS, UNESCO, UNFPA, ILO, WHO and The World Bank
New York, UNICEF, June 2011
http://www.unicef.org/media/files/Opportunity_in_Crisis_LoRes_EN_05182011.pdf
0065_B_UNICEF_UNICEF_2011

Today, around the world, there are 5 million young men and women living with HIV. *This report* examines the state of the HIV epidemic among young people, highlighting the challenges they face and presenting solutions informed by evidence of what works with different age groups and in different epidemic settings. The report outlines key steps towards building a continuum of HIV prevention that can help keep children HIV-free as they develop into young adults.

Children of the Drug War: Perspectives on the Impact of Drug Policies on Young People
Barrett D (Ed.)
New York, International Debate Education Association, 2011
http://www.ihra.net/files/2011/08/08/Children_of_the_Drug_War%5B1%5D.pdf

especially Part 4: Justification: Children, Drug Use, and Dependence, p171-236:
http://www.ihra.net/files/2011/08/08/Part_4.pdf
0066_B_Barrett_D_IDEA_2011

A collection of original essays that investigates the impacts of the war on drugs on children, young people and their families. With contributions from around the world, providing different perspectives and utilizing a wide range of styles and approaches including ethnographic studies, personal accounts and interviews, the book asks fundamental questions of national and international drug control systems.

Drug use, drug dependence and the right to health under the UN Convention on the Rights of the Child: Submission to the UN Committee on the Rights of the Child: General Comment on Article 24
Harm Reduction International, Youth RISE, The Eurasian Harm Reduction Network
15 December 2011
http://www2.ohchr.org/english/bodies/crc/docs/CallSubmissions_Art24/HRI_YouthRISE_EHRN.pdf
0067_B_HRI_HRI_2011

The submission is divided into two main parts: normative content and specific obligations. it sets out normative guidance in relation to drug use and dependence among children and young people as a health rather than a criminal matter; and a test for consideration of 'appropriate measures' to address this in the context of the CRC. This is vital given the dominant criminal law response to drug use in most countries.

Deep Entanglements: The Complexities of Disengaging from Injecting Drug Use for Young Mothers
Martin FS
Contemporary Drug Problems, September 2011, Vol. 38, No. 3, p335-366

http://cdx.sagepub.com/content/38/3/335.abstract
0068_B_Martin_FS_CDP_2011

Most studies of relapse and recovery among women drug users with children focus on improving their access to drug treatment. This article explores disengagement from a sociological perspective, as a process of personal and social identity transition. Drawing on an ethnographic study of young mothers and pregnant women attempting to disengage from injecting drug use, I suggest that this process is further compounded by a number of factors. Many women find it difficult to establish ties to the non-drug-using world, in part due to social isolation and in part due to ongoing stigmatization. Despite wanting to do what is best for their children, many are also ambivalent about giving up drug-using activities and relationships that remain integral to their identities. I argue that these are significant, complicating factors in the process of disengagement for women with children, which have implications for the kind of services and programs available to them.

Keywords: Ethnography, injecting drug use, women, children, identity transition

Consensus Statement of the Reference Group to the United Nations on HIV and Injecting Drug Use 2010
Geneva, WHO, 2010.
http://www.who.int/hiv/topics/idu/reference_group_consensus_statement2010.pdf
0078_D_RefGrp_WHO_2010

Chapter 1.1.4 relates to consideration of young people who use drugs.

Young people, recreational drug use and harm reduction
Fletcher A, Calafat A, Pirona A and Olszewski D
In, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Harm reduction: evidence, impacts and challenges. Rhodes T and Hedrich D. (eds.).
Scientific Monograph Series No. 10, Lisbon, April 2010, Chapter 13, p357-376
The full monograph is available at
http://www.emcdda.europa.eu/attachements.cfm/att_101257_EN_EMCDDA-monograph10-harm%20reduction_final.pdf,
0081_B_Fletcher_A_EMCDDA_2010

Chapter 13 can be accessed at
http://www.emcdda.europa.eu/attachements.cfm/att_101274_EN_emcdda-harm%20red-mon-ch13-web.pdf

Chapter 13 of the monograph focuses primarily on young people's use of illegal drugs (rather than alcohol and tobacco use). However, the authors find the potential for harm is likely to be greatest when young people use both drugs and alcohol. The monograph reviews the prevalence of drug use among young people in Europe and the related adverse health and other harms. The appropriateness and likely effectiveness of different types of interventions that aim to reduce the harms associated with young people's recreational drug are then discussed. Furthermore, the monograph considers young people's recreational drug use to be drug use that occurs for pleasure, typically with friends, in either formal recreational settings, such as nightclubs, and/or informal settings, such as on the streets and in the home. This is thus a broader definition than the one applied in other EMCDDA publications, which often focus specifically on young people's drug use within a 'nightlife context'. The authors primarily focus on young people aged 14-19, although some studies report on other age ranges (e.g. 14-24) and therefore at times it has been necessary to

define 'young people' more broadly. In addition, the authors argue that data on prevalence and trends of drug use among young people often aim to provide an indication of overall levels of use and therefore do not always distinguish between recreational drug use and more problematic patterns of use. The monograph covers cannabis, ecstasy, amphetamines, cocaine, together with health and other harms associated with their use by young people in Europe. Interventions summarised in the monograph include:

1) Individual and group-based approaches to health promotion that include:

- School-based drugs education and prevention
- Mass media campaigns
- Brief interventions
- Youth development programmes

2) Settings-based approaches to health promotion that include:

- Interventions in recreational settings
- Whole-school interventions

Engagement with Most-at-Risk Adolescents: Strategy Paper
AIDS Foundation East-West (AFEW)
Amsterdam, AFEW, June 17, 2010
http://oud.afew.org/uploads/media/Engagement_with_Most-at-Risk_Adolescents.pdf
0082_B_AFEW_AFEW_2010

By reaching high-risk youth early with effective interventions, programmes have the chance to help prevent initiation into injecting drug use, entry into sex work, high-risk sexual activity, and incarceration. In cases in which such behaviours have already started, programmes have the opportunity to prevent many of their negative consequences, including HIV. For these reasons, AFEW has developed a strategy to guide its work in this area.

Injecting drug use, sex work and HIV among children and adolescents at risk
Briefing to the UN Committee on the Rights of the Child on Ukraine's 4th periodic report on the implementation of the Convention on the Rights of the Child
Eurasian Harm Reduction Network and the International Harm Reduction Association.
London, International Harm Reduction Association, April 2010
http://www.ihra.net/files/2011/02/10/EHRN_IHRA_Ukraine_report_CRC.pdf
0083_B_EHRN_EHRN_2010

The proportion of young injecting drug users in Ukraine is growing. People under 25 may represent around half of all injecting drug users in the country – between 136,500 and 246,500. The majority of young males aged 15-19 living with HIV contracted the virus through unsafe injecting, and the majority of girls of the same age through heterosexual contact. There is a lack of specialised harm reduction and drug dependence treatment services for children and adolescents at risk. There are many legal, policy and attitudinal barriers deterring young drug users and sex workers from coming forward for assistance. Children whose parents are drug users and/or living with HIV have been overlooked and require special attention. Positive developments, including work by UNICEF and civil society, should be built upon.

Young people and drugs: Next generation of harm reduction
Merkinaite S, Grund JP, Frimpong A
International Journal of Drug Policy, Volume 21, Issue 2, March 2010, p112–114
https://dl.dropboxusercontent.com/u/16336789/Academic%20papers%20and%20fact%20sheets/Young%20people%20and%20drugs%2C%20the%20next%20generation%20of%20harm%20reduction.pdf
0084_B_Merkinaitea_S_IJDP_2010

and also,

International Journal of Drug Policy, 2009, doi:10.1016/j.drugpo.2009.11.006
http://www.researchgate.net/profile/Jean_Paul_Grund/publication/271204382_2010-Merkinaite_Grund__Frimpong-Young_people_and_drugs_Next_generation_of_harm_reduction_IJDP/links/54c128200cf2dd3cb9580a48.pdf

Globally, young people under 25 accounted for an estimated 45% of all new HIV infections in 2007. Across the Eastern Europe and Central Asia region as many as 25% of injecting drug users (IDUs) are younger than 20. The Eurasian Harm Reduction assessment of young peoples' (under 25) drug use, risk behaviours and service availability and accessibility confirms, young people at risk of injecting, or those already experimenting with injecting drugs, find themselves isolated from health and prevention services, which increases the risks for health and social harms, while the approach towards young peoples' use rely heavily on law enforcement. Denying young drug users' access to life-saving drug treatment and other harm reduction services contributes to the risk environment surrounding their use and violates their right to health and well-being as identified in the Convention on the Rights of the Child. Governments, health care providers and harm reduction services should work together to create an environment in which young people can access needed services, including non-judgmental and low-threshold approaches offered by harm reduction programs.

Keywords: Young people; Harm reduction; Drug injecting

Adolescent Substance Use: America's #1 Public Health Problem
National Center on Addiction and Substance Use
New York, National Center on Addiction and Substance Use, Columbia University, 2010
http://www.casacolumbia.org/addiction-research/reports/adolescent-substance-use
0085_B_NCASU_NCASU_2010

The report says that it is essential to educate the public that teen substance use is a public health problem and that addiction is a complex brain disease that, in most cases, originates in adolescence. The health systems in the USA must work to prevent or delay the onset of substance use through effective public health measures. Routine screenings should be conducted by health care providers to identify at-risk teens. Once these teens are identified, health care providers must intervene to reduce risky use and provide appropriate treatment if needed.

Blame and Banishment: The underground HIV epidemic affecting children in Eastern Europe and Central Asia
Geneva, UNICEF Regional Office for Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS), 2010
http://www.unicef.org/ceecis/UNICEF_BlameBanishment_WEB_final.pdf
0086_B_UNICEF_UNICEF_2010

The report brings to life the experiences of children, families and young people living with HIV. It gives voice to their stories of despair, stigma and social exclusion, as well as to their courage and hope. It explores the systemic failures in responding to their needs and outlines some good practices. It also describes the contradictions that children and young people, particularly those who are most at risk of HIV, face on a daily basis: societies insist that they conform to social norms, yet exclude them and brand them as misfits; health and social protection systems do not serve their needs and diminish their chances of living normal lives, but blame them when they fail to cope. The report also features some compelling photographs of the realities of living on the edge.

Children's rights and drug use
Child Rights Information Network (CRIN), 2010
http://www.crin.org/docs/Childrens_rights_and_drug_use.pdf
0087_B_CRIN_CRIN_2010

An overview of issues concerning children and drug use.

Street-based adolescents at high risk of HIV in Ukraine
Busza JR, Balakireva OM, Teltschik A, Bondar TV, Sereda YV, Meynell C, Sakovych O
Journal of Epidemiology Community Health (2010). doi:10.1136/jech.2009.097469
http://jech.bmj.com/content/early/2010/09/23/jech.2009.097469.full.pdf
0088_B_Busza_JR_JECH_2010

Background: Ukraine has the highest HIV prevalence in Europe, with young people disproportionately represented among populations at high risk. One particularly vulnerable group comprises adolescents who live or work on the streets. This study aimed to measure the extent and distribution of HIV risk behaviours among street-based adolescents in four Ukrainian cities as part of a regional UNICEF HIV prevention programme for most-at-risk adolescents.

Methods: A cross-sectional behavioural survey was conducted of 805 adolescents (aged 10-19 years) in the cities of Kiev, Donetsk, Dnepropetrovsk and Nikolaev. Using location-based network and convenience sampling, 200 adolescents were reached in each site and were administered a standardised questionnaire on drug use, sexual behaviour, condom use, HIV knowledge, access to prevention services, experience of violence and contact with state institutions and police.

Results: Considerable levels of HIV risk behaviour were found, including injecting drug use among 15.5% of the sample. Almost three-quarters of adolescents had experienced sexual debut, most before the age of 15 years. Male-to-male sexual behaviour was reported by just under 10% of boys. Condom use was low although varied by partner type. There were high rates of forced sex, and 75.5% of respondents reported police harassment.

Conclusions: Street-based adolescents in Ukraine are at significant risk of contracting HIV due to involvement in injecting drug use and unprotected sex in personal and commercial exchanges, including male-to-male sex. This group initiates risk behaviours at early ages, and does not appear to have good access to prevention and other health services.

Harm Reduction and Young People
Youth RISE
London, Youth RISE, undated (circa 2010)

https://dl.dropboxusercontent.com/u/16336789/Briefing%20papers/Harm%20Reduction%20and%20Young%20People.pdf
0091_B_YR_YR_c2010

This paper explains what harm reduction is, the barriers facing young people in accessing harm reduction and Youth RISE's recommendations for creating more effective harm reduction services for young people who use drugs.

Young people & injecting drug use in selected countries of Central and Eastern Europe
Eurasian Harm Reduction Network (EHRN)
Vilnius, EHRN, 2009
http://www.countthecosts.org/sites/default/files/young_people_and_drugs_2009.pdf
0096_B_EHRN_EHRN_2009

Also available at: http://altgeorgia.ge/2012/myfiles/Young-people-and-injecting-drug-use.pdf

The report focuses on the situation among young people aged 10 to 24 years old in nine countries: the Czech Republic, Estonia, Georgia, Hungary, Romania, Russia, Serbia, Slovenia, and Ukraine. It analyzes the obstacles to reducing the drug-related harm for this group, and recommends concrete ways to address these obstacles. Chapters include: Injecting drug use and risks among young people in Central and Eastern Europe; Juvenile justice and drug use; Access to drug treatment and other harm reduction services; Focus issue: stimulant injecting among young people.

Drugs, Harm Reduction and the UN Convention on the Rights of the Child: Common themes and universal rights
Youth RISE and International Harm Reduction Association
London, Youth RISE/IHRA, 2009
https://dl.dropboxusercontent.com/u/16336789/Academic%20papers%20and%20fact%20sheets/Drugs%2C%20harm%20reduction%20and%20the%20UN%20conventions%20on%20the%20rights%20of%20the%20child%2C%20common%20themes%20and%20universal%20rights.pdf
0097_B_YR_YR_2009

Fact sheet exploring the common themes associated with youth drug use including common failures in services, accurate data, and lack of youth involvement in policy and programme design. The Conventions on the Rights of the Child as the only UN human rights article to deal with drug use are also examined showing how they should be used to enhance the rights of young people.

Youth and Injecting Drug Users
Dallao, M
Interagency Youth Working Group, YouthLens, No. 26, June 2008
http://pdf.usaid.gov/pdf_docs/pnadm430.pdf
0108_B_Dallao_M_IYWG_2008

General briefing paper.

Manual on Programming to prevent HIV in most at-risk adolescents, Final draft.
Homans H
Geneva, UNICEF Regional Office for Central Eastern Europe and Commonwealth of Independent States, January 2008
http://www.unicef.org/ceecis/Final_MARA_Guidance-1.pdf
0109_B_Homans_H_UNICEF_2008

The first section (Chapters 1 to 3) concentrates on building the **evidence base** on MARA and contains information on different programme responses based on the stage of the epidemic. Information is given on **who** MARA are within the region, **what** data are available, what further data are required with some suggestions on how to work with partners to obtain them and what materials will help in this process.

The next section (Chapters 4 to 5) provides information on **global principles of HIV programming**, **how** to strengthen HIV prevention programming through an **essential package of targeted interventions for MARA.** Chapters 6 to 9 explore in more detail the interventions that need to be in place (condoms, harm reduction, sexually transmitted infection services and voluntary counselling and testing for HIV), whilst Chapter 10 looks at the key points to be taken into account when **going to scale** and **vulnerability reduction strategies for EVA** are the focus of Chapter 11.

Harm reduction: An approach to reducing risky health behaviours in adolescents
Leslie KM
Canadian Paediatric Society
Paediatric Child Health, Vol. 13, No. 1, p53-56, January 2008
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528824/pdf/pch13053.pdf
0110_B_Leslie_KM_PCH_2008

Harm reduction is a public health strategy that was developed initially for adults with substance abuse problems for whom abstinence was not feasible. Harm reduction approaches have been effective in reducing morbidity and mortality in these adult populations. In recent years, harm reduction has been successfully applied to sexual health education in an attempt to reduce both teen pregnancies and sexually transmitted diseases, including HIV. Programmes using a harm reduction philosophy have also successfully lowered risky alcohol use. The target patient population and the context in which harm reduction strategies are delivered influence the specific interventions used. Health care practitioners (HCPs) who provide care to adolescents should be aware of and familiar with the types of harm reduction strategies aimed at reducing the potential risks associated with normative adolescent health behaviours. The goal of the present statement is to provide HCPs with a background and definition of harm reduction as a public health policy, and to describe how HCPs can effectively use harm reduction with their adolescent patients.

Global Guidance Briefs: HIV Interventions for Young People
Inter-Agency Task Team on HIV and Young People
New York, UNFPA, 2008
http://www.unfpa.org/sites/default/files/pub-pdf/EN-GlobalGuidance-kit.pdf
0111_B_IATT_UNFPA_2008

This Brief has been developed by the Inter-Agency Task Team (IATT) on HIV and Young People to assist United Nations Country Teams (UNCTs) and UN Theme Groups on HIV/AIDS in providing guidance to their staffs, governments, development partners, civil society and other implementing

partners on HIV interventions for young people. It is part of a series of seven global Guidance Briefs that focus on HIV prevention, treatment, care and support interventions for young people that can be delivered through different settings and for a range of target groups. It includes overviews related to education, health, humanitarian emergencies, most-at-risk young people, community-based interventions, and young people in the workplace.

Most-at-risk adolescents: the evidence base for strengthening the HIV response in Ukraine
Teltschik A,Balakireva O, Sereda Y, Bondar T, Sakovych O
UNICEF/Ukrainian Institute for Social Research, 2008
http://www.unicef.org/ukraine/MARA_Report_eng_web.pdf
0113_B_Teltschik_A_UNICEF_2008

The report summarises the results of the study that Ukrainian specialists conducted with UNICEF's support. It provides reliable information about the factors pertaining to adolescents' vulnerability to HIV and about the risk behaviours of children and adolescents who live or work on the streets. It also offers an overview of policy and legislation on the provision of health and social services to most-at-risk children and adolescents and provides information about the social and demographic characteristics of this group.

Risk factors for methamphetamine use in youth: a systematic review
Russell K, Dryden DM, Liang Y, Friesen C, O'Gorman K, Durec T, Wild TC, Klassen TP
BioMed Central Pediatrics 2008 Oct 28;8:48
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2588572/pdf/1471-2431-8-48.pdf
0120_B_Russell_K_BMCP_2008

BACKGROUND: Methamphetamine (MA) is a potent stimulant that is readily available. Its effects are similar to cocaine, but the drug has a profile associated with increased acute and chronic toxicities. The objective of this systematic review was to identify and synthesize literature on risk factors that are associated with MA use among youth. More than 40 electronic databases, websites, and key journals/meeting abstracts were searched. We included studies that compared children and adolescents (< or = 18 years) who used MA to those who did not. One reviewer extracted the data and a second checked for completeness and accuracy. For discrete risk factors, odds ratios (OR) were calculated and when appropriate, a pooled OR with 95% confidence intervals (95% CI) was calculated. For continuous risk factors, mean difference and 95% CI were calculated and when appropriate, a weighted mean difference (WMD) and 95% CI was calculated. Results were presented separately by comparison group: low-risk (no previous drug abuse) and high-risk children (reported previous drug abuse or were recruited from a juvenile detention center).

RESULTS: Twelve studies were included. Among low-risk youth, factors associated with MA use were: history of heroin/opiate use (OR = 29.3; 95% CI: 9.8-87.8), family history of drug use (OR = 4.7; 95% CI: 2.8-7.9), risky sexual behavior (OR = 2.79; 95% CI: 2.25, 3.46) and some psychiatric disorders.

History of alcohol use and smoking were also significantly associated with MA use. Among high-risk youth, factors associated with MA use were: family history of crime (OR = 2.0; 95% CI: 1.2-3.3), family history of drug use (OR = 4.7; 95% CI: 2.8-7.9), family history of alcohol abuse (OR = 3.2; 95% CI: 1.8-5.6), and psychiatric treatment (OR = 6.8; 95% CI: 3.6-12.9). Female sex was also significantly associated with MA use.

CONCLUSION: Among low-risk youth, a history of engaging in a variety of risky behaviors was significantly associated with MA use. A history of a psychiatric disorder was a risk factor for MA for both low- and high-risk youth. Family environment was also associated with MA use. Many of the included studies were cross-sectional making it difficult to assess causation. Future research should utilize prospective study designs so that temporal relationships between risk factors and MA use can be established.

Interventions to reduce harm associated with adolescent substance use
Toumbourou JW, Stockwell T, Neighbors C, Marlatt GA, Sturge J, Rehm J
The Lancet, Volume 369, No. 9570, p1391–1401, 21 April 2007
http://www.thelancet.com/article/S0140-6736%2807%2960369-9/abstract
0127_B_Toumbourou_JW_Lancet_2007

A major proportion of the disease burden and deaths for young people in developed nations is attributable to misuse of alcohol and illicit drugs. Patterns of substance use established in adolescence are quite stable and predict chronic patterns of use, mortality, and morbidity later in life. We integrated findings of systematic reviews to summarise evidence for interventions aimed at prevention and reduction of harms related to adolescent substance use. Evidence of efficacy was available for developmental prevention interventions that aim to prevent onset of harmful patterns in settings such as vulnerable families, schools, and communities, and universal strategies to reduce attractiveness of substance use. Regulatory interventions aim to increase perceived costs and reduce availability and accessibility of substances. Increasing price, restricting settings of use, and raising legal purchase age are effective in reducing use of alcohol and tobacco and related harms. Screening and brief intervention are efficacious, but efficacy of a range of treatment approaches has not been reliably established. Harm-reduction interventions are effective in young people involved in risky and injecting substance use.

Risk, protective factors and resilience to drug use: identifying resilient young people and learning from their experiences
Dillon L, Chivite-Matthews N, Grewal I, Brown R, Webster S, Weddell E, Brown G, Smith N
Home Office, UK, Online Report 04/07
http://www.biblioteca.cij.gob.mx/Archivos/Materiales_de_consulta/Factores_de_riesgo_y_proteccion/Articulos/risk_factors9.pdf
0128_B_Dillon_L_HO_2007

This report presents the findings of a study exploring young people's resilience to drug use.

The association of sexual risk behaviors and problem drug behaviors in high school students
Shrier LA, Emans SJ, Woods ER, DuRant RH
Journal Adolescent Health 1997 May;20(5):377-83
http://www.ncbi.nlm.nih.gov/pubmed/9168385
0261_B_Shrier_LA_JAH_1997

PURPOSE: To examine the associations among early age of onset of sexual intercourse and drug use, lifetime and current problem drug behaviors, and sexual risk behaviors.

METHODS: The 1993 Massachusetts Youth Risk Behavior Survey was administered to a sample of 3,054 students from randomly selected high schools and classrooms; 36% (1,078) consistently reported having had sexual intercourse. Three indicators of sexual risk behaviors were assessed: (1) number of lifetime sexual partners, (2) number of recent partners, and (3) condom non-use at last intercourse. Three sets of independent variables were analyzed: (1) age of onset of sexual intercourse and drug use, (2) lifetime drug use, and (3) recent drug use.

RESULTS: Years of sexual intercourse, early age of onset of marijuana and cocaine use, lifetime frequency of marijuana, crack/freebase cocaine and alcohol use, and black race accounted for moderate amounts of the variation in the number of lifetime sexual partners. Years of sexual intercourse, early age of onset of marijuana use and cocaine use, lifetime frequency of crack/freebase and marijuana use, and recent use of cocaine, alcohol, and cigarettes accounted for smaller but significant amounts of the variation in the number of recent partners. Students more likely to report recent condom non-use were older, females, had more years of sexual intercourse, had tried cocaine at a younger age, had used marijuana and cocaine more times (lifetime), and had more frequent recent use of marijuana.

CONCLUSION: Increased frequency and severity of drug use behaviors and more years of sexual intercourse are associated with an increased number of sexual partners and recent condom non-use. These findings may guide history-taking and referral practices of health care providers. Programs designed to prevent sexually transmitted diseases and pregnancy should address drug use as well as sexual behavior.

Parenting programmes for preventing tobacco, alcohol or drugs misuse in children <18: a systematic review
Petrie J, Bunn F, Byrne G
Health Education Research, Vol. 22, No. 2, 2007, p177–191
http://her.oxfordjournals.org/content/22/2/177.full.pdf
0129_B_Petrie_J_HER_2007

We conducted a systematic review of controlled studies of parenting programmes to prevent tobacco, alcohol or drug abuse in children <18. We searched Cochrane Central Register of Controlled Trials, specialized Register of Cochrane Drugs and Alcohol Group, Pub Med, psych INFO, CINALH and SIGLE. Two reviewers independently screened studies, extracted data and assessed study quality. Data were collected on actual or intended use of tobacco, alcohol or drugs by child, and associated risk or antecedent behaviours. Due to heterogeneity we did not pool studies in a meta-analysis and instead present a narrative summary of the findings. Twenty studies met our inclusion criteria. Statistically significant self-reported reductions of alcohol use were found in six of 14 studies, of drugs in five of nine studies and tobacco in nine out of 13 studies. Three interventions reported increases of tobacco, drug and alcohol use. We concluded that parenting programmes can be effective in reducing or preventing substance use. The most effective appeared to be those that shared an emphasis on active parental involvement and on developing skills in social competence, self-regulation and parenting. However, more work is needed to investigate further the change processes involved in such interventions and their long-term effectiveness.

Injecting Drug Use - HIV and AIDS - Young People: Recognising the Linkages
World AIDS campaign and Youth RISE
Undated, but probably around 2007 or 2008.
https://dl.dropboxusercontent.com/u/16336789/Academic%20papers%20and%20fact%20sheets/Injection%20drug%20use%2C%20HIV%20and%20AIDS%2C%20Young%20people%20recognising%20the%20linkages.pdf
0130_B_WAC_WAC_c2007

Fact sheet produced by Youth RISE and the World AIDS campaign highlighting: the linkages between the HIV/AIDS epidemic and injecting drug use, Harm reduction evidence for HIV prevention, Young people and injecting drug use.

A controlled trial of motivational interviewing with young ecstasy and cocaine users: no effect on substance and alcohol use outcomes
Marsden J, Stillwell G, Barlow H, Boys A, Taylor C, Hunt N, Farrell M
Addiction. 101: 1014-1026, 2006
http://www.neilhunt.org/pdf/2006-BMI-Marsden-et-al.pdf
0137_B_Marsden_J_A_2006

Aims: To investigate whether a stimulant- and alcohol-focused brief motivational intervention induces positive behaviour change among young, regular users of MDMA ('ecstasy'), cocaine powder and crack cocaine.

Design and measurements: A randomized trial of the intervention versus a control group who received written health risk information materials only. All participants completed a baseline self-assessment questionnaire before randomization. Outcome measures were self-reported period prevalence abstinence from ecstasy, cocaine powder and crack cocaine and the frequency and amount of stimulant and alcohol use in the previous 90 days, recorded at 6-month follow-up via self-completion questionnaire and personal interview.

Participants and setting: A total of 342 adolescent and young adult stimulant users (aged 16–22 years) were recruited and 87% were followed-up. The intervention was delivered by a team of 12 agency youth drug workers and two researchers at five locations in Greater London and south-east England.

Findings: There were no significant differences in abstinence for ecstasy, cocaine powder or crack cocaine use between the experimental and control groups. Contrasting follow-up with baseline self-reports, there were no between-group effects for changes in the frequency or amount of stimulant or alcohol use. Participant follow-up data suggested that the baseline assessment was a contributing factor in within-group behaviour change among experimental and control condition participants.

Conclusions: Our brief motivational intervention was no more effective at inducing behaviour change than the provision of information alone. We hypothesize that research recruitment, baseline self-assessment and contact with study personnel are influences that induce positive reactive effects on stimulant use.

Keywords: Brief intervention, cocaine, controlled trial, crack, ecstasy, motivational interviewing

Drugs: Guidance for the youth service. A summary
London, DrugScope, 2006

http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Education%20and%20Prevention/Drugsguide%20sum.pdf
0138_B_DS_DS_2006

Written for managers and providers of the wide variety of youth services, including small faith-based groups, large voluntary sector organisations and local authority-maintained services. Section 1 explains why the Guidance is needed and introduces the UN definition of drugs. Section 2 provides a background to drug policy and the youth service in England and is intended to inform discussion within the youth service and with partners about the priorities for drug policy development. Section 3 gives a strategic overview of the role of the youth service and partner agencies who contribute to reducing the harm from drugs. Section 4 reviews what is understood about effective drug education and offers a starting point for decisions about how the youth service can provide appropriate drug education for young people. Section 5 addresses issues of the management of drug-related incidents, which partners to involve and when. Section 6 offers a model for drug policy development by the youth service and provides a framework for a drug policy. Section 7 deals with the particular issues facing providers of outreach and detached youth work. Section 8 describes new approaches to training in drugs issues for youth workers.

Romania: Most-at-risk adolescents and young people, HIV and substance use: Country Mission Report
Iliuta CE, Pislaru E, Fierbinteanu C
Bucharest, Romanian Harm Reduction Network, 2006
http://www.rhrn.ro/public/uploads/file/100/country-report-romania.pdf
0139_B_Iliuta_CE_RHRN_2006

This report is meant to begin fill the gap between existing legislation, available services and the needs of those most at risk to HIV with a special attention on MARA. The goal of this report is to provide a general overview on the HIV and AIDS and drug situation in relation to most at risk adolescents, in order to create the basis for further advocacy strategies and development of targeted HIV services. The findings of this report reinforce the need for effective policy responses, which require a multidisciplinary approach involving partnership between national and local authorities, NGOs and communities, international organizations.

The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people
Velleman RDB, Templeton LJ, Copello AG
Drug and Alcohol Review, March 2005, 24, 93–109
http://people.uncw.edu/noeln/Articles/Family-alcohol%20review.pdf
0154_B_Velleman_RDB_DAR_2005

The family plays a key part in both preventing and intervening with substance use and misuse, both through inducing risk, and/or encouraging and promoting protection and resilience. This review examines a number of family processes and structures that have been associated with young people commencing substance use and later misuse, and concludes that there is significant evidence for family involvement in young people's taking up, and later misusing, substances. Given this family involvement, the review explores and appraises interventions aimed at using the family to prevent substance use and misuse amongst young people. The review concludes that there is a dearth of

methodologically highly sound research in this area, but the research that has been conducted does suggest strongly that the family can have a central role in preventing substance use and later misuse amongst young people.

Harm minimization in school drug education: final results of the School Health and Alcohol Harm Reduction Project (SHAHRP)
McBride N, Farringdon F, Midford R, Meuleners L, Phillips M
Addiction, Vol. 99, Issue 3, p278–291, March 2004
http://www.researchgate.net/profile/Fiona_Farringdon/publication/6387045_Harm_minimization_in_school_drug_education_final_results_of_the_School_Health_and_Alcohol_Harm_Reduction_Project_%28SHAHRP%29/links/02e7e536b133ba3ff6000000.pdf
0164_B_McBride_N_A_2004

Aims: The School Health and Alcohol Harm Reduction Project (SHAHRP study) aimed to reduce alcohol-related harm in secondary school students.

Design: The study used a quasi-experimental research design in which randomly selected and allocated intervention and comparison groups were assessed at eight, 20 and 32 months after baseline.

Setting: Metropolitan, government secondary schools in Perth, Western Australia.

Participants: The sample involved over 2300 students. The retention rate was 75.9% over 32 months.

Intervention: The evidence-based intervention, a curriculum programme with an explicit harm minimization goal, was conducted in two phases over a 2-year period.

Measures: Knowledge, attitude, total alcohol consumption, risky consumption, context of use, harm associated with own use and harm associated with other people's use of alcohol.

Findings: There were significant knowledge, attitude and behavioural effects early in the study, some of which were maintained for the duration of the study. The intervention group had significantly greater knowledge during the programme phases, and significantly safer alcohol-related attitudes to final follow-up, but both scores were converging by 32 months. Intervention students were significantly more likely to be non-drinkers or supervised drinkers than were comparison students. During the first and second programme phases, intervention students consumed 31.4% and 31.7% less alcohol. Differences were converging 17 months after programme delivery. Intervention students were 25.7%, 33.8% and 4.2% less likely to drink to risky levels from first follow-up onwards. The intervention reduced the harm that young people reported associated with their own use of alcohol, with intervention students experiencing 32.7%, 16.7% and 22.9% less harm from first follow-up onwards. There was no impact on the harm that students reported from other people's use of alcohol.

Conclusions: The results of this study support the use of harm reduction goals and classroom approaches in school drug education.

Keywords: Behavioural impact, harm reduction, research, school alcohol education.

The efficacy of single-session motivational interviewing in reducing drug consumption and perceptions of drug-related risk and harm among young people: results from a multi-site cluster randomized trial
McCambridge J, Strang J
Addiction, Volume 99, Issue 1, p39–52, January 2004
http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2004.00564.x/abstract
0165_B_McCambridge_J_A_2004

Aim: To test whether a single session of motivational interviewing (discussing alcohol, tobacco and illicit drug use) would lead successfully to reduction in use of these drugs or in perceptions of drug-related risk and harm among young people.

Design: Cluster randomized trial, allocating 200 young people in the natural groups in which they were recruited to either motivational interviewing (*n* = 105) or non-intervention education-as-usual control condition (n = 95).

Setting: Ten further education colleges across inner London.

Participants: Two hundred young people (age range 16–20 years) currently using illegal drugs, with whom contact was established through peers trained for the project.

Intervention: The intervention was adapted from the literature on motivational interviewing in the form of a 1-hour single-session face-to-face interview structured by a series of topics.

Measurements: Changes in self-reported cigarette, alcohol, cannabis and other drug use and in a range of drug-specific perceptions and other indicators of risk and harm. Measurement at recruitment and follow-up interview 3 months later.

Findings: A good follow-up rate (89.5%; 179 of 200) was achieved. In comparison to the control group, those randomized to motivational interviewing reduced their of use of cigarettes, alcohol and cannabis, mainly through moderation of ongoing drug use rather than cessation. Effect sizes were 0.37 (0.15–0.6), 0.34 (0.09–0.59) and 0.75 (0.45–1.0) for reductions in the use of cigarettes, alcohol and cannabis, respectively. For both alcohol and cannabis, the effect was greater among heavier users of these drugs and among heavier cigarette smokers. The reduced cannabis use effect was also greater among youth usually considered vulnerable or high-risk according to other criteria. Change was also evident in various indicators of risk and harm, but not as widely as the changes in drug consumption.

Conclusions: This study provides the first substantial evidence of non-treatment benefit to be derived among young people involved in illegal drug use in receipt of motivational interviewing. The targeting of multiple drug use in a generic fashion among young people has also been supported.

Keywords: alcohol; brief intervention; cannabis; cigarette smoking; drugs; motivational interviewing; young people

Harm Reduction: A Model for Social Work Practice with Adolescents
van Wormer K
The Social Policy Journal, Volume 3, Issue 2, 2004, p19-37
http://www.tandfonline.com/doi/abs/10.1300/J185v03n02_03?journalCode=wzsp20
0166_B_vanWormer_K_TSPJ_2004

A practical antidote to the war on drugs, the harm reduction approach seeks to meet clients where they are, establish rapport and help them modify or give up their risk-taking behaviour. This article presents the case for harm reduction techniques for work with youth whose risk-taking behaviour is problematic. Emphasis is on drinking, drug use, and high-risk sexual activity.

World Youth Report 2003: The Global Situation of Young People
New York, UN, Department of Economic and Social Affairs, 2004
http://www.un.org/esa/socdev/unyin/documents/worldyouthreport.pdf
0167_B_UN_UN_2004

Psychological and social sequelae of cannabis and other illicit drug use by young people: a systematic review of longitudinal, general population studies
Macleod J, Oakes R, Copello A, Crome I, Egger M, Hickman M, Oppenkowski T, Stokes-Lampard H, Smith GD
The Lancet 2004; 363: 1579–88
http://proxy.baremetal.com/cannabiscoalition.ca/info/drug_driving_info/Macleod_Cannabis_Youth_Lancet_2004.pdf
0168_B_Macleod_J_Lancet_2004

Background: Use of illicit drugs, particularly cannabis, by young people is widespread and is associated with several types of psychological and social harm. These relations might not be causal. Causal relations would suggest that recreational drug use is a substantial public health problem. Non-causal relations would suggest that harm-reduction policy based on prevention of drug use is unlikely to produce improvements in public health. Cross-sectional evidence cannot clarify questions of causality; longitudinal or interventional evidence is needed. Past reviews have generally been non-systematic, have often included cross-sectional data, and have underappreciated the extent of methodological problems associated with interpretation.

Methods: We did a systematic review of general population longitudinal studies reporting associations between illicit drug use by young people and psychosocial harm.

Findings: We identified 48 relevant studies, of which 16 were of higher quality and provided the most robust evidence. Fairly consistent associations were noted between cannabis use and both lower educational attainment and increased reported use of other illicit drugs. Less consistent associations were noted between cannabis use and both psychological health problems and problematic behaviour. All these associations seemed to be explicable in terms of non-causal mechanisms.

Interpretation: Available evidence does not strongly support an important causal relation between cannabis use by young people and psychosocial harm, but cannot exclude the possibility that such a relation exists. The lack of evidence of robust causal relations prevents the attribution of public health detriments to illicit drug use. In view of the extent of illicit drug use, better evidence is needed.

A situation assessment and review of the evidence for interventions for the prevention of HIV/AIDS among Occasional, Experimental and Young Injecting Drug Users
Howard J, Hunt N and Arcuri A
Background Paper prepared for: UN Interagency and CEEHRN Technical Consultation on Occasional, Experimental and Young IDUs in CEE/CIS and Baltics

Geneva, UNICEF, 2003
www.neilhunt.org/Reports/2003-Young-and-Occasional-IDUs-in-CEE-CIS-and-%20Baltics-Howard-Hunt-Arcuri%20-.doc
0173_B-D_Howard_J_UNICEF_2003

The paper is organised as follows: (1) A brief review of relevant national level data on the extent of injecting and HIV/AIDS with special reference to people aged under 25; (2) A summary of what is known about the nature of injecting among young people, transitions into and out of injecting, relevant risk behaviours and contact with prevention and treatment services; (3) Identification and consideration of relevant macro-level risk and protective factors; (4) A review of existing and potential interventions and commentary on their advantage and disadvantages and factors that may affect their adoption and implementation; and, (5) Provisional proposals for a programme of research and responses across the region, which will be refined through the consultation process.

Drug and alcohol use among young people
EMCDDA
Lisbon, EMCDDA, October 2003
http://www.emcdda.europa.eu/attachements.cfm/att_37284_EN_sel2003_1-en.pdf
0178_B_EMCDDA_EMCDDA_2003

Young people are often at the leading edge of social change, and upward trends in alcohol and illicit drug use by young people constitute an important social development in the EU. The inclusion of alcohol arose out of concerns about complex patterns of substance use and associated dependency, health damage and criminal behaviour. These patterns of psychoactive substance use present a particular challenge for policy-makers to develop an appropriately wide and timely range of responses for effective action.

Drug use amongst vulnerable young people
Lisbon, Drugs in Focus, Issue 10, EMCDDA, September 2003
http://www.emcdda.europa.eu/attachements.cfm/att_33728_EN_Dif10en.pdf
0179_B_EMCCDA_EMCDDA_2003

Most young people who experiment with drugs or use them recreationally — at parties, for example — do not develop serious drug problems. For these individuals, the greatest risks are associated with having an accident, getting into a fight, getting into trouble with the police or having unprotected sex whilst under the influence of alcohol or illicit drugs. However, a small but significant minority of young people who experiment with drugs do become intensive drug users and develop serious drug-related health problems.

Rapid Assessment and Response on HIV/AIDS among Especially Young People in Serbia
Cucic V
Belgrade, UNICEF, November 2002
http://www.unicef.org/serbia/Rapid_Assessment_and_Response_on_HIV_AIDS_among_Especially_V%281%29.pdf

0189_B_Cucic_V_UNICEF_2002

The RAR assessment activities were conducted in four cities: Belgrade, Nis, Novi Sad and Kragujevac. The target population for this assessment was young people from 10 to 24 years old and considered to be the most vulnerable with regards to HIV infection in Serbia. In each city, the specific objectives were defined in order to highlight specific characteristics of the following EVYP groups selected for the RAR:(1) young drug users, predominantly intravenous drug users (IVDUs) (in all cities); (2) young men who have sex with men (MSM) (Belgrade, Nis, Novi Sad); and, (3) young sex trade workers (STW) (Belgrade, Kragujevac). Data collection was carried out in November and December 2001 and in January 2002. A total of 879 EVYP completed the questionnaires.

Key findings include (a) Psychoactive substances are easily accessible to young people; (b) Among the population of drug users, IVDUs were specifically targeted in this study, thereby explaining the relatively high rates of heroin use. While in the wider group of drug users, as well as in other groups, the most frequently used drug is Cannabis, as well as Ecstasy and Pain Killers (Analgesics) and two or more drugs at the same time; (c) Among those using drugs intravenously, the exchange of needles and syringes is frequent;(d) The mean age of first sexual intercourse corresponds to that of the general population; (e) A relatively small number of people use condoms every time that they have intercourse and when that is correlated to the risks of more frequent anal intercourse in MSM, the large number of partners in STW and intercourse under the influence of substances, the risk of infection is multiplied; (f) The main reasons for not using condoms are discomfort, trusting the partner, the price of condoms and in young STW, the most frequent reason is the client's request and a higher prices for sex without condom; (g) Most of the respondents consider themselves to be at risk of HIV and STIs, approximately half of them have been tested for HIV, their knowledge about HIV is satisfactory, and the most important role in providing information to the members of all three groups belongs to the media and much less to health and social workers. It is alarming that 23.3% young STW state that there is no place to get information; (h) Education on HIV/AIDS, psychoactive substances and sexual and reproductive health is not a part of the official school curricula and education through extracurricular activities is infrequently conducted and only in some towns; and, (i) Existing community prevention programmes mostly target the general population. The number of interventions aimed at especially vulnerable young people is very small - almost nonexistent.

Transitions in the Lives of Children and Young People: Resilience Factors. Interchange 78
Newman T, Blackburn S
Edinburgh, Scottish Executive Education Dept., October 2002
http://files.eric.ed.gov/fulltext/ED472541.pdf
0190_B_Newman_T_SEED_2002

This report draws upon an extensive review of the international literature on resilience to describe effective strategies in health, education, and social work for helping children to cope with periods of transition through promoting resilience. The report takes a broad view of children's transitions, meaning any episode where children have to cope with potentially challenging changes, including progressing from one developmental stage to another, changing schools, entering or leaving the care system, loss, bereavement, parental incapacity, or entry into adulthood. The concept of resilience is examined, and resilience factors at the child, family, and environment level are identified. The report summarizes findings of cohort studies providing evidence that the most important resilience-promoting factors are supportive families, positive peer relationships, external

networks, and the opportunity to develop self-esteem and efficacy through valued social roles. Other issues discussed in the report include acuity and chronicity of adversities, compounding factors, the overestimation of children's recovery powers, positive stress, self-esteem, and the view that early experiences are more important than later ones. Key resilience-promoting interventions and their potential benefits are delineated. The report concludes with a list of key messages regarding current knowledge about resilience, problems with resilience theory, factors that promote resilience, and recommendations for promoting resilience through services to children. Among those key messages is that the most common sources of childhood anxiety are chronic and transitional events, with chronic problems having more lasting effects than acute adversities. Self-esteem is more likely to be sustained through developing valued skills in real life situations rather than through praise and positive affirmation. Resilience can develop only through gradual exposure to stressors at a manageable intensity level.

Keywords: Adolescents; Child Health; Child Welfare; Children; Coping; Elementary Secondary Education; Emotional Adjustment; Resilience (Personality); Social Work; Life Transitions; Protective Factors; Risk Factors; Social Transition

Rapid assessment and response on HIV/AIDS among especially vulnerable young people in South Eastern Europe
Wong, E
Belgrade, UNICEF, 2002
http://www.cpha.ca/uploads/progs/infectious/rarunicf.pdf
0191_B_Wong_E_UNICEF_2002

Five countries in SEE participated in the RAR Project: Albania; Bosnia and Herzegovina; Croatia; the Federal Republic of Yugoslavia; and the Former Yugoslav Republic of Macedonia. Twenty-six cities from these five countries participated in the RAR Project and simultaneously collected data from October 2001 to February 2002. Countries selected various vulnerable groups of young people for the RAR Project, but most chose to study the following target groups: Young people in school; Young people who use drugs; Young people who inject drugs; Sex workers; and, young MSM. Additional target groups selected by some cities included Mobile population; Sailors; Juvenile delinquents; Young people deprived of parental care; and, Out-of-school youth or Roma youth. The technique of snowball or network sampling was used to recruit young people to participate in interviews or focus groups or to complete questionnaires. Over 5,100 questionnaires were completed and 2,200 young people participated in either interviews or focus groups.

At the regional level, key findings emerging from the data included:

1. Drugs were easily accessible. The problem was accessing the money to purchase the drugs. Drug users and injecting drug users overcame this problem by obtaining funds from their parents, by stealing or by selling drugs. There was reported increase in juvenile delinquency, although the association between drug use and delinquency has not been clearly established.

2. The drugs most frequently used by the different target groups (i.e. drug users, injecting drug users, sex workers and young MSM) were alcohol, cannabis, ecstasy and pharmaceutical drugs . Most did not perceive alcohol as a drug. Moreover, many believed that there was no harm in using cannabis occasionally.

3. Over 90% of injecting drug users had sex under the influence of drugs yet only 14% used condoms regularly. Similarly, most sex workers (93%) had sex under the influence of drugs yet only 47% used condoms regularly. Low condom use among sex workers could be attributed to clients who were willing to pay more for sex without condoms.

4. Over 60% of injecting drug users shared needles and syringes. Reasons for sharing included lack of money to purchase new needles and syringes, sharing as a sign of trust, and not even considering the risk of sharing when the desire to inject was imminent. Furthermore, most did not properly clean their needles and syringes. Injecting drug users did not like purchasing needles and syringes from pharmacies because the staff there treated them with disrespect.

5. Although harm reduction services (e.g. needle exchange programmes, methadone therapy, counselling services and detoxification centres) were provided in most SEE countries, the issues of accessibility to and quality of these services needed to be addressed.

6. Of the young people who did not use drugs (n=2,594), 21% stated that they had sex. Of those who had sex (n=564), 55% always used condoms during sex. Young people reported that they could recognise a "safe" partner by their tidy physical appearance. Condoms were usually not used with these "safe" partners. If condoms were used during sex, they were used for protection against unwanted pregnancies rather than against STIs.

7. Of the young MSM who had sex (n=233), approximately 10% had one sexual partner in the past year and 54% always used condoms. Promiscuity and unsafe sexual behaviour was common among young MSM, even among those who were in steady relationships. Some even practiced "blind dating" when not knowing the partner did not preclude one from engaging in sex on the first date.

8. Most young people stated that if HIV testing was anonymous, free and accessible that they would get tested. HIV testing was available in all the SEE countries, although anonymous HIV testing was, for the most part, not available. Furthermore, pre- and post- HIV test counselling was generally not provided.

9. HIV/AIDS, drug and sex education in the school curricula was either non-existent or inadequate.

10. Only a few interventions that targeted sex workers were being implemented. There were no interventions specifically targeting young MSM.

Adolescent friendly health services: an agenda for change
World Health Organization
Geneva, WHO, 2002
http://whqlibdoc.who.int/hq/2003/WHO_FCH_CAH_02.14.pdf
0192_B_WHO_WHO_2002

This document is intended for policy makers and programme managers in both developed and developing countries, as well as decision makers in international organizations supporting public health initiatives in developing countries. It makes a compelling case for concerted action to improve the quality - and especially the friendliness - of health services to adolescents. Drawing upon case studies from around the world, it reiterates that this can be - and has been done - by non-governmental organisations and government bodies working with limited financial resources. It

highlights the critical role that adolescents themselves can play, in conjunction with committed adults, to contribute to their own health and well being.

Development and evaluation of the Drug Use Screening Tool (DUST) for young people
Hunt N
Maidstone, Kent and Medway Drug Action Team, 2002
http://www.neilhunt.org/2002-drug-use-screening-tool-DUST-hunt.pdf
0193_B_Hunt_N_KMDAT_2002

Latest version of DUST tool from KDAAT, 2011: http://www.neilhunt.org/Reports/2011-amended-DUST-19th-Sept.pdf

DUST is designed for use with young people about whom there may be concerns regarding drug /alcohol use. This Department of Health-funded project describes the development and evaluation of a check list type screening tool with a combined referral form for young people who use drugs. The tool is intended for use by practitioners who are not substance misuse specialists.

Putting harm reduction into an adolescent context
Bonomo YA, Bowes G
Journal of Paediatrics and Child Health, Vol. 37, No. 1, p5-8, February 2001
http://www.homelesshub.ca/resource/putting-harm-reduction-adolescent-context
0215_B_Bonomo_YA_JPCH_2001

Drug use is now widespread amongst Australian youth. Substance abuse and dependence are becoming increasingly significant health problems. Approximately 50% of 17-year-old Australians report regular consumption of alcohol and nearly 30% report tobacco smoking. The age of onset of substance use is reported to be decreasing. Between 1993 and 1995 the proportion of heroin users who had used the drug before the age of 16 years increased from 2% to 14%. The debate about youth substance use tends to be polarized between the views of Zero Tolerance and Legalization of drugs. The harm reduction approach spans between these two extremes. Examples of harm reduction strategies, such as education campaigns on safe injecting and needle exchange programs, have been effective in curbing the spread of blood-borne viruses such as HIV amongst intravenous drug using youth. The harm reduction approach, taking social context and developmental stage of the individual into account, may also be applied to adolescents at the less extreme end of the substance use spectrum. It is proposed that the harm reduction framework used in this way enables a rational, relevant and consistent response to contemporary youth substance use, aiming to minimize drug related harm.

That's SIC: Mobilising peer networks for hepatitis C prevention
Paper presented to the 2nd International Conference on Young People and Drugs. Melbourne, Australia May 2001
Preston P, Sheaves F
WAHS Sexual Health and HIV Services, Penrith, NSW, Australia
http://www.mentors.ca/peston.pdf
0216_B_Preston_P_ICDYP_2001

The SIC Project is a hepatitis C prevention project for under 25 year old injecting drug users (IDUs) in NSW, Australia. The intervention was developed in response to the younger than average age of

hepatitis C transmission in Wentworth Area Health Service, compared to both NSW and Australian statistics. As duration of injecting is the single biggest predictor of hepatitis C infection it was considered crucial to target newer, younger injectors in the effort to impact upon hepatitis C incidence locally. We had to find ways of accessing networks of young people, establishing trust, worker credibility and rapport to engage them in HCV education. We thought that four particular strategies could be used to develop a better intervention: (1) Using the grapevine; (2) Targeting people who are loosely attached to networks; (3) Utilising the mechanism of social influence; and, (4) Peer educators. In Conclusion, the Peer Driven Intervention and the SIC education model provide an innovative framework for collaborative work with young IDUs. They are flexible, adaptable, effective and ethical ways of delivering quality health promotion to a marginalised group. We believe that the advantages of a peer driven intervention far outweigh any disadvantages that might be encountered.

Walking on Two Legs: A Developmental and Emergency Response to HIV/AIDS Among Young Drug Users in the CEE/CIS Region: A Review Paper, Draft
Burrows D, Alexander G
Geneva, UNICEF, December 2001
http://www.unicef.org/evaldatabase/files/CEE_CIS_2001_Walking_on_Two_Legs.pdf
0220_B_Burrows_D_UNICEF_2001

Recommendations: In sum, it is argued that UNICEF is uniquely positioned to make a critical contribution, one that is feasible and closely positioned around its mandate. And that if a decision is taken, capacities can be built swiftly. A draft mission statement for UNICEF's work with young injecting drug users is proposed:

"UNICEF's mission with respect to young injecting drug users should be focussed around advocacy for a combined developmental and emergency response to HIV amongst young people. This should

«within the developmental approach, give support to, and advocate for, change in factors that contribute to vulnerability to drug use and drug-related risk among young people

«simultaneously advocate for an effective emergency response to the current HIV crisis in the region by focusing on young IDUs and commercial sex workers, and promoting evidence-based interventions so that they can reach a high percentage of these highly vulnerable groups."

Substance Abuse in Young People
Gilvarry E
Journal of Child Psychology and Psychiatry, Vol. 41, Issue 1, p55–80, January 2000
http://onlinelibrary.wiley.com/doi/10.1111/1469-7610.00549/abstract
0222_B_Gilvarry_E_JCPP_2000

Adolescent substance abuse, with its heterogeneity, its complexity and its association with behavioural, physical and mental health problems is of increasing interest to many; the politician, the economist, clinicians and researchers, families and young people themselves. Data concerning the prevalence and trends in use of a range of substances in different countries, cultures and different groups are reviewed. The influence of associated mental and physical health problems, the

multiple definitions applied to use and abuse and the confounding effect of different ideologies and cultural differences are considered. There is now much interest in the understanding of risk and protective influences, including multi focused prevention programmes among vulnerable young people. Some positive effects of universal prevention programmes are reported, although too often they lack thoroughness in programme implementation, data collection and follow up. Indeed compared to the adult addiction literature there is a death of research on adolescent treatment outcomes. Research needs to address treatment and cost effectiveness in different settings with different groups. The evidence tends to support multi faceted interventions for high risk youths. However, the use of evidence based programmes with a scientific basis should be supported and implemented.

Keywords: Adolescence; alcohol abuse; intervention; mental health; prevention; substance use

When interventions harm: Peer groups and problem behavior
Dishion TJ; McCord J; Poulin F
American Psychologist, Vol. 54(9), Sep 1999, p755-764
http://psycnet.apa.org/journals/amp/54/9/755/
0231_B_Dishion_TJ_AP_1999

This article explored developmental and intervention evidence relevant to iatrogenic effects in peer-group interventions. Longitudinal research revealed that "deviancy training" within adolescent friendships predicts increases in delinquency, substance use, violence, and adult maladjustment. Moreover, findings from 2 experimentally controlled intervention studies suggested that peer-group interventions increase adolescent problem behavior and negative life outcomes in adulthood, compared with control youth. The data from both experimental studies suggested that high-risk youth are particularly vulnerable to peer aggregations, compared with low-risk youth. We proposed that peer aggregation during early adolescence, under some circumstances, inadvertently reinforces problem behavior. Two developmental processes are discussed that might accounts for the powerful iatrogenic effects.

A Profile of Harm-reduction Practices and Co-use of Illicit and Licit Drugs Amongst Users of Dance Drugs
Akram G, Galt M
Drugs: education, prevention, and policy, 1999, Vol. 6, No. 2, p215-225, informa healthcare
http://informahealthcare.com/doi/abs/10.1080/09687639997188
0233_B_Akram_G_DEPP_1999

This study aimed to identify harm-reduction practices that users of dance drugs applied in relation to their drug-taking behaviour and also the extent of co-use between dance drugs and prescribed / 'over the counter' medication. Data were collected by a self-administered questionnaire from 125 respondents recruited by convenience sampling and the Key Informant Access method. The majority of respondents, especially females, indicated that they applied harm-reduction practices. The most popular of these were drinking water and 'chilling out'. Just under half of all respondents had taken dance drugs with other prescribed or 'over the counter' medication. Females were significantly likely

to mix the two. This study highlights areas where future policies on drugs education may have to be considered.

Substance use and risky sexual behavior among homeless and runaway youth
Bailey SL, Camlin CS, Ennett ST
Journal of Adolescent Health 1998 Dec;23(6):378-88
http://www.ncbi.nlm.nih.gov/pubmed/9870332
0259_B_Bailey_SL_JAH_1998

PURPOSE: To (a) characterize human immunodeficiency virus (HIV)-related risk behaviors of homeless youth; (b) determine whether substance use is associated with risky sexual behavior in this population; and, if so, (c) explore explanations for this relationship.

METHODS: A purposive sample of 327 homeless youth (ages 14-21 years) in Washington, DC, were surveyed in 1995 and 1996. Survey items were adapted from items used in a national study of adult substance use and sexual behavior and measured global (lifetime) and event-specific (most recent sexual encounter) behaviors.

RESULTS: Sexual activity with many partners, "survival" sex, and substance use were common. However, needle use was rare, and consistent condom use was evident in half the sample. Nearly all correlations between global measures of substance use and risky sex were statistically significant, but only a few of the event-specific correlations were significant. Marijuana use during the most recent sexual encounter was associated with non-use of condoms, but this relationship disappeared in the multivariate model. However, crack use during the last encounter was associated with condom use; this relationship remained significant in the multivariate model. Lack of motivation to use condoms, longer histories of sexual activity and homelessness, symptoms of drug dependency, not discussing HIV risks with partner, and being female were also associated with nonuse of condoms.

CONCLUSIONS: Homeless youth do use condoms, even within the context of substance use and casual sex. Results suggest that prevention and targeted intervention efforts have had some positive effect on this population, but young homeless women are in need of targeted prevention. Finally, additional research is needed to investigate the observed relationship between crack use and condom use in this sample.

Educating young people about drugs: a systematic review
White D, Pitts M
Addiction, Vol. 93, Issue 10, p1475–1487, October 1998
http://onlinelibrary.wiley.com/doi/10.1046/j.1360-0443.1998.931014754.x/abstract
0239_B_White_D_A_1998

Aims. To assess the effectiveness of interventions directed at the prevention or reduction of use of illicit substances by young people or those directed at reducing harm caused by continuing use.

Design. A systematic review was conducted. Reports were identified through electronic and hand searching and contact with known workers in the area. Studies were included if they reported evaluations of interventions targeting illicit drug use and provided sufficient detail of the intervention and design of the evaluation to allow judgements to be made of their methodological

soundness. Meta-analyses were conducted combining the data of the methodologically sound studies.

Participants and settings targeted by interventions. Evaluations of interventions were included if their targeted audience included young people aged between 8 and 25 years. Identified evaluations were delivered in a range of settings including: schools and colleges; community settings; the family; medical/therapeutic settings; mass media.

Measurements. Data extracted from each report included details of design, content and theoretical orientation of intervention, setting of the intervention, target audience, methods, population size, subject refusal rates, rates of attrition, outcome measures, length of follow-up and findings, including statistical power.

Findings. The majority of studies identified were evaluations of interventions introduced in schools and targeting alcohol, tobacco and marijuana simultaneously. These studies were methodologically stronger than interventions targeting other drugs and implemented outside schools. Meta-analyses showed that the impact of evaluated interventions was small with dissipation of programme gains over time. Interventions targeting hard to reach groups have not been evaluated adequately.

Conclusions. Effort needs to be directed towards the development of improved evaluative solutions to the problems posed by these groups. There is still insufficient evidence to assess the effectiveness of the range of approaches to drugs education; more methodologically sound evaluations are required. There is also a need to target interventions to reflect the specific needs and experiences of recipients.

Reducing the harm of adolescent substance use
Erickson PG
Canadian Medical Association Journal, May 15, 1997; 156 (10), p1397-9
http://www.cmaj.ca/content/156/10/1397.full.pdf
0241_B_Erickson_PG_CMAJ_1997

A brief discussion of school-based drug use prevention and the need for harm reduction education in schools in Canada and elsewhere.

Convention on the Rights of the Child
United Nations
New York, UN, 1989
http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf
0271_B_UN_UN_1989

International instrument to protect the rights of children and young people.

Substance use and abuse among children and teenagers
Newcomb MD.; Bentler PM
American Psychologist, Vol. 44(2), Feb 1989, p242-248
http://psycnet.apa.org/journals/amp/44/2/242/
0256_B_Newcomb_MD_AP_1989

During the past several years, there has been a renewed national concern about drug abuse, culminating in the current "war on drugs." In this review, we emphasize that even though child or

teenage drug use is an individual behavior, it is embedded in a sociocultural context that strongly determines its character and manifestations. Our focus is on psychoactive substances both licit (cigarettes and alcohol) and illicit (e.g., cannabis and cocaine). We feel that it is critical to draw a distinction between use and abuse of drugs and to do so from a multidimensional perspective that includes aspects of the stimulus (drug), organism (individual), response, and consequences. Our selective review of substance use and abuse among children and adolescents covers epidemiology (patterns and extent of drug use), etiology (what generates substance use), prevention (how to limit drug use), treatment (interventions with drug users), and consequences (effects and outcomes of youthful drug use).

ANNEX C References to data for existing harm reduction services for CYPUD

Injecting Drug Use Among Under-18s: A Snapshot of Available Data
Barrett D, Hunt N, Stoicescu C
London, Harm Reduction International, December 2013
http://www.ihra.net/files/2014/08/06/injecting_among_under_18s_snapshot_WEB.pdf
0030_C_Barrett_D_HRI_2013

A global population size estimate for people who inject drugs under the age of 18 is unavailable. The contribution of injecting among under-18s to HIV epidemics is largely unknown. National population size estimates are exceptionally rare and age disaggregation in HIV surveillance is poor. There are numerous limitations to existing data that require attention, including under-representation of under-18s in HIV bio-behavioural surveillance, a lack of appropriate age disaggregation at national level (across many issues), and a lack of consistency in guidance on age disaggregation across international data collection processes. This data 'blind spot' impedes our ability to assess service need, which varies considerably from place to place, and to estimate budgetary implications for scarce resources.

Available studies that have looked at injecting among this age group, however, provide important insights and make a clear case for more action:

- Low ages of initiation have been identified across regions.

- There are significant variations between countries and within them in the extent of injecting among under-18s, ages of initiation, types of drugs used and the ways services are accessed.

- In some countries, significant proportions of people who inject drugs are adolescents, with Eastern European and Asian countries particularly affected.

- There are important differences between younger people who inject drugs and their older counterparts, including in risk-taking behaviour such as increased needle sharing, with important implications for policy and practice.

- Children and young people who inject drugs have complex needs extending beyond their drug use. Socio-economic contexts, health and social welfare infrastructures as well as multiple personal factors are key. Specific groups of young people are at increased risk, in particular those who are street involved.

Excluding Youth? A global review of harm reduction services for young people
Fletcher A, Krug A
In, The Global State of Harm Reduction: Towards an Integrated Approach, Chapter 3.2, Harm Reduction International, London, 2012
http://www.ihra.net/files/2012/09/04/Chapter_3.2_youngpeople_.pdf
0062_C_Fletcher_A_HRI_2012

This chapter provides a global snapshot of the harms experienced via injecting drug use (IDU) among young people aged under 18 and existing harm reduction responses targeted at this population. This chapter focuses specifically on youth injecting, which continues to represent a significant blind-spot in terms of research and public health responses. It outlines recent trends in IDU among young

people and highlights case studies of best practice for meeting the needs of this population in different settings.

'Opening Doors' is funded by Aids Fonds, a Dutch NGO, and is a partnership between Access Quality International and the National Drug and Alcohol Research Centre, University of New South Wales, Australia.

The primary aim of the project is to increase access to harm reduction services for young PWID and those who are at risk of initiating IDU. The target age group is 10–25, with special attention paid to the engagement of difficult-to-reach young people. The project has been implemented in three sites so far: Bangkok, Thailand; Kunming, China; and Kathmandu, Nepal (Youth Vision in Nepal). The projects have helped to establish new partnerships between the health, education, vocational training and employment sectors, building greater capacity for youth-focused harm reduction interventions in the region in the long term.

'The TRIP! Project: Youth-Led Harm Reduction in Canada'

TRIP! is a youth-led harm reduction project that has been providing peer outreach to the dance music community in Toronto, Canada for over 15 years. TRIP! aims to include young people who use drugs, street-involved and lesbian, gay, bisexual, transgender and queer (LGBTQ) youth in direct service development and delivery, and to encourage safer drug use and safer sex to reduce associated harms including the transmission of HIV, Hepatitis C and other sexually transmitted infections (STIs).

Population size estimate of most-at-risk children and youth in the 10–19 age group
Balakireva OM (Ed.)
Kiev, UNICEF/Ukrainian Institute for Social Research after Olexander Yaremenko, 2011
http://www.unaids.org.ua/files/UNICEF_Engl_Population_size_estimate.pdf
0075_C_Balakireva_OM_UNICEF_2011

The purpose of this study is to estimate the number of children and youths most at risk of HIV infection (IDUs, FCSWs and MSMs) at the national level and agree this estimation with the national partners. Objectives of the study: (1) to collect the existing statistical data, medical and sociological information in order to ascertain the number of most-at-risk children and young people; (2) to identify any possible sources of additional information with the quantitative indicators of the size of the most-at-risk group with the possibility of singling out this 10–19 age group, collect additional information, verify its reliability and objectivity; (3) to determine the estimated number of children and young people at risk of HIV infection (IDU, FSW, MSM), with the possible disaggregation by sub-groups 10–14, 15–17 and 18–19 years of age, and by gender for adolescent IDUs; and, (4) to summarize the estimates obtained by using different methods, and agree with the key partners at the national level.

Young Injecting Drug Users: Overview and review of Data
Presentation to the Young People Most at Risk for HIV, IYWG, June 25, 2009, Washington, DC, USA
Widdus D
New York, UNICEF, 2009
https://www.iywg.org/sites/iywg/files/25_june_09_young_idus_widdus.pdf
0094_C_Widdus_D_UNICEF_2009

A short powerpoint presentation providing a global picture, strategic information in selected countries, as well as challenges and opportunities in data collection related to young IDUs.

ANNEX D References to international experience on prevention of transition from non-injecting to injecting by CYPUD

Development of a brief substance use sensation seeking scale: validation and prediction of injection-related behaviors
Werb D, Richardson C, Buxton J, Shoveller J, Wood E, Kerr T
AIDS Behaviour 2015 Feb;19(2):352-61
http://www.ncbi.nlm.nih.gov/pubmed/25119056
0001_D_Werb_D_AIDSB_2015

Sensation seeking, a personality trait, has been shown to predict engagement in high-risk behaviors. However, little is known regarding the impact of sensation seeking on substance use among street youth. We therefore sought to modify a sensation seeking scale (SSS) for use among this population. Street youth from the Vancouver-based At-Risk Youth Study (n = 226) completed the modified SSS. Exploratory and confirmatory factor analysis (EFA/CFA) were undertaken to establish the scale's dimensionality and internal validity. The association between SSS score and injection-related behaviors was tested using generalized estimating equation analysis. EFA results indicated scale unidimensionality. The comparative fit index (CFI) suggested acceptable fit (CFI = 0.914). In multivariate analysis, sensation seeking was independently associated with injection drug use, crystal methamphetamine use, polysubstance use, and binge drug use (all $p < 0.05$). Our findings provide preliminary support for the use of the modified SSS among street youth.

Young people at risk of transitioning to injecting drug use in Sydney, Australia: social disadvantage and other correlates of higher levels of exposure to injecting
Lea T, Bryant J, Ellard J, Howard J, Treloar C
Health & Social Care in the Community (Impact Factor: 1.15). 12/2014; 23(2)
http://www.researchgate.net/publication/269188465_Young_people_at_risk_of_transitioning_to_injecting_drug_use_in_Sydney_Australia_social_disadvantage_and_other_correlates_of_higher_levels_of_exposure_to_injecting
0006_D_Lea_T_HSCC_2014

While numerous studies have examined characteristics of young people who have recently initiated injecting, little attention has focused on young people who may be at high risk of transitioning to injecting. This study sought to examine the extent that socially disadvantaged young people were exposed to injecting, determine their level of hepatitis C (HCV) knowledge and identify correlates of higher injecting exposure. A cross-sectional survey was administered to 210 young people in 2010-2011 who were exposed to injecting drug use, but had not transitioned to injecting. Respondents were primarily recruited from youth services in metropolitan Sydney. Exposure to injecting in the previous 12 months was assessed with four items that examined whether close friends, romantic/sexual partners or family members/acquaintances injected drugs, and whether they were offered an injection. Most respondents had at least a few close friends who injected drugs (65%) and almost half had been offered drugs to inject in the previous 12 months (48%). It was less common for respondents to report having a partner who injects (11%). Correlates of higher injecting exposure were examined with multivariate ordinal regression. In the multivariate model, higher exposure to injecting was independently associated with the experience of abuse or violent crime [adjusted odds ratio (AOR) = 1.80] and reporting more favourable attitudes towards injecting (AOR = 0.86). Higher exposure to injecting was not independently associated with patterns or history of drug use. HCV knowledge was low to moderate and was not associated with higher exposure to injecting. That drug

use was not independently associated with higher injecting exposure may suggest that exposure is shaped more by social disadvantage than by drug use patterns. Additional research is required to investigate this, using an improved measure of exposure to injecting.

Factors associated with initiating someone into illicit drug injection
Bluthenthal RN, Wenger L, Chu D, Quinn B, Thing J, Kral AH
Drug and Alcohol Dependence 2014 Nov 1;144:186-92
http://www.ncbi.nlm.nih.gov/pubmed/25282308
0007_D_Bluthenthal_RN_DAD_2014

AIMS: Most PWID were first initiated into injection by a current PWID. Few studies have examined PWID who assist others into drug injection. Our goal is to describe the prevalence of and risk factors for initiating someone into injection in the last 12 months.

METHODS: We recruited a cross-sectional sample of PWID (N=605) in California from 2011 to 2013. We examined bivariate and multivariate risk factors for initiating someone into injection with a focus on behaviors that might encourage injection initiation such as injecting in front of non-PWID, describing how to inject to non-PWID, and willingness to initiate someone into drug injection.

RESULTS: Having initiated someone into injection was reported by 34% of PWID overall and 7% in the last 12 months. Forty-four PWID had assisted 431 people into injection in the past year. Factors independently associated with initiating someone into injection in the last 12 months were self-reported likelihood of initiating someone in the future (Adjusted Odds Ratio [AOR]=7.09; 95% Confidence Interval [CI]=3.40, 14.79), having injected another PWID in past month (AOR=4.05; 95% confidence interval [CI]=1.94, 8.47), having described how to inject to non-injectors (2.61; 95% CI=1.19, 5.71), and non-injection powder cocaine use in past month (AOR=4.97; 95% CI=2.08, 11.84) while controlling for study site.

CONCLUSION: Active PWID are important in facilitating the process of drug injection uptake. Interventions to reduce initiation should include efforts to change behaviors and intentions among PWID that are associated with injection uptake among others.

KEYWORDS: HIV/HCV; Initiators; Injection drug use; Injection initiation; Observational epidemiology; PWID

Brief interventions for substance use in adolescents: still promising, still unproven
Levy S
Canadian Medical Association Journal, May 13, 2014 vol. 186 no. 8 565-566
http://www.cmaj.ca/content/186/8/565.full.pdf
0263_D_Levy_S_CMAJ_2014

Brief interventions delivered in primary care are recommended for reducing excessive substance use by youth, although evidence to support this practice has been lacking. In a randomized controlled trial in which primary care physicians were trained to deliver a brief intervention to address alcohol and cannabis use, no differences in excessive substance use were found between youth whose physician received the training and those whose physician provided usual care; substance use was reduced in both groups. More work is needed to optimize interventions in primary care aimed at reducing substance use by youth.

Employment and risk of injection drug use initiation among street involved youth in Canadian setting
Richardson L, DeBeck K, Feng C, Kerr T, Wood E
Preventive Medicine 2014 Sep;66:56-9
http://www.ncbi.nlm.nih.gov/pubmed/24989355
0008_D_Richardson_L_PM_2014

OBJECTIVE: Youth unemployment has been associated with labour market and health disparities. However, employment as a determinant of high-risk health behaviour among marginalized young people has not been well described. We sought to assess a potential relationship between employment status and initiation of intravenous drug use among a prospective cohort of street-involved youth.

METHOD: We followed injecting naïve youth in the At-Risk Youth Study, a cohort of street-involved youth aged 14-26 in Vancouver, Canada, and employed Cox regression analyses to examine whether employment was associated with injection initiation.

RESULTS: Among 422 injecting naïve youth recruited between September 2005 and November 2011, 77 participants transitioned from non-injection to injection drug use, for an incidence density of 10.3 (95% confidence interval [CI]: 8.0-12.6) per 100 person years. Results demonstrating that employment was inversely associated with injection initiation (adjusted hazard ratio: 0.53; 95% CI: 0.33-0.85) were robust to adjustment for a range of potential confounders.

CONCLUSION: A lack of employment among street-involved youth was associated with the initiation of injection drug use, a practice that predisposes individuals to serious long-term health consequences. Future research should examine if reducing barriers to labour market involvement among street-involved youth prevents transitions into high-risk drug use.

KEYWORDS: Injection drug use; Injection initiation; Street-involved youth; Youth unemployment

Substance use and associated factors among preparatory school students in Bale Zone, Oromia Regional State, Southeast Ethiopia
Dida N, Kassa Y, Sirak T, Zerga E, Dessalegn T
Harm Reduction Journal 2014, 11:21
http://www.harmreductionjournal.com/content/pdf/1477-7517-11-21.pdf
0009_D_Dida_N_HRJ_2014

Introduction: The use of cigarettes, alcohol, khat, and other substances is a worldwide threat which especially affects young people and which is also common among the youth of Ethiopia. However, its prevalence and associated factors have not been addressed well yet. Thus, this study aimed to assess the prevalence and associated factors of substance use among preparatory school students in Bale Zone, Oromia Regional State, Southeast Ethiopia.

Methods: An institutional-based cross-sectional study was conducted among 603 randomly selected students from five of eight preparatory schools of Bale Zone, Oromia Regional State, Southeast Ethiopia, in March 2013. The sample size was calculated by a single population proportion formula and allocated proportionally for the schools based on the number of students. A pretested structured questionnaire was used to collect the data. The data were analyzed using SPSS version

16.0. Descriptive, bivariate, and multivariate logistic regressions were employed to identify the predictors of substance use.

Result: The overall current prevalence of substance use among the respondents was 34.8% (210). Specifically, 23.6% (102) and 4.6% (28) of the respondents chewed khat and smoked cigarette, respectively. Sex, age, and substance use status of the respondents' father, mother, siblings, and best friend had an association with substance use. Male respondents were about ten times more at risk of practicing substance use compared to female respondents [adjusted odds ratio (AOR) 11.37, 95% confidence interval (CI) 4.42–29.23]. Respondents whose sibling(s) smokes cigarette were four times more likely to use substance (AOR 4.44, 95% CI 1.11–17.79). Respondents whose best friend chews khat were 11 times more likely to use substance when compared with those whose best friend does not practice the given factor (AOR 11.15, 95% CI 4.43–28.07).

Conclusion: Respondents whose family uses one or more substances were more likely use substance(s). Respondents whose best friend uses substance(s) were more prone to practice substance use. Fifteen years of age of the respondents was the critical age when they began to practice substance use. Sex and family of the respondents were the predicting factors for them to practice substance use or not. Hence, health extension workers and district health workers should tackle substance use of the respondents through focusing the identified factors.

Keywords: Substance use (khat, alcohol, cigarette, and shisha); Associated factors

Gender influences on initiation of injecting drug use
Ahamad K, DeBeck K, Feng C, Sakakibara T, Kerr T, Wood E
American Journal of Drug and Alcohol Abuse, 2014; 40(2): 151-156
http://informahealthcare.com/doi/abs/10.3109/00952990.2013.860983
0010_D_Ahamad_K_AJDAA_2014

BACKGROUND AND OBJECTIVES: Gender differences in illicit drug use patterns and related harms (e.g. HIV infection) are becoming increasingly recognized. However, little research has examined gender differences in risk factors for initiation into injecting drug use. We undertook this study to examine the relationship between gender and risk of injection initiation among street-involved youth and to determine whether risk factors for initiation differed between genders.

METHODS: From September 2005 to November 2011, youth were enrolled into the At-Risk Youth Study, a cohort of street-involved youth aged 14-26 in Vancouver, Canada. Cox regression analyses were used to assess variables associated with injection initiation and stratified analyses considered risk factors for injection initiation among male and female participants separately.

RESULTS: Among 422 street-involved youth, 133 (32.5%) were female, and 77 individuals initiated injection over study follow-up. Although rates of injection initiation were similar between male and female youth (p=0.531), stratified analyses demonstrated that, among male youth, risk factors for injection initiation included sex work (Adjusted Hazard Ratio [AHR] =4.74, 95% Confidence Intervals [CI]: 1.45-15.5) and residence within the city's drug use epicenter (AHR = 1.95, 95% CI: 1.12-3.41), whereas among female youth, non-injection crystal methamphetamine use (AHR = 4.63, 95% CI: 1.89-11.35) was positively associated with subsequent injection initiation.

CONCLUSION: Although rates of initiation into injecting drug use were similar for male and female street youth, the risk factors for initiation were distinct. These findings suggest a possible benefit of uniquely tailoring prevention efforts to high-risk males and females.

Keywords: Crystal methamphetamine, gender, injection initiation, sex work, street youth

Increases and decreases in drug use attributed to housing status among street-involved youth in a Canadian setting
Cheng T, Wood E, Nguyen P, Kerr T, DeBeck K
Harm Reduction Journal 2014, 11:12
http://www.harmreductionjournal.com/content/pdf/1477-7517-11-12.pdf
0011_D_Cheng_T_HRJ_2014

Background: Among a cohort of drug-using street-involved youth, we sought to identify the prevalence of reporting increases and decreases in illicit drug use due to their current housing status and to identify factors associated with reporting these changes.

Findings: This longitudinal study was based on data collected between June 2008 and May 2012 from a prospective cohort of street-involved youth aged 14–26 in Vancouver, Canada. At semi-annual study follow-up visits, youth were asked if their drug use was affected by their housing status. Using generalized estimating equations, we identified factors associated with perceived increases and decreases in drug use attributed to housing status. Among our sample of 536 participants at baseline, 164 (31%) youth reported increasing their drug use due to their housing situation and 71 (13%) reported decreasing their drug use. In multivariate analysis, factors that were positively associated with perceived increases in drug use attributed to housing status included the following: being homeless, engaging in sex work and drug dealing. Regular employment was negatively associated with increasing drug use due to housing status. Among those who reported decreasing their drug use, only homelessness was significant in bivariate analysis.

Conclusion: Perceived changes in drug use due to housing status were relatively common in this setting and were associated with being homeless and, among those who increased their drug use, engaging in risky income generation activities. These findings suggest that structural factors, particularly housing and economic opportunities, may be crucial interventions for reducing or limiting drug use among street-involved youth.

Keywords: Homelessness; Drug use; Street-involved youth; Stable housing; Risk behaviour; Employment

Substance abuse in Canada: Childhood and adolescent pathways to substance use disorders
Leyton M, Stewart S (Eds.)
Ottawa, ON, Canadian Centre on Substance Abuse, 2014
http://www.ccsa.ca/Resource%20Library/CCSA-Child-Adolescent-Substance-Use-Disorders-Report-2014-en.pdf
0012_D_Leyton_M_CCSA_2014

The present report focuses on how biological, behavioural and social factors during the early developmental years play a role in later-life substance abuse, as well as in concurrent mental and physical health problems. The report examines how various developmental pathways can lead to substance abuse, with the main goal being to develop more effective prevention, detection and

early intervention efforts for young people and their families. Involving the family is important because parents need to know how to support their child and it has been shown that enhancing parental nurturing improves outcomes. This report also suggests that intervention efforts should focus on both children of middle school age and youth during their teenage years.

HIV and young people who inject drugs: A technical brief - Draft
Inter-Agency Working Group on Key Populations
Geneva, UNAIDS, July 2014
http://www.inpud.net/UNAIDS_YKP_Briefs_PWID_2014.pdf
0013_D_IAWGKP_UNAIDS_2014

From oxycodone to heroin: Two cases of transitioning opioid use in young Australians
Dertadian GC, Maher L
Drug and Alcohol Review, Vol. 33, Issue 1, p102–104, January 2014
http://onlinelibrary.wiley.com/doi/10.1111/dar.12093/abstract
0014_D_Dertadian_GC_DAR_2014

Introduction and Aims: The non-medical use of pharmaceutical opioids is associated with a range of negative health consequences, including the development of dependence, emergency room presentations and overdose deaths.

Design and Methods: Drawing on life history data from a broader qualitative study of the non-medical use of painkillers, this brief report presents two cases of transitions from recreational or non-medical pharmaceutical opioid use to intravenous heroin use by young adults in Australia.

Results: Although our study was not designed to assess whether recreational oxycodone use is causally linked to transitions to intravenous use, polyopioid use places individuals at high risk for progression to heroin and injecting. Our first case, Jake, used a range of analgesics before he transitioned to intravenous use, and the first drug he injected was methadone. Our second case, Emma, engaged in a broad spectrum of polydrug use, involving a range of opioid preparations, as well as benzodiazepines, cannabis and alcohol. Both cases transitioned from oral to intravenous pharmaceutical opioids use and subsequent intravenous heroin use.

Discussion and Conclusions: These cases represent the first documented reports of transitions from the non-medical or recreational use of oxycodone to intravenous heroin use in Australia. As such, they represent an important starting point for the examination of pharmaceutical opioids as a pathway to injecting drug use among young Australians and highlight the need for further research designed to identify pharmaceutical opioids users at risk of transitions to injecting and to develop interventions designed to prevent or delay these transitions.

Keywords: pharmaceutical opioid; oxycodone; heroin; transition; injecting

Risk factors for progression to regular injection drug use among street-involved youth in a Canadian setting
Debeck K, Kerr T, Marshall BD, Simo A, Montaner J, Wood E
Drug and Alcohol Dependence 2013 Dec 1;133(2):468-72
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3818386/pdf/nihms506804.pdf
0031_D_Debeck_K_DAD_2013

Background: Street-involved youth are at high risk for experimenting with injection drug use; however, little attention has been given to identifying the factors that predict progression to on-going injecting.

Methods: Logistic regression was used to identify factors associated with progression to injecting weekly on a regular basis among a Canadian cohort of street-involved youth.

Results: Among our sample of 405 youth who had initiated injecting at baseline or during study observation, the median age was 22 years (interquartile range [IQR] = 21–24), and 72% (293) reported becoming a regular injector at some point after their first injection experience. Of these, the majority (n = 186, 63%) reported doing so within a month of initiating injection drug use. In multivariate analysis, the drug used at the first injection initiation event (opiates vs. cocaine vs. methamphetamine vs. other; all $p > 0.05$) was not associated with progression; however, younger age at first injection (adjusted odds ratio [AOR] = 1.13), a history of childhood physical abuse (AOR = 1.81), prior regular use of the drug first injected (AOR = 1.77), and having a sexual partner present at the first injection event (AOR = 2.65) independently predicted progression to regular injecting.

Conclusion: These data highlight how quickly youth progress to become regular injectors after experimentation. Findings indicate that addressing childhood trauma and interventions such as evidence-based youth focused addiction treatment that could prevent or delay regular non-injection drug use, may reduce progression to regular injection drug use among this population.

Keywords: Injection drug use, Injection initiation, Street-involved youth, Injection prevention, Physical abuse

Crystal methamphetamine and initiation of injection drug use among street-involved youth in a Canadian setting

Werb D, Kerr T, Buxton J, Shoveller J, Richardson C, Montaner J, Wood E
Canadian Medical Association Journal 2013 Dec 10;185(18):1569-75
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3855114/pdf/1851569.pdf
0032_D_Werb_D_CMAJ_2013

BACKGROUND: Although injection drug use is known to result in a range of health-related harms, including transmission of HIV and fatal overdose, little is known about the possible role of synthetic drugs in injection initiation. We sought to determine the effect of crystal methamphetamine use on risk of injection initiation among street-involved youth in a Canadian setting.

METHODS: We used Cox regression analyses to identify predictors of injection initiation among injection-naive street-involved youth enrolled in the At-Risk Youth Study, a prospective cohort study of street-involved youth in Vancouver, British Columbia. Data on circumstances of first injection were also obtained.

RESULTS: Between October 2005 and November 2010, a total of 395 drug injection-naive, street-involved youth provided 1434 observations, with 64 (16.2%) participants initiating injection drug use during the follow-up period, for a cumulative incidence of 21.7 (95% confidence interval [CI] 1.7-41.7) per 100 person-years. In multivariable analysis, recent non-injection use of crystal methamphetamine was positively associated with subsequent injection initiation (adjusted hazard ratio 1.93, 95% CI 1.31-2.85). The drug of first injection was most commonly reported as crystal methamphetamine (14/31 [45%]).

INTERPRETATION: Non-injection use of crystal methamphetamine predicted subsequent injection initiation, and crystal methamphetamine was the most commonly used drug at the time of first injection. Evidence-based strategies to prevent transition to injection drug use among crystal methamphetamine users are urgently needed.

Neighborhood of residence and risk of initiation into injection drug use among street-involved youth in a Canadian setting
Chami G, Werb D, Feng C, DeBeck K, Kerr T, Wood E
Drug and Alcohol Dependence 2013 Oct 1;132(3):486-90
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3927649/pdf/nihms554115.pdf
0033_D_Chami_G_DAD_2013

BACKGROUND: While research has suggested that exposure to environments where drug use is prevalent may be a key determinant of drug-related risk, little is known regarding the impact of such exposure on the initiation of illicit injection drug use. We assessed whether neighborhood of residence predicted rates of injecting initiation among a cohort of street-involved youth in Vancouver, British Columbia.

METHODS: We followed street-involved injecting naïve youth aged 14-26 and compared rates of injecting initiation between youth residing in Vancouver's Downtown Eastside (DTES) neighborhood (the site of a large street-based illicit drug market) to those living in other parts of the city. Univariate and multivariate Cox regression analyses were employed to determine whether residence in the DTES was independently associated with increased risk of initiation of injection drug use.

RESULTS: Between September, 2005 and November, 2011, 422 injection-naïve individuals were followed, among whom 77 initiated injecting for an incidence density of injecting of 10.3 (95% confidence interval [CI] 5.0-18.8) per 100 person years. In a multivariate model, residence in the DTES was independently associated with initiating injection drug use (adjusted hazard ratio [AHR]=2.16, 95% CI: 1.33-3.52, p=0.002).

CONCLUSIONS: These results suggest neighborhood of residence affects the risk of initiation into injection drug use among street-involved youth. The development of prevention interventions should target high-risk neighborhoods where risk of initiating into injecting drug use may be greatest.

Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people
Coren E, Hossain R, Pardo JP, Veras MM, Chakraborty K, Harris H, Martin AJ
Evidence Based Child Health. 2013 Jul;8(4):1140-272
http://www.ncbi.nlm.nih.gov/pubmed/23877940
0034_D_Coren_E_EBCH_2013

BACKGROUND: Numbers of street-connected children and young people run into many millions worldwide and include children and young people who live or work in street environments. Whether or not they remain connected to their families of origin, and despite many strengths and resiliencies, they are vulnerable to a range of risks and are excluded from mainstream social structures and opportunities.

OBJECTIVES: To summarise the effectiveness of interventions for street-connected children and young people that promote inclusion and reintegration and reduce harms. To explore the processes of successful intervention and models of change in this area, and to understand how intervention effectiveness may vary in different contexts.

SEARCH METHODS: We searched the following bibliographic databases, from inception to 2012, and various relevant non-governmental and organisational websites: Cochrane Central Register of Controlled Trials (CENTRAL); MEDLINE and PreMEDLINE; EMBASE and EMBASE Classic; CINAHL; PsycINFO; ERIC; Sociological Abstracts; Social Services Abstracts; Social Work Abstracts; Healthstar; LILACS; System for Grey literature in Europe (OpenGrey); ProQuest Dissertations and Theses; EconLit; IDEAS Economics and Finance Research; JOLIS Library Catalog of the holdings of the World Bank Group and IMF Libraries; BLDS (British Library for Development Studies); Google, Google Scholar.

SELECTION CRITERIA: The review included data from harm reduction or reintegration promotion intervention studies that used a comparison group study design and were all randomised or quasi-randomised studies. Studies were included if they evaluated interventions aimed to benefit street-connected children and young people, aged 0 to 24 years, in all contexts.

DATA COLLECTION AND ANALYSIS: Two review authors independently extracted data and assessed the risk of bias of included studies. Data were extracted on intervention delivery, context, process factors, equity and outcomes. Outcome measures were grouped according to whether they measured psychosocial outcomes, risky sexual behaviours or substance use. A meta-analysis was conducted for some outcomes though it was not possible for all due to differences in measurements between studies. Other outcomes were evaluated narratively.

MAIN RESULTS: We included 11 studies evaluating 12 interventions from high income countries. We did not find any sufficiently robust evaluations conducted in low and middle income countries (LMICs) despite the existence of many relevant programmes. Study quality overall was low to moderate and there was great variation in the measurement used by studies, making comparison difficult. Participants were drop-in and shelter based. We found no consistent results on a range of relevant outcomes within domains of psychosocial health, substance misuse and sexual risky behaviours despite the many measurements collected in the studies. The interventions being evaluated consisted of time limited therapeutically based programmes which did not prove more effective than standard shelter or drop-in services for most outcomes and in most studies. There were favourable changes from baseline in outcomes for most participants in therapy interventions and also in standard services. There was considerable heterogeneity between studies and equity data were inconsistently reported. No study measured the primary outcome of reintegration or reported on adverse effects. The review discussion section included consideration of the relevance of the findings for LMIC settings.

AUTHORS' CONCLUSIONS: Analysis across the included studies found no consistently significant benefit for the 'new' interventions compared to standard services for street-connected children and young people. These latter interventions, however, have not been rigorously evaluated, especially in the context of LMICs. Robustly evaluating the interventions would enable better recommendations to be made for service delivery. There is a need for future research in LMICs that includes children

who are on the streets due to urbanisation, war or migration and who may be vulnerable to risks such as trafficking.

KEYWORDS: Harm Reduction; Life Style; Risk-Taking; Adolescent; Child; Preschool; Female; Homeless Youth; Humans; Male; Young Adult

Homelessness independently predicts injection drug use initiation among street-involved youth in a Canadian setting
Feng C, DeBeck K, Kerr T, Mathias S, Montaner J, Wood E
Journal of Adolescent Health 2013 Apr;52(4):499-501
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3608753/pdf/nihms401993.pdf
0035_D_Feng_C_JAH_2013

PURPOSE: This longitudinal study examines the association between homelessness and injection drug use initiation among a cohort of street-involved youth in a setting of high-prevalence crystal methamphetamine use.

METHODS: We derived data from the At-Risk Youth Study, a prospective cohort of street-involved youth aged 14-26 years, recruited between September 2005 and November 2011. We used Cox proportional hazards regression to identify factors independently associated with time to injection initiation.

RESULTS: Among 422 street-youth who had never injected at baseline, we observed 77 injection initiation events during follow-up. Homelessness was independently associated with injection initiation in multivariate Cox regression (relative hazard, 1.80 [95% confidence interval, 1.13-2.87]) after adjusting for crystal methamphetamine use and other potential confounders.

CONCLUSIONS: These findings highlight that homelessness is a key risk factor for injection initiation among street-involved youth. Supportive housing interventions for street youth may help prevent injection drug use initiation within this high-risk population.

Keywords: Youth, injection drug use, initiation, homelessness

Childhood sexual abuse and risk for initiating injection drug use: a prospective cohort study
Hadland SE, Werb D, Kerr T, Fu E, Wang H, Montaner JS, Wood E
Preventive Medicine 2012 Nov;55(5):500-4
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489963/pdf/nihms404305.pdf
0045_D_Hadland_SE_PM_2012

OBJECTIVE: This study examined whether childhood sexual abuse predicts initiation of injection drug use in a prospective cohort of youth.

METHOD: From October 2005 to November 2010, data were collected from the At Risk Youth Study (ARYS), a prospective cohort study of street-involved youth in Vancouver, Canada. Inclusion criteria were age 14-26 years, no lifetime drug injection, and non-injection drug use in the month preceding enrollment. Participants were interviewed at baseline and semi-annually thereafter. Cox regression was employed to identify risk factors for initiating injection.

RESULTS: Among 395 injection-naïve youth, 81 (20.5%) reported childhood sexual abuse. During a median follow-up of 15.9 months (total follow-up 606.6 person-years), 45 (11.4%) youth initiated

injection drug use, resulting in an incidence density of 7.4 per 100 person-years. In univariate analyses, childhood sexual abuse was associated with increased risk of initiating injection (unadjusted hazard ratio [HR], 2.38; 95% confidence interval [CI], 1.29-4.38; p=0.006), an effect that persisted in multivariate analysis despite adjustment for gender, age, aboriginal ancestry and recent non-injection drug use (adjusted HR, 2.71; 95% CI, 1.42-5.20; p=0.003).

CONCLUSION: Childhood sexual abuse places drug users at risk for initiating injection. Addiction treatment programs should incorporate services for survivors of childhood maltreatment.

Keywords: child abuse, sexual, drug abuse, adolescent, cohort studies

Transition to injection amongst opioid users in Iran: implications for harm reduction
Malekinejad M, Vazirian M
International Journal of Drug Policy 2012 Jul;23(4):333-7
http://www.ncbi.nlm.nih.gov/pubmed/21996166
0046_D_Malekinejad_M_IJDP_2012

Driven by opioid use, HIV prevalence is high (15-27%) amongst injection drug users (IDU) in Iran. Harm reduction programmes are associated with a reduction in high risk injecting behaviours; however, Iran has a large number of non-injecting opioid users not immediately targeted by harm reduction programmes. The vast majority of heroin injectors tend to have a history of several years of smoking opium or heroin before transitioning to injection, and a small fraction may even start their drug career by injection of opioids, behaviours that can undermine the effectiveness of the harm reduction programmes. In this study, we have reviewed evidence on the HIV epidemic, extent and pattern of opioid use, and correlates of the transition to injection in Iran. We have concluded that harm reduction policies should also emphasize prevention of the transition to injection amongst high-risk non-injecting opioid users as an additional strategy against the spread of HIV infection in Iran.

Early onset of drug and polysubstance use as predictors of injection drug use among adult drug users
Trenz RC, Scherer M, Harrell P, Zur J, Sinha A, Latimer W
Addiction Behaviour 2012 Apr;37(4):367-72
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3288417/pdf/nihms344713.pdf
0048_D_Trenz_RC_AB_2012

Early onset of alcohol, marijuana, and cigarette use is an indicator of later substance use problems in adulthood such as alcohol or other drug dependence. This paper seeks to address the association between early onset alcohol, marijuana, cigarette, and polysubstance use with injection drug use among recent illicit drug users. The current study used baseline data from the Baltimore site of the NEURO-HIV Epidemiologic Study, an investigation of neuropsychological and social-behavioral risk factors of HIV, hepatitis A, hepatitis B, and Hepatitis C among both injection and non-injection drug users in Baltimore, Maryland. The present study used a subset (N=651) of the larger parent study that identified as White or Black, and reported any drug use in the past 6 months. In the full sample slightly more than half (52.5%) of study participants were IDUs. IDUs differed from non-IDUs on age of initiation for cigarettes, marijuana, and alcohol, with IDUs initiating the use of all three substances significantly earlier than non-IDUs. IDUs also had significantly greater proportions of early onset of alcohol ($\chi(2)=19.71$, $p<.01$), cigarette ($\chi(2)=11.05$, $p<.01$), marijuana ($\chi(2)=10.83$, $p<.01$), and polysubstance use ($\chi(2)=23.48$, $p<.01$) than non-IDUs. After adjusting for age, gender, and

race/ethnicity, only participants identified as early onset alcohol users (AOR=1.47, 95% CI: 1.00-2.18) and early onset polysubstance users (AOR=1.62, 95% CI: 1.10-2.38) were more likely to have IDU status than those who reported initiating substance use later. IDU status was then stratified by race/ethnicity. After controlling for age and gender, only early polysubstance use was a significant predictor of IDU status for Whites (AOR=2.06, 95% CI: 1.07-3.93). Consistent with literature on early substance initiation and later illicit substance use, early onset of alcohol and polysubstance use is an important risk factor for IDU in adulthood.

Keywords: early onset; polysubstance use; injection drug use; non-injection drug use; heroin

Transition from first illicit drug use to first injection drug use among rural Appalachian drug users: a cross-sectional comparison and retrospective survival analysis
Young AM, Havens JR
Addiction. 2012 Mar;107(3):587-96
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3262084/pdf/nihms-321501.pdf
0049_D_Young_AM_A_2012

AIM: The study's objectives were to characterize initiation of injection drug use, examine the independent association of specific substance use with injection drug use and determine factors associated with rates of transition from first illicit drug use to first injection among a sample of rural Appalachian drug users.

DESIGN: Interview-administered questionnaires were administered to a sample of drug users recruited via respondent-driven sampling.

SETTING: Appalachian Kentucky.

PARTICIPANTS: Injection drug users (IDUs) (n = 394) and non-IDUs (n = 109).

MEASUREMENTS: Data were collected on substance use and years from age at initiation of illicit substance use to 'event' (initiation of injection or date of baseline interview for non-IDUs). Logistic regression and Cox regression were used to identify factors associated with life-time injection drug use and transition time to injection, respectively.

FINDINGS: OxyContin(®) was involved in nearly as many initiations to injection (48%), as were stimulants, other prescription opioids and heroin combined; for participants who initiated with OxyContin(®), the median time from which they began OxyContin(®) use to their first injection of OxyContin(®) was 3 years. Adjusting for demographics, five prescription drugs (benzodiazepines, illicit methadone, oxycodone, OxyContin(®) and other opiates) were associated with an increased hazard for transitioning from first illicit drug use to first injection drug use (each at $P < 0.01$).

CONCLUSIONS: In Appalachia, in the United States, the prescription opioid OxyContin(®) is widely used non-medically and appears to show a particularly high risk of rapid transition to injection compared with the use of other illicit drugs.

Narrating the social relations of initiating injecting drug use: Transitions in self and society
Rhodes T, Bivol S, Scutelniciuc O, Hunt N, Bernays S, Busza J
International Journal of Drug Policy (2011), doi:10.1016/j.drugpo.2011.07.012

http://www.unicef.org/ceecis/IJDP-2011-Initiation-narratives-proofs.pdf
0270_D_Rhodes_T_IJDP_2011

Few studies have explored drug injectors' accounts of their initiation of others into injecting. There also lacks research on the social relations of initiating injecting drug use in transitional society. We draw upon analyses of 42 audio-recorded semi-structured interviews with current and recent injecting drug users, conducted in 2009 in the Republic of Moldova, a transitional society of south-eastern Europe. A thematic analysis informed by narrative theory was undertaken, focusing on accounts of self-initiation and the initiation of others. We also reflect upon the potential of peer efforts to dissuade would-be injectors from initiating. Findings emphasise initiation into injecting as a symbolic identity transition, enabled through everyday social relations. In turn, our analysis locates the drug transitions of the self inside an account of societal transition. We find that personal narratives of self transition are made sense of, and presented, in relation to broader narratives of social transition and change. Furthermore, we explore how narratives of self-initiation, and especially the initiation of others, serve to negotiate initiation as a moral boundary crossing. Self-initiation is located inside an account of transitioning social values. In looking back, initiation is depicted as a feature of a historically situated aberration in normative values experienced by the 'transition generation'. Accounts of the initiation of others (which a third of our sample describe) seek to qualify the act as acceptable given the circumstances. These accounts also connect the contingency of agency with broader narratives of social condition. Lastly, the power of peers to dissuade others from initiating injection was doubted, in part because most self-initiations were accomplished as a product of agency enabled by environment as well as in the face of peer attempts to dissuade.

Modelling initiation into drug injection among street youth
Roy E, Godin G, Boudreau J-F, Cote P-B, Denis V, Haley N, Leclerc P, Boivin J-F
Journal of Drug Education, Vol. 41(2) 119-134, 2011
http://www.usherbrooke.ca/chaire-toxicomanie/fileadmin/sites/chaire-toxicomanie/documents/DAD_2011_post-print.pdf
0064_D_Roy_E_JDE_2011

This study aimed at examining the predictors of initiation into drug injection among street youth using social cognitive theory framework. A prospective cohort study based on semi-annual interviews was carried out. Psychosocial determinants referred to avoidance of initiation. Other potential predictors were: socio-demographic characteristics, relationships with injectors, parent's substance misuse, drug use patterns, homelessness, survival sex, sexual abuse. Independent predictors were identified using Cox proportional hazards regression models. Among the 352 participants, high control beliefs about avoidance of initiation was protective while younger age, daily alcohol consumption, heroin use, cocaine use, and survival sex all increased risk of initiation. Preventive strategies targeting street youth should both enhance youth's control beliefs and actual control over their substance use and improve their life conditions.

Youth RISE Up HIV Prevention! Developing effective harm reduction programming and best practices for young people who use drugs

Zanardi K, Broasca V
Presentation at the XVIII International AIDS Conference, Vienna, Austria, July 18-23, 2010
Youth RISE, ARAS - Romanian Association against AIDS
http://pag.aids2010.org/Abstracts.aspx?AID=11342
0076_A_Zanardi_K_IAC_2010

Issues: Underage (under 18) and young IDUs are at great risk contracting HIV and Hep C particularly. High risks behaviors are reported among these groups by different HIV/AIDS, drug treatment and sexual and reproductive health services providers. Services and resources for vulnerable under-age groups are very limited and when they are available often time services are not relevant, accessible or safe for young people. Many sexual and reproductive health organizations do not have information or resources on harm reduction, failing to adequately address the relationship between substance use and sexual health.

Description: In 2008, MTV's Staying Alive Foundation supported the development of the Youth RISE Up for HIV Prevention! Project. The program provides free access to youth-led developed training and advocacy resources for young people and health care providers around harm reduction and substance use. This two day facilitation, provides resources that were identified by the needs of young people, focusing on HIV, Hep C and overdose prevention as well as the intersection between sexual health and harm reduction.

The program has been piloted in Manipur, India and Bucharest, Romania with support from local NGO's and civil society including the ARAS (The Romanian Association Against AIDS) and the Manipur Intravenous Drug Users League.

Lessons learned: More than 50 young people participated in the project, providing essential skills in capacity building and harm reduction training. Many of participants wanted to address additional barriers around access to harm reductions services and resources.

Next steps: This workshop will provide participants with an overview of the guide with goals. A demonstration of one of the activities from one of the sessions in the guide will also be shown to participants, as well breakout groups to gain additional feedback from participants to help inform the new cycle of trainings that will be piloted in Mexico and Ukraine for 2010-2011.

Preventing transitions to injecting amongst young people: what is the role of Needle and Syringe Programmes?
Brener L, Spooner C, Treloar C
International Journal of Drug Policy 2010 May;21(3):160-4
http://www.ncbi.nlm.nih.gov/pubmed/19427187
0077_D_Brener_L_IJDP_2010

Needle and Syringe Programmes (NSP) play an important role in providing targeted services for people who inject drugs to prevent the harms associated with drug use. This commentary considers whether the role of NSP could be expanded to include prevention of initiation to injecting. In an Australian case study, consultations were undertaken with 13 stakeholders working with at-risk youth and/or in the drug field. Ongoing formal and informal discussion in other forums expanded on the points raised during the stakeholder interviews. Incorporating strategies to prevent initiation to injecting within the existing NSP framework is complex and requires attention to the following: the current focus and success of NSP, the target group that access NSP, concerns about perceived

moralism, workforce development concerns and the culture and setting of NSP. Without careful consideration of these important issues, a strategy to prevent initiation to injecting could undermine the core business of NSPs - of preventing harms associated with injecting drug use - and could alienate injecting drug users who are their primary target group.

Consensus Statement of the Reference Group to the United Nations on HIV and Injecting Drug Use 2010
UN Reference Group
Geneva, WHO, 2010
http://www.who.int/hiv/topics/idu/reference_group_consensus_statement2010.pdf
0078_D_RefGrp_WHO_2010

Chapter 1.9 relates to prevention of transition to injecting drug use.

Non-injection drug use patterns and history of injection among street youth
Hadland SE, Kerr T, Marshall BD, Small W, Lai C, Montaner JS, Wood E
European Addiction Research 2010;16(2):91-8
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2917734/pdf/ear0016-0091.pdf
0079_D_Hadland_SE_EAR_2010

AIMS: Efforts to prevent youth from initiating injection drug use require an understanding of the drug use patterns that predispose to injecting. Here we identify such patterns and describe the circumstances of first injection among street youth.

METHODS: From October 2005 to November 2007, data were collected for the At Risk Youth Study, a prospective cohort of 560 street-recruited youth aged 14-26 in Vancouver, Canada. Non-injection drug use behaviours were compared between those with and without a history of injection through multiple logistic regression. The circumstances of first injection were also examined in gender-stratified analyses.

RESULTS: Youth who had previously injected were more likely to have engaged in non-injection use of heroin or of crystal methamphetamine. Daily users of marijuana were less likely to have injected. Among prior injectors, the median age of first injection was lower among females. Females were also more likely to have had a sexual partner present at first injection and to have become a regular injector within one week of initiation.

CONCLUSION: Preventing transition to injection among street youth may require special attention to predisposing drug use patterns and should acknowledge gender differences in the circumstances of first injection.

Route transition interventions: Potential public health gains from reducing or preventing injecting
Bridge J
International Journal of Drug Policy 21 (2010) 125–128
http://www.ijdp.org/article/S0955-3959%2810%2900012-5/pdf
0080_D_Bridge_J_IJDP_2010

Multiple factors are implicated in the diffusion of injecting drug use (IDU), including individual and demographic characteristics, drug markets, economics, social networks and political and cultural environments. However, studies show that individual transitions away from injecting are possible, and that a recent diffusion of non-injecting routes of administration (NIROA) has occurred in several

countries. Injecting is more risk-laden than other routes of drug administration, yet relatively little attention has been paid to reducing or preventing injecting drug use by promoting NIROA. This commentary reviews the case for, and examples of, 'route transition interventions' which seek to do this. These include: prescribing oral substitutes; providing non-injecting equipment; providing safer smoking facilities; and training individuals to prevent transitions to injecting, promote NIROA, or prevent the initiation of new injectors. These initiatives have the potential—as yet largely unrealised—to offer public health gains and empower people to control and manage their drug use. Further research is needed to secure commitments at all levels to support this approach.

Keywords: Illicit Drugs, Injecting, Chasing, NIROA, Route transitions

New injectors and the social context of injection initiation
Harocopos A, Goldsamt LA, Kobrak P, Jost JJ, Clatts MC
International Journal of Drug Policy 2009 July ; 20(4): 317–323
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2706152/pdf/nihms119859.pdf
0269_D_Harocopos_A_IJDP_2009

Background: Preventing the onset of injecting drug use is an important public health objective yet there is little understanding of the process that leads to injection initiation. This paper draws extensively on narrative data to describe how injection initiation is influenced by social environment. We examine how watching other people inject can habitualise non-injectors to administering drugs with a needle and consider the process by which the stigma of injecting is replaced with curiosity.

Method: In-depth interviews (n=54) were conducted as part of a two-year longitudinal study examining the behaviours of new injecting drug users.

Results: Among our sample, injection initiation was the result of a dynamic process during which administering drugs with a needle became acceptable or even appealing. Most often, this occurred as a result of spending time with current injectors in a social context and the majority of this study's participants were given their first shot by a friend or sexual partner. Initiates could be tenacious in their efforts to acquire an injection trainer and findings suggest that once injecting had been introduced to a drug-using network, it was likely to spread throughout the group.

Conclusion: Injection initiation should be viewed as a communicable process. New injectors are unlikely to have experienced the negative effects of injecting and may facilitate the initiation of their drug-using friends. Prevention messages should therefore aim to find innovative ways of targeting beginning injectors and present a realistic appraisal of the long-term consequences of injecting. Interventionists should also work with current injectors to develop strategies to refuse requests from non-injectors for their help to initiate.

Keywords: Injecting drug use; Initiation; Social setting; Narratives

Social influences upon injection initiation among street-involved youth in Vancouver, Canada: a qualitative study
Small W, Fast D, Krusi A, Wood E, Kerr T
Substance Abuse Treatment, Prevention, and Policy 2009, 4:8
http://www.substanceabusepolicy.com/content/pdf/1747-597x-4-8.pdf
0258_D_Small_W_SATPP_2009

Background: Street-involved youth are a population at risk of adopting injection as a route of administration, and preventing the transition to injection drug use among street youth represents a public health priority. In order to inform epidemiological research and prevention efforts, we conducted a qualitative study to investigate the initiation of injection drug use among street involved youth in Vancouver, Canada.

Methods: Qualitative interviews with street youth who inject drugs elicited descriptions of the adoption of injection as a route of administration. Interviewees were recruited from the At-Risk Youth Study (ARYS), a cohort of street-involved youth who use illicit drugs in Vancouver, Canada. Audio recorded interviews were transcribed verbatim and a thematic analysis was conducted.

Results: 26 youth aged 16 to 26 participated in this study, including 12 females. Among study participants the first injection episode frequently featured another drug user who facilitated the initiation of injecting. Youth narratives indicate that the transition into injecting is influenced by social interactions with drug using peers and evolving perceptions of injecting, and rejecting identification as an injector was important among youth who did not continue to inject. It appears that social conventions discouraging initiating young drug users into injection exist among established injectors, although this ethic is often ignored.

Conclusion: The importance of social relationships with other drug users within the adoption of injection drug use highlights the potential of social interventions to prevent injection initiation. Additionally, developing strategies to engage current injectors who are likely to initiate youth into injection could also benefit prevention efforts.

Initiators: an examination of young injecting drug users who initiate others to injecting
Bryant J, Treloar C
AIDS Behaviour 12(6):885-90, 2008 Nov
http://link.springer.com/article/10.1007/s10461-007-9347-z
0101_D_Bryant_J_AB_2008

Research about initiation to injecting drugs emphasises the role that relationships with others plays in the experience, suggesting investigations of initiation should include an examination of both initiates and initiators. This paper uses cross-sectional data collected from 324 young, early-career injecting drug users (IDU) to describe the socio-demographic characteristics, drug and injecting practices, and harm reduction knowledge and practices of people who report initiating others to injecting. Fifty-five participants (17%) reported giving someone else their first injection. They reported initiating a total of 128 other people within the first 5 years of their own injecting. Compared to non-initiators, initiators were more likely to pass on harm reduction information [odds ratios (OR): 2.36, 95% confidence intervals (CI): 1.26-4.40]. However, the quality of this information was unknown and initiators did not have more accurate knowledge of blood borne viruses (BBV) than non-initiators, and commonly obtained needles and syringes from sources where the sterility of the equipment could not be guaranteed.

Distributing foil from needle and syringe programmes (NSPs) to promote transitions from heroin injecting to chasing: An evaluation
Pizzey R, Hunt N
Harm Reduction Journal. 2008, 5:24
http://www.neilhunt.org/pdf/2008-distributing-foil-in-NSPs-Pizzey-and-Hunt.pdf

0102_D_Pizzey_R_HRJ_2008

Background: The report presents evaluation results from an intervention using specially produced foil packs to promote a transition from heroin injecting to inhalation (chasing) with injecting drug users (IDUs) attending four needle and syringe programmes (NSPs) in south west England.

Methods: Service activity/uptake measures, brief structured interviews.

Results: Out of 320 attenders, 54% took the foil packs when they became available. Over the period of the evaluation, NSP transactions increased by 32.5% from 1,672 to 2,216. Additionally, 32 new clients (non-injecting heroin users) started attending the service to obtain the foil packs. This group would not otherwise have been in contact with the treatment service. More detailed data from one site are reported for 48 recent injectors who took foil within the NSP where the piloting first commenced. Prior to the introduction of the foil packs, 46% of this sub-group reported chasing heroin in the previous four weeks. At follow up, 85% reported using the foil to chase heroin on occasions when they would otherwise have injected. Among the people who took it, client satisfaction with the quality and size of the foil packs was good and respondents viewed its availability as a valuable extension to the NSP's services.

Conclusion: These findings suggest that distributing foil packs can be a useful means of engaging NSP attenders in discussions about ways of reducing injecting risks and can reduce injecting in settings where there is a pre-existing culture of heroin chasing. Further research should see whether these findings can be reproduced in other cultural contexts and evaluate whether the observed behavioural changes are sustained and lead to reductions in harm including blood-borne infections and overdose.

Circumstances of first crystal methamphetamine use and initiation of injection drug use among high-risk youth
Wood E, Stoltz JA, Zhang R, Strathdee SA, Montaner JS, Kerr T
Drug and Alcohol Review 2008 May;27(3):270-6
http://www.ncbi.nlm.nih.gov/pubmed/18368608
0106_D_Wood_E_DAR_2008

BACKGROUND: Despite the widely noted increase in crystal methamphetamine (CM) use, there are few studies on circumstances of first CM use or correlates of use among high-risk populations (e.g. street-involved youth).

METHODS: Street-involved youth in Vancouver, Canada, were enrolled in the At-Risk Youth Study (ARYS) prospective cohort. Extensive outreach produced a representative sample of Vancouver street youth who use illicit drugs. We examined circumstances of first CM use and factors associated with CM use among the cohort.

RESULTS: Among 478 participants, 339 (70.9%) had used CM previously. Despite intensive covariate adjustment, a history of CM use was associated independently with having initiated injection drug use [OR = 3.15 (95% CI: 1.89-5.2); $p < 0.001$]. Among those who had used CM, route of first administration included: 11 (3.2%) oral ingestion; 25 (7.4%) injected; 105 (31.0%) snorted; 231 (68.1%) smoked. The proportion of respondents reporting current CM injection was significantly greater than the proportion reporting injection as the route for first CM use (18.3% vs. 7.4%;

McNemar's test p < 0.001). Ability to obtain CM the first time was reported as 'very easy' or 'easy' by 93.5% and 5.3% of participants, respectively.

CONCLUSIONS: Crystal methamphetamine use was independently associated with injection drug use, and significant increases in injecting as the primary mode of administration were observed when patterns of use were considered longitudinally. The easy accessibility of CM and its common use during transition into injection drug use demonstrate the need for innovative drug policy to address this growing concern.

Facilitating risk reduction among homeless and street-involved youth
Busen NH, Engebretson JC
Journal of American Academic Nurse Practitioners 2008 Nov;20(11):567-75
http://www.ncbi.nlm.nih.gov/pubmed/19128341
0107_D_Busen_NH_JAANP_2008

PURPOSE: The purposes of this evaluation project were to describe a group of homeless adolescents and street-involved youth who utilized a mobile unit that provided medical and mental healthcare services and to assess the efficacy of the services provided in reducing their health risk behaviors.

DATA SOURCES: The records of 95 youth aged 15-25 years who used the medical mobile unit for an average of 14 months were examined and evaluated according to the national health indicators related to risk reduction. Current literature related to health risk behavior among homeless youth was reviewed, synthesized, and provided the background for this article.

CONCLUSIONS: Data were obtained from the records of mostly heterosexual youth with a mean age of 20.5 years. Approximately one third of the participants were high school graduates and most were without health insurance. Living situations were transient including friends, shelters, crash pads, or the streets. Abuse accounted for the majority leaving home. Psychiatric conditions and substance abuse were common. Medical conditions were related to transient living situations, substance abuse, and sexual activity. Success of the program was associated with sustained counseling, stabilizing youth on psychotropic medications, decreasing substance use, providing birth control and immunizations, and treating medical conditions.

IMPLICATIONS FOR PRACTICE: Homeless youth are one of the most underserved vulnerable populations in the United States with limited access and utilization of appropriate healthcare services. Nurse practitioners often serve as care providers but are also in a position to effectively lobby to improve health care for homeless youth through professional organizations and community activism. Furthermore, when designing and evaluating healthcare services, multidisciplinary teams need to consider risk reduction for homeless youth in the context of their environment.

The gendered context of initiation to injecting drug use: evidence for women as active initiates
Bryant J, Treloar C
Drug and Alcohol Review (Impact Factor: 1.55). 06/2007; 26(3):287-93
http://www.researchgate.net/publication/6375124_The_gendered_context_of_initiation_to_injecting_drug_use_evidence_for_women_as_active_initiates
0122_D_Bryant_J_DAR_2007

This paper explores differences between women's and men's first experience of injecting in relation to socio-demographic context, drug use, and the role of others. We collected cross-sectional retrospective data from 334 recently initiated (<or=5 years) injecting drug users in New South Wales and Queensland, Australia using a structured questionnaire in face-to-face interviews. Logistic regression was used to estimate crude and adjusted odds ratios (OR). Findings from the adjusted analysis show that women had a shorter duration of illicit drug use prior to initiation (adjusted OR 0.84, 95%CI: 0.74 - 0.94), and were more likely to have their romantic-sexual partner facilitate the initiation by paying for the drugs (adjusted OR 4.64, 95%CI: 1.21 - 17.73). Women also reported a greater likelihood of being initiated in groups of other women (adjusted OR 2.87, 95%CI: 1.24 - 6.67), suggesting that some women play an active role in their initiation experience rather than relying on, or being lead by, a romantic-sexual partner. These findings demonstrate the crucial role that romantic-sexual partners play in women's initiation experience, but also provide evidence for the way that women can be active participants in their own initiation and in initiating other women.

Break the Cycle: USAID-funded Drug Demand Reduction Program in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kazakhstan (DDRP)
Zheluk A, Burrows D
DDRP Best Practice Collection,
Alliance for Open Society International, Kazakhstan, 2007
http://www.aidsprojects.com/wp-content/themes/apmg-1.0.1/documents/Break%20Cycle_Eng.pdf
0123_D_Zheluk_A_AOSI_2007

The Break the Cycle intervention implemented by PSI addressed injecting drug use among youth by working with active injecting drug users to discourage them from initiating others into injecting. Break the Cycle interventions in Osh, Kyrgyzstan and Tashkent, Uzbekistan were modeled on successful interventions in the United Kingdom originated by Neil Hunt. The theoretical basis of BTC is derived from evidence from many countries that current injecting drug users play an important role in a young person´s decision to try injecting, that many injectors disapprove of initiating others into injecting, and that injectors do not always realize that they may be influencing young people´s decisions to initiate injecting. The DDRP Break the Cycle model encourages current injecting drug users to modify their own injecting behavior in order to reduce the risk of others initiating injecting. Under the program, IDUs are encouraged to adopt the following behaviors:

- Don't inject in the presence of non-injectors;
- Don't talk only about the positive effects of narcotics, i.e. the kaif, or high, in front of non-users or non-injectors;
- Don't assist someone with their first injection;
- Develop skills to refuse unwelcome requests to help someone learn to inject.

Youth Power Centers
USAID-funded Drug Demand Reduction Program (DDRP) in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kyrgyzstan
Zheluk A, Burrows D
DDRP Best Practice Collection, Alliance for Open Society International, 2007
http://www.aidsprojects.com/wp-content/themes/apmg-1.0.1/documents/YouthPOWER%20Centers_Eng.pdf
0262_D_Zheluk_A_AOSI_2007

The Youth Power Center program is implemented by DDRP Partner, Population Services International (PSI), at seven sites located on major opiate trafficking routes in Central Asia. The Youth Power Program is implemented in tandem by PSI with the Break the Cycle program to reduce injecting drug user involvement in the initiation of non-users (See the DDRP Break the Cycle Model for more information.) Youth Power Centers aim to reduce injection drug use among Central Asian youth and so help to avert an emerging HIV epidemic. To accomplish this goal, PSI used research with young people and injecting drug users to identify subgroups of youth who are at highest risk of becoming injecting the drug users. The purpose of the Youth Power program is to equip these very high risk youth with the knowledge and skills to make informed, healthy decisions about drug use and sexual behavior. Research has shown that those who socialize with injecting drug users or are exposed to injecting drug use are more likely to inject drugs themselves. Many Central Asian youth between the ages of 15 and 25 are at-risk due to the high prevalence of drug use in the region, a large supply of low-cost drugs, and the overlap between major population centers and drug trafficking hubs.

My first time: initiation into injecting drug use in Manipur and Nagaland, north-east India
Kermode M, Longleng V, Singh BC, Hocking J, Langkham B, Crofts N
Harm Reduction Journal 2007, 4:19
http://www.harmreductionjournal.com/content/pdf/1477-7517-4-19.pdf
0124_D_Kermode_M_HRJ_2007

Background: The north-east Indian states of Manipur and Nagaland are two of the six high HIV prevalence states in the country, and the main route of HIV transmission is injecting drug use. Understanding the pathways to injecting drug use can facilitate early intervention with HIV prevention programs. While several studies of initiation into injecting drug use have been conducted in developed countries, little is known about the situation in developing country settings. The aim of this study was to increase understanding of the contextual factors associated with initiation into injecting drug use in north-east India, and the influence of these factors on subsequent initiation of others.

Method: In mid 2006 a cross-sectional survey among 200 injecting drug users (IDUs) was undertaken in partnership with local NGOs that provide HIV prevention and care services and advocacy for IDUs in Imphal, Manipur and Dimapur, Nagaland. The questionnaire elicited detailed information about the circumstances of the first injection and the contexts of participants' lives. Demographic information, self-reported HIV status, and details about initiation of others were also recorded.

Results: Initiation into injecting drug use occurred at 20 years of age. The drugs most commonly injected were Spasmo-proxyvon (65.5%) and heroin (30.5%). In 53.5% of cases, a needle belonging to someone else was used. Two-thirds (66.7%) had used the drug previously, and 91.0% had known other IDUs prior to initiation (mean=7.5 others). The first injection was usually administered by another person (94.5%), mostly a friend (84.1%). Initiation is a social event; 98% had others present (mean=2.7 others). Almost 70% of participants had initiated at least one other (mean=5 others). Initiation of others was independently associated with being male and unemployed; having IDU friends and using alcohol around the time of initiation; and having been taught to inject and not paid for the drug at the time of initiation.

Conclusion: Targeting harm reduction messages to (non-injecting) drug users and capitalising on existing IDU social networks to promote safe injecting and deter initiation of others are possible strategies for reducing the impact of injecting drug use and the HIV epidemic in north-east India.

Gender differences in injection risk behaviors at the first injection episode
Frajzyngier V, Neaigus A, Gyarmathy VA, Miller M, Friedman SR
Drug and Alcohol Dependence 2007 Jul 10;89(2-3):145-52
http://www.ncbi.nlm.nih.gov/pubmed/17276623
0126_D_Frajzyngier_V_DAD_2007

OBJECTIVES: To examine gender differences in drug injection equipment sharing at injecting initiation.

METHODS: Young injecting drug users (IDUs) in New York City February 1999-2003 were surveyed about injection risk behaviors and circumstances at initiation. Analyses were gender-stratified and excluded participants who initiated alone. Multiple logistic regression estimated adjusted odds ratios.

RESULTS: Participants (n=249) were 66% male and 82% White. Mean initiation age was 19.2; mean years since initiating was 3.0. Women were significantly more likely to cite social network influence as a reason for initiating, to have male and sex partner initiators, and to share injecting equipment than men. Among women, sharing any injection equipment was associated with initiation by a sex partner and having > or =2 people present. Among men, being injected by someone else predicted sharing any injection equipment, while using a legally obtained syringe was protective.

CONCLUSIONS: Social persuasion stemming from sexual and/or social relationships with IDUs may increase women's risk of sharing injection equipment at initiation, and consequently, their early parenteral risk of acquiring blood-borne infections. Interventions should focus on likely initiates, especially women in injecting-discordant sex partnerships, and IDUs (potential initiators).

Evaluating methamphetamine use and risks of injection initiation among street youth: the ARYS study
Wood E, Stoltz J-A, Montaner JSG, Kerr T
Harm Reduction Journal 2006, 3:18
http://www.harmreductionjournal.com/content/pdf/1477-7517-3-18.pdf
0132_D_Wood_E_HRJ_2006

Many Canadian cities are experiencing ongoing infectious disease and overdose epidemics among injection drug users (IDU). These health concerns have recently been exacerbated by the increasing availability and use of methamphetamine. The challenges of reducing health-related harms among IDU have led to an increased recognition that strategies to prevent initiation into injection drug use must receive renewed focus. In an effort to better explore the factors that may protect against or facilitate entry into injection drug use, the At Risk Youth Study (ARYS) has recently been initiated in Vancouver, Canada. The local setting is unique due to the significant infrastructure that has been put in place to reduce HIV transmission among active IDU. The ARYS study will seek to examine the impact of these programs, if any, on non-injection drug users. In addition, Vancouver has been the site of widespread use of methamphetamine in general and has seen a substantial increase in the use of crystal methamphetamine among street youth. Hence, the ARYS cohort is well positioned to examine the harms associated with methamphetamine use, including its potential role in facilitating

initiation into injection drug use. This paper provides some background on the epidemiology of illicit drug use among street youth in North America and outlines the methodology of ARYS, a prospective cohort study of street youth in Vancouver, Canada.

Risk and protective factors in the initiation of injecting drug use: report of a respondent driven sampling study & strategy paper preventing the initiation of injecting drug use among vulnerable adolescents and young people: final report
Balakireva OM, Grund JPC, Barendregt C, Rubanets YV, Ryabova MV, Volyk AM, et al.
Kiev, UNICEF, UNAIDS, Ukrainian Institute for Social Research, 2006.
http://www.unicef.org/ukraine/3_HIV_injecting_drug_users_en.pdf
0133_D_Balakireva_OM_UNICEF_2006

This report presents the results of a quantitative and qualitative study of initiation into injecting drug use among young drug injectors (under 24 years old) and their non-injecting peers. The survey covered four Ukrainian cities: Kyiv, Odesa, Pavlohrad (Dnipropetrovsk region) and Poltava. There were 1,610 respondents under 24 years of age interviewed, including 808 IDUs and 802 of their non-injecting friends, 476 of whom used non-injecting drugs and 326 who did not use any illegal drugs at all.

The Analytical Report opens with a brief review of the main findings which are then presented in greater detail in the following sections. The “Research Methodology” section briefly presents the basic methodological approaches, research implementation techniques and particularities of the sampling realisation. The other sections and subsections all have the same structure, presenting the results of the questioning of IDUs and their friends, a discussion of these results, and conclusions. The conclusions are mainly oriented towards the definition of aspects which are important for a “Strategy for preventing the initiation of injecting drug use among vulnerable adolescents and young people”.

The aim of the research contained in this report was to discover the subjective motives and external factors influencing injecting drug use initiation and, based on the results, to develop a strategy for preventing vulnerable youth groups and adolescents from initiation into injecting drug use. The standard pattern of initiation into injecting drug use was the following: the start was unplanned, but there was a person who provoked interest. The majority mentioned the importance of another person’s presence, who ‘helped’ them to start, and more than half of them later initiated others (0.6 persons, on average). After five years of experience, 237 young IDUs had initiated at least 420 other persons into injecting drug use. Those who repeatedly involved others were more likely to be unemployed and have drug dealing experience. In most cases, the most common motivations for the use of illegal drugs by young people are the following: his/her own group’s desire to try a drug, an attempt to demonstrate his/her independence, to demonstrate one’s ‘coolness’ (growth, independence, high financial status) – an important factor, desire for a change of lifestyle, the search for something new, problems in relationships with parents, just because, strong feelings towards a friend who already uses drugs.

Transitions to injecting drug use among noninjecting heroin users: social network influence and individual susceptibility
Neaigus A, Gyarmathy VA, Miller M, Frajzyngier VM, Friedman SR, Des Jarlais DC
Journal of Acquired Immune Deficiency Syndrome 2006 Apr 1;41(4):493-503
http://www.ncbi.nlm.nih.gov/pubmed/16652059
0135_D_Neaigus_A_JAIDS_2006

OBJECTIVES: To determine the incidence/predictors of transitions to injecting among non-injecting heroin users (NIUs).

METHODS: Street-recruited NIUs in New York City, March/1996-March/2003, were interviewed for a prospective cohort study about social network influence (communication promoting injecting; exposure to injectors) and individual susceptibility. A transition to injecting was the first drug injection following baseline. Hazards ratios (HRs) ($P < 0.05$) were estimated by Cox proportional hazards regression, stratified by baseline injecting history.

RESULTS: Of 369 (64% of 579) followed, former-injectors were more likely to transition to injecting (33% or 53/160 vs. 12% or 25/209; 16.0/100 person-years-at-risk [pyar] vs. 4.6/100 pyar; HR = 3.25). Independent predictors among never-injectors included using > or =2 bags of heroin daily (HR = 7.0); social network influence (communication) and homelessness (HR = 6.3); shorter-term heroin use (HR = 5.3); social network influence (exposure) and physically abused (HR = 4.7); friends approve/condone drug injecting (HR = 3.5); lower perceived social distance from injectors (HR = 2.9); and younger age at first heroin use (HR = 1.2). Independent predictors among former-injectors were social network influence (communication) and lower perceived social distance from injectors (HR = 3.4); white race/ethnicity (HR = 2.0); not very afraid of needles (HR = 1.8); and younger age (HR = 1.1).

CONCLUSIONS: The risk of initiating injecting was lower than the risk of resuming injecting. Social network influence facilitates transitioning to injecting among those susceptible. Interventions to prevent injecting should address both social network influence and individual susceptibility.

Drug injection initiation and hepatitis C virus (HCV) infection: an assessment of opportunities for intervention
Ouellet LJ, Bailey SL
Abstract, National Viral Hepatitis Prevention Conference; 2005 Dec. 5–9; Washington (DC)
https://cdc.confex.com/cdc/vhp2005/techprogram/paper_9362.htm
0143_D_Ouellet_LJ_NVHPC_2005

Background: Older populations of IDUs often show levels of HCV infection from 70%-90%. A key for prevention opportunities is how quickly infection follows the initiation of injection. Rapid infection, as indicated in some research, argues against targeting new IDUs. This analysis uses recent data from two studies of young IDUs to assess the onset of HCV infection.

Methods: Survey and serological data from IDUs 15-30 years old in metropolitan Chicago were examined from two CDC-funded studies, CIDUS-II (1997-1999, n=698) and CIDUS-III/DUIT (2002-2004 n=796). Similar methods were used in both studies to recruit community-based samples of IDUs, examine risk behaviors, and determine HCV serostatus.

Results: Of the 1494 participants, median age was 23 years, 49% resided in suburbs, and 68% had injected less than 4 years. Recent receptive syringe sharing was reported by 50% of participants, and 72% shared some form of injection equipment. Over one-third of CIDUS-II participants reported being initiated into injection by someone five or more years older. HCV prevalence was 20% and increased with age and duration of injection.

Conclusions: Considerable opportunity for primary intervention with young, new IDUs is indicated by the large numbers we accessed who were not yet infected with HCV. Secondary intervention should also target older, more likely infected IDUs as evidenced by this population's interaction with new IDUs. Interventions should emphasize the potential role of older IDUs in preventing infection among the new IDUs with whom they associate.

Cessation of injecting drug use among street-based youth
Steensma C, Boivin JF, Blais L, Roy E
Journal of Urban Health 2005 Dec;82(4):622-37
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3456684/pdf/11524_2006_Article_450.pdf
0144_D_Steensma_C_JUH_2005

Young injecting drug users (IDUs) are at high risk for a number of negative health outcomes such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) infection. However, very little is known about injecting drug-use patterns among this population, particularly with respect to cessation of injection. We sought to identify the factors associated with cessation of injection in a population of young street-based IDUs. A prospective cohort study design was used to assess long-term (> or = 1 year) cessation of drug injection. Data was collected between January 1995 and September 2000 in Montreal, Québec, Canada. Subjects were originally recruited from various street-based outreach programs in Montreal and, for this study, had to have reported injecting drugs within the prior 6 months at baseline or during follow-up and had to have completed at least two semi-annual follow-up questionnaires. Cessation incidence rates stratified by duration of injection and adjusted hazard ratios (AdjHRs) were calculated. A Cox proportional hazards regression model was used to identify risk factors independently associated with cessation of drug injection. Of 502 young IDUs, 305 subjects met the inclusion criteria. Cessation of injection for approximately 1 year or more occurred in 119 (39%) of the young IDUs. The incidence of cessation was 32.6/100 person-years but consistently declined as duration of time spent injecting increased. Independent predictors of cessation of injection were currently injecting on a less than monthly or less than weekly basis (HR = 6.4; 95% confidence interval (CI): 3.0-13.6 and HR = 2.4; 95% CI = 1.1-5.3, respectively); currently injecting two or fewer different types of drug (HR = 2.1; 95% CI = 1.1-4.0); currently employed (HR = 1.7; 95% CI = 1.1-2.7); and having at least one parent born outside of Canada (HR = 1.4; 95% CI = 1.1-1.7). Independent predictors of not ceasing injection were currently attending a needle-exchange program (HR = 0.5; 95% CI = 0.3-0.8); and current homelessness (HR = 0.6; 95% CI = 0.4-1.0). The early sharp decline in cessation of drug injection followed by a consistent decrease in this rate suggest difficulties in breaking the habit later on in the drug injecting career. Intensity of drug use and factors which may help to stabilize the social environment of the young IDU may also influence the ability to stop injecting.

Keywords: Cessation, Injecting drug use, Street youth, Young IDU

Correlates of initiation of injection drug use among young drug users in Baltimore, Maryland: the need for early intervention
Sherman SG, Fuller CM, Shah N, Ompad DV, Vlahov D, Strathdee SA
Journal of Psychoactive Drugs 2005 Dec;37(4):437-43
http://www.ncbi.nlm.nih.gov/pubmed/16480171
0145_D_Sherman_SG_JPD_2005

This article examines individual and social factors associated with initiation of illicit drug injection, with a focus on racial differences. Data were derived from across-sectional survey of young injection and non-injection drug users in Baltimore, Maryland. Participants were aged 15 to 30 and had initiated use of heroin, cocaine, and/or crack within the prior five years. Bivariate and multivariate logistic regression models were used to identify correlates of injection initiation. Of 579 drug users, 73% were injectors, 56% were male, and 41% were African American. In a multivariate model controlling for age, correlates of injection initiation were: being an African American male [Adjusted Odds Ratio (AOR): 0.08; 95% Confidence Interval (CI): 0.04, 0.17] or female (AOR = 0.12; 95%CI: 0.06, 0.27) compared to being a White male; younger age of first use of alcohol, marijuana, or inhalants (AOR=0.73; 95%CI: 0.65, 0.82); shorter time between first use of alcohol, marijuana, or inhalants and first use of heroin, crack, or cocaine (per year decrease, AOR=0.63, 95%CI: 0.40, 0.87); parental drug use (AOR=0.54, 95%CI: 0.32, 0.92); seeing someone inject prior to injection, AOR=1.96, 95%CI: 1.01, 3.50); and crack smoking (AOR=1.77, 95%CI: 1.07, 2.99). Early drug use patterns and drug exposure factors are associated with initiation injection. Interventions are needed that target non-injection drug users to prevent transition to injection drug use.

A Survey of Drug Route Transitions among Non-injecting and Injecting Heroin Users in South Eastern Europe
Stillwell G, Hunt N, Preston A
Romania, Population Services International, July 2005
http://www.neilhunt.org/Reports/2005-survey-of-route-transitions-in-SE-Europe-hunt-et-al.pdf
0146_D_Stillwell_G_PSI_2005

In 2004, Population Services International (PSI) initiated a research and training program in Bulgaria, Macedonia, Croatia, and Bosnia-Herzegovina (BiH) to develop a better understanding of Route Transition Interventions (RTIs) and to explore the feasibility of RTIs in the region. This report details the methodology and results of a survey of injecting and non-injecting heroin users about the transition into heroin use and injecting, and factors influencing the cessation of injecting.

For the most part, the features surrounding the transition into injecting reported by the participants were similar to what has been discovered elsewhere, and the survey findings do not negate the possibility of delivering any type of RTI in each of the four countries. The findings emphasize the need to be selective when choosing which type of RTI to focus on, the value of local research and the need for further formative work if effective RTIs are to be designed.

The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people
Velleman RDB, Templeton LJ, Copello AG
Drug and Alcohol Review, March 2005, 24, 93–109
http://people.uncw.edu/noeln/Articles/Family-alcohol%20review.pdf
0147_D_Velleman_RDB_DAR_2005

The family plays a key part in both preventing and intervening with substance use and misuse, both through inducing risk, and/or encouraging and promoting protection and resilience. This review examines a number of family processes and structures that have been associated with young people commencing substance use and later misuse, and concludes that there is significant evidence for family involvement in young people's taking up, and later misusing, substances. Given this family involvement, the review explores and appraises interventions aimed at using the family to prevent substance use and misuse amongst young people. The review concludes that there is a dearth of methodologically highly sound research in this area, but the research that has been conducted does suggest strongly that the family can have a central role in preventing substance use and later misuse amongst young people.

Keywords: family, alcohol, drugs, substance misuse, prevention, intervention

A guide to assessing 'route transitions' and developing interventions that promote safer drug use
Hunt N, Preston A, Stillwell G
Exchange Supplies, UK, 2005
0148_D_Hunt_N_ES_2005

This publication is only available online:
http://www.exchangesupplies.org/shopdisp_P103.php?page=read

There has been increasing interest in recent years in understanding the mechanisms and processes at work when people change the way they take their drugs. Assessing and understanding these 'route transitions' and developing appropriate and effective interventions that promote safer drug use is likely to be an important area of harm reduction in the future. The materials here have been written to give policy makers, funding organisations, drug service providers and drug users an introduction to the 'route transitions' literature, the 'route transition interventions' (RTIs) that have been developed; the framework we developed with Population Services International for conducting formative research to understand local patterns of drug transitions; and some guidance on how to produce effective and appropriate interventions to promote healthy route transitions.

Effects of race, neighborhood, and social network on age at initiation of injection drug use
Fuller CM, Borrell LN, Latkin CA, Galea S, Ompad DC, Strathdee SA, Vlahov D
American Journal of Public Health 2005 Apr;95(4):689-95
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449242/pdf/0950689.pdf
0150_D_Fuller_CM_AJPH_2005

OBJECTIVES: We investigated individual- and neighborhood-level factors associated with adolescent initiation of injection drug use.

METHODS: Injection drug users (IDUs) who had been injecting 2 to 5 years underwent HIV testing and completed a sociobehavioral risk survey. Modeling techniques accounting for intraneighborhood correlations were used in data analyses.

RESULTS: Adolescent-initiating IDUs were less likely than adult-initiating IDUs to report high-risk sex and injection behaviors and more likely to report high-risk networks. African American IDUs from neighborhoods with large percentages of minority residents and low adult educational levels were more likely to initiate injection during adolescence than White IDUs from neighborhoods with low percentages of minority residents and high adult education levels.

CONCLUSIONS: Racial segregation and neighborhood-level educational attainment must be considered when drawing inferences about age at initiation of injection drug use and related high-risk behaviors.

Circumstances surrounding the first injection experience and their association with future syringe sharing behaviors in young urban injection drug users
Novelli LA, Sherman SG, Havens JR, Strathdee SA, Sapun M
Drug and Alcohol Dependence 2005 Mar 7;77(3):303-9
http://www.ncbi.nlm.nih.gov/pubmed/15734230
0151_D_Novelli_LA_DAD_2005

Young injection drug users are at heightened risk for acquisition of blood-borne infections because of their high rates of unsafe injection behaviors, yet there has been little research examining the circumstances surrounding injection drug users' first injection experience ('hit'). We examined the relationship between factors associated with young drug users' first hit and their future syringe sharing behaviors among 420 new initiates to injection drug use (less than 5 years), aged 15-30 years old in urban Baltimore, Maryland. Contingency table analysis and logistic regression were used to determine the association between circumstances surrounding the first hit and recent receptive syringe sharing. Participants were primarily male (58.8%), White (71.2%), and were a median age of 24 years (interquartile range [IQR]: 21-27 years). Adjusting for race, gender, and homelessness, the following variables were independently associated with recent receptive syringe sharing: age at first hit (adjusted odds ratio [AOR] = 0.92 per year increase; 95% confidence interval [CI]: 0.87-0.98), self-injection at initiation (AOR = 0.55; 95% CI: 0.32-0.97) and using a syringe that had previously been used by someone else at first hit (AOR = 2.81; 95% CI: 1.70-4.64). These data suggest that injection-related risk behaviors may be established as early as the onset of injection initiation, supporting the need to educate non-injectors of the harms associated with unsafe injection practices.

Social Determinants of Drug Use
Spooner C, Hetherington K
Technical Report Number 228, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, 2004
http://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/TR.228.pdf
0159_D_Spooner_C_NDARC_2004

This report focuses on social determinants of drug use, and structural interventions to address those social determinants. It draws upon recent research on the social epidemiology of health. The report incorporates a developmental perspective, noting that the influence of the environment is important and cumulative across the life course of individuals. Given the broad scope of this report, the authors adopted a methodological approach of integrating, as much as possible, the findings of existing reviews of the literature in each area addressed. As such, the report cannot examine any issue in great depth. Rather, the aim is to provide the reader with a broad understanding of the complex developmental and social issues associated with the development and exacerbation of drug-use problems.

The report's conclusions suggest that: (1) The complex nature of the development of drug-use behaviours and problems needs to be appreciated; (2) Investment in development across the life course is needed, as well as specific problem prevention strategies; (3) Holistic approaches to individuals and across systems are needed; (4) A cultural shift from a society dominated by

individualism and economism to a more caring and inclusive society is needed, that is, a shift in focus from measuring progress in terms of economic growth to monitoring the health and well-being of the population; and, (5) Existing inequalities in the distribution of drug problems must be addressed.

HIV prevention among young injecting drug users
UNODC
New York, United Nations, 2004
http://www.unodc.org/documents/hiv-aids/publications/HIV_Prevention_among_Young_Injecting_Drug_Users.pdf
0160_D_UNODC_UNODC_2004

Transition to injecting, p15-18.

The document outlines the background and purpose of services for young people who use drugs and then provides a step-by-step guide on how to build a programme targeting such people.

Harm minimization in school drug education: Final results of the School Health and Alcohol Harm Reduction Project (SHAHRP)
McBride N, Farringdon F, Midford R, Meuleners L, Phillips M
Addiction. 2004;99:278–91. (Erratum in 2004;99:following 527)
http://www.ncbi.nlm.nih.gov/pubmed/14982537
0162_D_McBride_N_A_2004

AIMS: The School Health and Alcohol Harm Reduction Project (SHAHRP study) aimed to reduce alcohol-related harm in secondary school students.

DESIGN: The study used a quasi-experimental research design in which randomly selected and allocated intervention and comparison groups were assessed at eight, 20 and 32 months after baseline.

SETTING: Metropolitan, government secondary schools in Perth, Western Australia.

PARTICIPANTS: The sample involved over 2300 students. The retention rate was 75.9% over 32 months.

INTERVENTION: The evidence-based intervention, a curriculum programme with an explicit harm minimization goal, was conducted in two phases over a 2-year period.

MEASURES: Knowledge, attitude, total alcohol consumption, risky consumption, context of use, harm associated with own use and harm associated with other people's use of alcohol.

FINDINGS: There were significant knowledge, attitude and behavioural effects early in the study, some of which were maintained for the duration of the study. The intervention group had significantly greater knowledge during the programme phases, and significantly safer alcohol-related attitudes to final follow-up, but both scores were converging by 32 months. Intervention students were significantly more likely to be non-drinkers or supervised drinkers than were comparison students. During the first and second programme phases, intervention students consumed 31.4% and 31.7% less alcohol. Differences were converging 17 months after programme delivery. Intervention students were 25.7%, 33.8% and 4.2% less likely to drink to risky levels from first follow-up onwards. The intervention reduced the harm that young people reported associated with their

own use of alcohol, with intervention students experiencing 32.7%, 16.7% and 22.9% less harm from first follow-up onwards. There was no impact on the harm that students reported from other people's use of alcohol.

CONCLUSIONS: The results of this study support the use of harm reduction goals and classroom approaches in school drug education.

Updating the infection risk reduction hierarchy: preventing transition into injection
Vlahov D, Fuller CM, Ompad DC, Galea S, Des Jarlais DC
Journal of Urban Health 2004 Mar;81(1):14-9
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3456135/pdf/11524_2006_Article_271.pdf
0163_D_Vlahov_D_JUH_2004

Current approaches to prevention of blood-borne infections in injection drug users include referral to drug abuse treatment, access to sterile syringes, bleach disinfection of injection equipment, and education about not sharing equipment. However, rates of some blood-borne infections (e.g., hepatitis C virus) remain elevated among injection drug users, especially early after initiation into injection drug use. With lower infection rates in non-injectors and transition into injection drug use occurring most commonly among these non-injectors, prevention of transition into injection drug use as an additional step to reduce risk for acquisition and transmission of blood-borne infections merits closer attention.

Keywords: Hepatitis C virus, Hierarchy, Human immunodeficiency virus, Infection, Injection drug use, Prevention

Social circumstances of initiation of injection drug use and early shooting gallery attendance: implications for HIV intervention among adolescent and young adult injection drug users
Fuller CM, Vlahov D, Latkin CA, Ompad DC, Celentano DD, Strathdee SA
Journal of Acquired Immune Deficiency Syndrome 2003 Jan 1;32(1):86-93
http://www.ncbi.nlm.nih.gov/pubmed/12514419
0172_D_Fuller_CM_JAIDS_2003

To determine correlates of early shooting gallery (SG) attendance and HIV prevalence and incidence among new injection drug users (IDUs), baseline data from a prospective cohort study of street-recruited IDUs aged 15 to 30 years and injecting < or =5 years were used to identify early high-risk practices and salient social circumstances associated with early SG attendance to help in the design of innovative intervention strategies. Of 226 IDUs, 10.6% were HIV-seropositive, and HIV incidence was 6.6 per 100 person-years (95% CI: 2.2-13.3). Median age was 25 years, and most participants were African American (64%) and female (61%). Using multiple logistic regression, early SG attendees were three times as likely to be HIV-seropositive and twice as likely to be initiated by an older IDU. Early SG attendees were also five times more likely to share injection equipment and over three times more likely to report a high-risk injecting network soon after initiating injection. These data suggest that young new IDUs who attend SGs early tend to be initiated by older high-risk IDUs and to share and inject within a high-risk social setting early on as well. Hence, older IDUs may serve as a bridge group to SGs, transmitting HIV from older to younger IDUs.

A situation assessment and review of the evidence for interventions for the prevention of HIV/AIDS among Occasional, Experimental and Young Injecting Drug Users
Howard J, Hunt N and Arcuri A

Background Paper prepared for: UN Interagency and CEEHRN Technical Consultation on Occasional, Experimental and Young IDUs in CEE/CIS and Baltics
Geneva, UNICEF, 2003
http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0CC4QFjAD&url=http%3A%2F%2Fwww.neilhunt.org%2FReports%2F2003-Young-and-Occasional-IDUs-in-CEE-CIS-and-%2520Baltics-Howard-Hunt-Arcuri%2520-.doc&ei=j85xVaroEozX7QbguYCICA&usg=AFQjCNFF1r5NCVZzxfCSPKT2xEVfWYLM9Q&bvm=bv.95039771,d.ZGU
0173_D_Howard_J_UNICEF_2003

The paper is organised as follows: (1) A brief review of relevant national level data on the extent of injecting and HIV/AIDS with special reference to people aged under 25; (2) A summary of what is known about the nature of injecting among young people, transitions into and out of injecting, relevant risk behaviours and contact with prevention and treatment services; (3) Identification and consideration of relevant macro-level risk and protective factors; (4) A review of existing and potential interventions and commentary on their advantage and disadvantages and factors that may affect their adoption and implementation; and, (5) Provisional proposals for a programme of research and responses across the region, which will be refined through the consultation process.

Drug injection among street youths in Montreal: predictors of initiation
Roy E, Haley N, Leclerc P, Cédras L, Blais L, Boivin JF
Journal of Urban Health 2003 Mar;80(1):92-105
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3456111/pdf/11524_2006_Article_174.pdf
0176_D_Roy_E_JUH_2003

In North America, street youths are generally considered at very high risk of injection drug use. To estimate the incidence rate of injection drug use in this population and to identify predictors of injection drug use, we conducted the present analysis. Among participants to a cohort study initiated in January 1995, we selected subjects who had never injected at study entry and had completed at least one follow-up questionnaire. Predictors of initiation were identified using Cox proportional hazard regression models. Among the 415 never injectors (mean age at entry 19.5 years), 74 had initiated injection by January 2000 (incidence rate 8.2 per 100 person-years). Independent predictors of initiation were recent episode of homelessness; age younger than 18 years; being tattooed; recently using hallucinogens, heroin, and cocaine/crack/freebase; having a friend who injects drugs; and having ever experienced extrafamilial sexual abuse. This study showed that injection drug use is frequent among street youths, but prevention appears possible.

Keywords: Initiation, Injection drug use, Predictors, Street youth

Sequential progression of substance use among homeless youth: an empirical investigation of the gateway theory
Ginzler JA, Cochran BN, Domenech-Rodríguez M, Cauce AM, Whitbeck LB
Substance Use and Misuse 2003 Feb-May;38(3-6):725-58
http://www.ncbi.nlm.nih.gov/pubmed/12747403
0177_D_Ginzler_JA_SUM_2003

We examined the sequence of substance-use initiation in 375 street youth (age 13-21) who were interviewed from 1994-99 in Seattle, Washington. Based on the "gateway theory," participants were categorized into six profiles to describe the order in which they initiated use of various substances (i.e., alcohol, marijuana, other drugs), or classified as non-progressors if they had not tried all three

classes of drugs. Youth progressing in the hypothesized gateway order (i.e., alcohol preceding marijuana, followed by other drugs) initiated their use at an earlier age than youth who had not progressed through all three substance classes. However, there was no relationship between a substance initiation profile and current substance-use. Implications include the recognition that street youth may follow different patterns of use than normative groups, and that interventions geared toward youth who use substances heavily must include contextual factors, in addition to substance-use history.

High-risk behaviors associated with transition from illicit non-injection to injection drug use among adolescent and young adult drug users: a case-control study
Fuller CM, Vlahov D, Ompad DC, Shah N, Arria A, Strathdee SA
Drug and Alcohol Dependence 2002 Apr 1;66(2):189-98
http://www.ncbi.nlm.nih.gov/pubmed/11906806
0187_D_Fuller_CM_DAD_2002

OBJECTIVE: The goal of our study was to elucidate characteristics of persons likely to transition into injection drug use so that an identifiable group with high-risk for blood-borne infection may be targeted for interventions.

METHODS: An age-matched case-control analysis was performed from a cohort study in Baltimore, 1997-1999, of street-recruited non-injection and injection drug users (IDUs), aged 15-30. Cases were IDUs injecting < or = 2 years and controls were age-matched persons who used non-injection heroin, cocaine or crack. At baseline, all were interviewed about prior year-by-year behaviors; analysis using conditional logistic regression was based on information for the year prior to injection onset for the case and the same calendar time for the controls as well as recent behaviors for both groups.

RESULTS: Of 270 participants, most were African American (78%), female (61%), and HIV seroprevalence was 7% at baseline. IDUs were significantly more likely than controls to be non-African American (adjusted odds ratio (AOR)=0.09) and report high school dropout (AOR=2.32), early sex-trading (AOR=2.72), and recent violence victimization (AOR=9.28).

CONCLUSION: Given that new injectors are at high-risk for HIV and hepatitis yet difficult to reach for prevention efforts, our data suggest some categories to use to target non-injectors who are likely to transition into injection use.

Understanding reasons for drug use amongst young people: a functional perspective
Boys A, Marsden J, Strang J
Health and Education Research: Theory and Practice, Vol.16, No. 4, 2001, p457–469
Oxford University Press
http://faculty.buffalostate.edu/macleamg/440/Boys%202001%20HER.pdf
0208_D_Boys_A_HER_2001

This study uses a functional perspective to examine the reasons young people cite for using psychoactive substances. The study sample comprised 364 young poly-drug users recruited using snowball-sampling methods. Data on life-time and recent frequency and intensity of use for alcohol, cannabis, amphetamines, ecstasy, LSD and cocaine are presented. A majority of the participants had

used at least one of these six drugs to fulfil 11 of 18 measured substance use functions. The most popular functions for use were using to: relax (96.7%), become intoxicated (96.4%), keep awake at night while socializing (95.9%), enhance an activity (88.5%) and alleviate depressed mood (86.8%). Substance use functions were found to differ by age and gender. Recognition of the functions fulfilled by substance use should help health educators and prevention strategists to make health messages about drugs more relevant and appropriate to general and specific audiences. Targeting substances that are perceived to fulfil similar functions and addressing issues concerning the substitution of one substance for another may also strengthen education and prevention efforts.

Factors associated with adolescent initiation of injection drug use
Fuller CM, Vlahov D, Arria AM, Ompad DC, Garfein R, Strathdee SA
Public Health Report 2001;116 Suppl 1:136-45
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913680/pdf/pubhealthrep00206-0138.pdf
0209_D_Fuller_CM_PHR_2001

OBJECTIVE: The purpose of this study was to evaluate the extent to which demographic, sexual, and non-injection drug use practices predict adolescent initiation of injection drug use.

METHODS: Street recruited injection drug users 15-30 years of age in Baltimore, Maryland, who initiated injection within five years of study enrollment, completed a questionnaire that included a year-by-year history regarding the five years prior to initiation of injection. Factors associated with initiation during adolescence (< or = 21 years of age) versus young adulthood (>21) were determined using logistic regression.

RESULTS: Of 226 participants, most were female (61%) and African American (64%). Median age of participants was 25; median age at initiation of injection was 23. Factors significantly associated with adolescent initiation in multivariate analysis included race other than African American, and practices prior to initiating injection including condom use, lack of cocaine use, exclusive crack smoking just prior to initiation, and smoking marijuana. Adolescent initiates also had shorter durations of illicit drug use prior to initiating injection.

CONCLUSION: Short-term non-injection drug use, particularly exclusive crack smoking, was associated with adolescent initiation of injection drug use. Early prevention efforts targeting this high-risk group of younger drug users are warranted in order to delay or prevent onset of injection drug use.

Potential risk factors for the transition to injecting among non-injecting heroin users: a comparison of former injectors and never injectors
Neaigus A, Miller M, Friedman SR, Hagen DL, Sifaneck SJ, Ildefonso G, des Jarlais DC
Addiction. 2001 Jun;96(6):847-60
http://www.ncbi.nlm.nih.gov/pubmed/11399216
0210_D_Neaigus_A_A_2001

AIMS: To compare potential risk factors for the transition to injecting among non-injecting heroin users (NIUs) with different injecting histories.

DESIGN: Cross-sectional data from baseline structured interviews with NIUs in a study on transitions to injecting. Sample recruited by outreach or chain-referral in New York City (NYC), 1996-1998.

SETTING: Recruitment of sample and interviews conducted in a NYC neighborhood where many drug users reside and/or use drugs.

PARTICIPANTS: Of 575 NIUs, 67% had never injected; 16% had injected one to nine times (infrequent former injectors (IFI)); and 18% 10 or more times (frequent former injectors (FFI)).

MEASUREMENTS: Controlling for age and race/ethnicity, adjusted odds ratios were estimated in multivariate logistic regression, and differences in means tested by ANCOVA.

FINDINGS: FFI (compared to never injectors and IFI) were more likely: to be homeless; to be unemployed; to be long-time users; to be younger at first heroin use; to not have initiated heroin use through non-injected routes; to not be afraid of injecting themselves with needles; to sniff heroin with former IDUs; and, for both men and women separately, to have sex partners who were former IDUs. Both FFI and IFI were twice as likely as never injectors to perceive that their friends thought that it was "OK" to inject drugs.

CONCLUSIONS: FFI have multiple individual and network characteristics that may increase their risk of injecting drugs. Interventions among NIUs to prevent transitions to injecting need to ascertain NIUs' injecting history and address the many potential risks that FFI have for resuming injecting drug use.

Correlates of HIV infection among young adult short-term injection drug users
Doherty MC, Garfein RS, Monterroso E, Brown D, Vlahov D
AIDS. 2000 Apr 14;14(6):717-26
http://www.ncbi.nlm.nih.gov/pubmed/10807195
0221_D_Doherty_MC_AIDS_2000

OBJECTIVES: To identify risks associated with HIV infection among young adult short-term injection drug users.

METHODS: Current injection drug users, between 18 and 29 years of age, were recruited through street outreach to participate in a cross-sectional survey of HIV prevalence by circumstances of drug injection initiation, HIV-related risk behaviors, and a follow-up to estimate HIV incidence.

RESULTS: At enrollment, 33 (14.4%) of 229 participants were HIV-seropositive. Significant bivariate associations with HIV at the time injection drug use was initiated included age less than or equal to 18 years, having receptive anal sex with the person who assisted with initiation, and having two or more 'trainers' before being able to self-inject. Injecting risks positively associated with HIV included cocaine or speedball (heroin and cocaine together) injection versus heroin or amphetamine injection, injecting five or more times per day, daily crack smoking, backloading, sharing needles at peak drug use, and not using a new needle for every injection. Sexual practices associated with HIV included reporting > 100 lifetime sex partners, a history of sexual assault, being gay or bisexual, and trading sex for money or drugs after starting to inject. In a multivariate model, trading anal sex for money or drugs after initiating injection drug use [odds ratio (OR), 14.2; 95% confidence interval (CI) 3.2-62.3], cocaine/speedball injection (OR, 10.3; 95% CI, 2.2-47.9), daily crack smoking (OR, 4.2; 95% CI, 1.7-10.5), and having two or more trainers (OR, 2.6; 95% CI, 1.1 - 5.9) were independently associated with HIV. During 12 months of follow-up, four persons seroconverted for HIV (annual incidence: 2.6%; 95% CI, 1.1 -5.9%)

CONCLUSIONS: Among short-term injectors, both sexual and injecting practices were important predictors of HIV infection, indicating that a proportion of HIV infections among young injection drug users can be attributed to sexual transmission. The incidence rate for HIV infection suggests that immediate steps should be taken to prevent new infections among young injection drug users.

Young People's initiation into injecting drug use: the role of peer interviewers in risk reduction research
Williams M, Roche AM
Health Promotion Journal of Australia, 9 3: 213-218 (1999)
http://search.informit.com.au/documentSummary;dn=458415026698391;res=IELHEA
0227_D_Williams_M_HPJA_1999

Issues addressed: This paper examines the role of peer interviewers and describes their application in a large action research project about young people's initiation into injecting drug use. The Initiates to Injecting (i2i) Project had a particular emphasis on hepatitis C.

Methods: The rationale for using peer interviewers is reviewed and contrasted with traditional research methodologies, and the strengths and weaknesses of utilising peer interviewers in collecting data on sensitive issues from hidden population groups are also highlighted. The potential usefulness of action research as an educational strategy is described, particularly in relation to specific target groups and key public health issues such as hepatitis C. A case illustration is given, describing the process through which 14 peer interviewers conducted surveys and taped interviews with young injecting drug-users. These peer interviewers also acted as risk reduction and key information transfer agents and facilitated further project development.

Results: A five stage study utilising peer interviewers was successful in completing 102 interviews and 43 taped interviews. In addition, the peer interviewers facilitated four focus groups and 20 resource development workshops and provided important insights into the development of hepatitis C education resources for young people new to injecting drug use. The peer interviewers were well received by respondents and acted as effective risk reduction agents in relation to hepatitis C and safe injecting drug use.

Conclusion. Peer interviewers engaged in research processes can provide a sound and effective means by which to access hidden population groups, such as young people new to injecting drug use. In the i2i Project, the peer interviewers were an efficient means by which to collect data that may otherwise have been inaccessible. They were also in a unique position to respond to opportunities for providing risk reduction information in relation to safe injecting drug use and hepatitis C. So what? Alternative research methods and action research approaches offer expanded opportunities for intervening in complex and difficult areas such as drug injection by young people and hepatitis C prevention. The use of methods such as peer interviewers can facilitate the data collection process and any subsequent peer education activities, particularly in settings where there is only a small operating budget.

Preventing and curtailing injecting drug use: opportunities for developing and delivering 'route transition interventions'
Hunt, N, Griffiths P, Southwell M, Stillwell G, Strang J
Drug and Alcohol Review. 18, 4: 441-451 (1999)
http://www.neilhunt.org/pdf/1999-transitions-review-hunt-griffiths-stillwell-southwell-strang.pdf
0228_D_Hunt_N_DAR_1999

Injecting is an important cause of viral and bacterial infection among drug users and is also associated with increased risk of overdose and severe dependence. Even when aggregate numbers of illicit drug users remain constant, significant health and social benefits may be achieved by a reduction in the prevalence and/or frequency of injecting. Yet, to date, little attention has been paid to reducing injecting (rather than drug use) as a policy objective. This paper reviews a range of 'route transition interventions˜ (RTIs) that can be used to reduce injecting and its associated harms. Two points for intervention are distinguished: preventing injecting among existing non-injecting drug users and promoting the transition away from injecting among current injectors. Targets for basic research and programme evaluation are discussed. In particular, it is argued that the time is now right for regional or national case studies that investigate how injecting can be reduced.

Keywords: injecting, transitions, harm reduction, route transition interventions (RTIs), prevention

The modelling of injecting behaviour and initiation into injecting
Stillwell G, Hunt N Taylor C, Griffiths P
Addiction Research 7(5): 447-459 (1999)
http://www.neilhunt.org/pdf/1999-modelling-injecting-behaviour-and-initiation-into-injecting-stillwell-et-al.pdf
0229_D_Stillwell_G_AR_1999

The modelling of injecting drug users (IDUs) around non-injecting drug users (NIDUs) is examined as a precursor to NIDUs initiation into injecting. Structured self-report interviews were conducted with 86 IDUs. 86% of the sample had been initiated into injecting by an IDU: 78% of their initiators being either a friend, partner, or sibling. Only 7% of respondents reported being pressured into injecting. 70% of respondents assessed that modelled injecting had been an important influence on their decision to inject by making them curious about injecting. In turn, 98% of the respondents had modelled injecting around NIDUs, but 59% reported being unsure, or thought it unlikely, that they had made someone want to try injecting. Of these respondents, 90% had talked to an NIDU about injecting, and 77% had injected around an NIDU. The findings suggest the need for interventions that raise awareness about the socially transmitted nature of injecting drug use.

Keywords: Social Learning Theory; Modelling; Injecting Drug Users (IDUs); Non Injecting Drug Users (NIDUs); Harm reduction interventions

Evaluation of a brief intervention to reduce initiation into injecting
Hunt N, Stillwell G, Taylor C, Griffiths P
Drugs: Education, Prevention and Policy 5, 2: 185-193 (1998)
http://www.neilhunt.org/pdf/1998-preventing-initiation-into-injecting-hunt-et-al.pdf
0237_D_Hunt_N_DEPP_1998

Background: strategies to prevent initiation of non-injectors into injecting are rare. A brief intervention with this aim, offered to current injecting drug users (IDUS), has been evaluated.

Methods: baseline behavioural and attitudinal data were collected using structured interviews with 86 1DUs. Participants were re-interviewed immediately after the intervention and at 3-month follow-up (n = 73).

Results: it was feasible to deliver the intervention, which was acceptable to both drug users and drug workers. IDUs' disapproval of initiating non-injectors significantly increased after the intervention. Participants injected in front of fewer non-injectors in the subsequent 3 months (falling from 97 to 49). Requests for initiation fell from 36 to 15 and the number of people initiated dropped from 6 to 2.

Conclusions: these results, the cheapness and ease with which such an intervention can be delivered, suggest that by incorporating such interventions into drug work it may be possible to reduce the number of people who begin injecting. Areas for further research are suggested.

Behavioral factors affecting HIV prevention for adolescent and young adult IDUs
Morse EV, Morse PM, Burchfiel KE, Zeanah PD
Journal of the Association of Nurses AIDS Care 1998 May-Jun;9(3):77-90
http://www.ncbi.nlm.nih.gov/pubmed/9589423
0238_D_Morse_EV_JANAC_1998

Epidemiological and sociobehavioral data regarding HIV-related risk and injection drug use among adolescents and young adults are examined to provide insight and assistance to nurses delivering preventive intervention and community and clinical care. The increase in HIV/AIDS cases among injection drug users (IDUs), adolescents, and African Americans strongly suggests that clinical care providers acquire a better understanding of the sociocultural and behavioral context within which health care is provided. Transition into injection drug use, high-risk injecting and sexual behaviors, sociodemographic differences, and the importance of social networks are discussed. Nurses are encouraged to provide health promotion, disease prevention messages, and health care to IDUs in small nontraditional clinical settings and to seek out the assistance of the IDUs' social network to increase adherence and compliance to complex prevention and therapeutic efforts.

The first hit: circumstances surrounding initiation into injecting
Crofts N, Louie R., Rosenthal D, Jolley D
Addiction; 91(8): 1187–1196, 1996
http://www.researchgate.net/publication/14377608_The_first_hit_Circumstances_surrounding_initiation_into_injecting
0245_D_Crofts_N_A_1996

The study examined the way in which young people begin to inject drugs in our society. The sample group was younger than is often studied by research into injecting drug use, where initiation into injecting drug use occurred at an average age of 16.2 years, compared with an average age of 18 –19 years in cross-sectional studies. This may partly be due to the admixture in other cross-sectional studies of people who began to inject at older ages, but it may also reflect other factors: (a) 'speed' (this sample's drug of choice) is currently widely available and cheap; (b) young users learn from their friends, siblings, and in some cases parents; and (c) injecting is much more dose-effective and cost-effective than traditional non-injecting methods.

The study concluded that one of the main reasons that young people begin to inject is the greater effect of the drug when injected, and therefore that injecting is more economical. The quantity of drug required to achieve a 'rush' by an alternative non-injecting method may be more than twice the quantity required to achieve the same effect through injecting. A range of other potential factors can be hypothesized as important in the initiation of injecting, including:

(a) Situation factors such as unemployment, poverty and homelessness;

(b) The influence of the peer group – most peers of the new injector are drug users. Drug users, especially injectors, have been found to be related to, and not isolated from the peer group;

(c) The influence of relationship – friend, lover or sibling initiators;

(d) The role of incarceration in exposing young people to new peers, behaviour and attitudes; and

(e) Socialized attitudes to authority and institutions.

These points may be highlighted by findings from this study. Most were currently unemployed and were receiving benefits and over three-quarters were living away from the family home, a sixth being incarcerated in a juvenile justice centre or prison. In most cases there was a significant person who initiated the young person into injecting. Of those who injected themselves the first time, about half were influenced by an injecting friend; and of those who were injected by someone else the first time, most were initiated by an injecting friend. It would also appear that there is a gender difference for the route into injecting. Whereas for both males and females the predominant influence is the immediate peer group, sexual partners play a much more significant role for females than for males. Of those who injected themselves the first time, or were injected by someone else the first time, a far higher proportion of females were initiated by their partner than was the case for males.

Systems to survey initiation into injecting are urgently necessary to monitor trends in the numbers of people injecting and their characteristics; such information is at present entirely unavailable in Australia. It is clear that this is a group at great risk of blood-borne viruses and sexually transmissible diseases for whom interventions are urgently needed.

Initiation into drug abuse: the pathway from being offered drugs to trying cannabis and progression to intravenous drug abuse
Stenbacka M, Allebeck P, Romelsjö A
Scandinavian Journal of Social Medicine 1993 Mar;21(1):31-9
http://www.ncbi.nlm.nih.gov/pubmed/8469942
0268_D_Stenbacka_M_SJSM_1993

The aim of the study was to analyse the initiation process into illicit drug use focusing on three endpoints which can be seen as stages in the drug career: being offered drugs, using cannabis and using intravenous drugs. Questionnaire data were available on 23,482 men, aged 18-20 years, conscripted for military service in 1969-70. The association between family background, social conditions, other illicit drug use, emotional control and the three endpoints were analysed. Although many conscripts tried cannabis, a smaller number continued with intravenous drug abuse. These were in general characterised by poor emotional control and a history of social maladjustment, and early onset of use. Our findings give further evidence for social maladjustment as a causative factor for illicit drug use and for the role of cannabis as a stepping stone to heavy drug abuse.

AIDS and the transition to illicit drug injection - results of a randomised trial prevention program
Des Jarlais DC, Casriel C, Friedman SR, Rosenblum A
British Journal of Addiction 1992, 87:493-498
http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.1992.tb01950.x/abstract
0253_D_DesJarlais_DC_BJA_1992

Illicit drug injection is a major component of the AIDS epidemic in the United States, Europe and some developing countries. Prevention of illicit drug injection would not only reduce HIV transmission but would also reduce the other health, psychological and social problems associated with illicit drug injection. One hundred and four subjects who were using heroin intranasally ('sniffing') were recruited for a study of the transition to drug injection. Eligibility criteria included sniffing as the most frequent route of administration and no more than 60 injections in the past 2 years. All subjects received thorough basic information about AIDS, including HIV antibody test counseling. Subjects were then randomly assigned to a four-session social learning based AIDS/drug injection prevention program or a control condition. Eighty-three subjects were successfully followed at a mean time of 8.9 months. Twenty (24%) of the followed subjects reported injecting illicit drugs during the follow-up period. Drug injection during follow-up was associated with being in the control group, intensity of non-injected drug use, prior injection, and having close personal relationships with current intravenous (IV) drug users.

Initiation into intravenous drug abuse
Stenbacka M
Acta Psychiatrica Scandinavia; 16(6), 1077-1086
http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0447.1990.tb05481.x/abstract
0255_D_Stenbacka_M_APS_1990

At the Stockholm Police Arrest Centre, 156 intravenous drug abusers (103 men, 53 women) were interviewed during the first part of 1987. A structured questionnaire was used in order to survey the initiation process into drug abuse, focusing on the differences and similarities between men and women. Of the men, 80 (78%) had been introduced to illegal drugs by a man and only 14 (14%) by a woman. Of the women, 39 (74%) had been introduced by a man and only 11 (21%) by a woman. The majority of both the men (62%) and the women (51%) were introduced by a close friend. Most of the introductions took place in a secure environment, at the home of either the novice, a friend or the introducer.

Keywords: drug abuse; initiation; social psychiatry

The Natural History of Adolescent Drug Use: Editorial
Robins NL
American Journal of Public Health 1984; 74:656-657
http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.74.7.656
0265_D_Robins NL_AJPH_1984

While one can use cross-sectional studies of multiple age samples to infer phases in individual histories, by assuming that lifetime prevalence in the next older group represents the lifetime prevalence of the age group of interest plus the incidence of new cases during a period estimated by the difference in their mean ages, such inferences may easily be in error given changes in rates of drug use in the population. As drug use waxes and wanes, various age groups and geographic areas can be differentially affected. We, therefore, particularly welcome longitudinal studies that address the question of the stability of drug use patterns by following persons first studied in high school through young adulthood.

While these longitudinal studies provide few surprises about the sequencing of drug use in the high school era, the researchers have followed their samples long enough to see the beginning of a decline in the use of certain drugs in young adult life. Heretofore, such studies were restricted to ages during which use was still increasing for these illicit drugs. Research scientists did not know whether to assume that use of illicit drugs would decline as young people took on adult roles or whether use of illicit drugs would prove so rewarding or so addictive that youths would continue to use them indefinitely.

Patterns of Drug Use from Adolescence to Young Adulthood: I. Periods of Risk for Initiation, Continued Use, and Discontinuation
Kandel DB, Logan JA
American Journal of Public Health 1984; 74:660-666
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1651682/pdf/amjph00630-0020.pdf
0264_D_Kandel_DB_AJPH_1984

Patterns of initiation, continued use, and decline in drug use are described on the basis of detailed drug histories in a longitudinal cohort representative of former New York State adolescents. In this cohort, the period of major risk for initiation to cigarettes, alcohol, and marijuana, is completed for the most part by age 20, and to illicit drugs other than cocaine by age 21. Those who have not experimented with any of these substances by that age are unlikely to do so thereafter. Initiation into prescribed psychoactive drugs occurs at a later age than for the licit and illicit drugs and continues through the age period covered by the survey. A potential maturational trend in marijuana use in this cohort is apparent with a decline beginning approximately at age 22.5 for most usage patterns. The periods of highest marijuana and alcohol usage decline beginning at ages 20-21 and contrast sharply with cigarettes which exhibit climbing rates of highest use through the end of the surveillance period (age 25). Overall patterns are similar for men and women, with men initiating all drugs at higher rates than women, except for prescribed psychoactives.

Patterns of Drug Use from Adolescence to Young Adulthood: II. Sequences of Progression
Yamaguchi K, Kandel DB
American Journal of Public Health 1984; 74:668-672
http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.74.7.668
0266_D_Yamaguchi_K_AJPH_1984
Major pathways of progression among legal, illegal, and medically prescribed psychoactive drugs from adolescence to young adulthood are described. The data are based on a follow-up cohort of former adolescents representative of high school students in grades 10 and 11 in New York State who were reinterviewed nine years later at ages 24-25. Various models of progression are tested for their goodness of fit. The patterns formerly observed in adolescence involving progression from one class of legal drug (either alcohol or cigarettes) to marijuana to the use of other illicit drugs appear in the transitional period into young adult, with an additional stage, that of prescribed psychoactive drugs. Some differences appear between men and women, with cigarettes more important for women than for men in the total progression.

Patterns of drug use from adolescence to young adulthood: III. Predictors of Progression
Yamaguchi K, Kandel DB
American Journal of Public Health 1984; 74:673-681
http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.74.7.673
0257_D_Yamaguchi_K_AJPH_1984

Possible linkages of influence among classes of drugs in the observed sequential progression from adolescence to young adulthood are investigated through event history analyses. Three stages are examined: initiation to marijuana, to the use of other illicit drugs, and to prescribed psychoactive drugs. The data are based on a follow-up cohort of former adolescents representative of high school students in grade 10 and 11 in New York State who were reinterviewed nine years later at ages 24-25. The sequential order between alcohol and/or cigarettes and marijuana reflects not only the effect of the use of legal drugs on marijuana initiation, but also age effects on onset of these drugs, controlling for individual characteristics measured in adolescence; marijuana use by one's friends in adolescence is an additional important predictor of marijuana initiation. Prior use of marijuana is necessary for progression to other illicit drugs. Multiple factors are involved in the progression to prescribed drugs, with adolescent depressive symptomatology and use of other illicit drugs important for both sexes, and maternal use of psychoactive drugs, dropping out of school, and prior use of marijuana of additional importance for women. Although licit drugs influence initiation into marijuana independently of age effects, it is especially for the progression from marijuana to other illicit drugs that the earlier drug is associated with the progression to a higher stage drug.

Period, Age, and Cohort Effects on Substance Use Among American Youth, 1976-82
O'Malley PM, Bachman JG, Johnston LD
American Journal of Public Health 1984; 74:682-688
http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.74.7.682
0267_D_OMalley_PM_AJPH_1984

Period, age, and cohort effects on substance use are differentiated for American youth 18 to 24 years old during the period from 1976 to 1982. The data are provided by the Monitoring the Future project, an ongoing study which employs a cohort-sequential design. Weighted least squares regression is used to find plausible and parsimonious models to account for the observed variation in 12 different classes of drugs, both licit and illicit. The point is made that there are no definitive ways to differentiate among the types of effects; thus, any interpretation is open to debate. Period effects involving increased use occurred for cocaine, amphetamines, and methaqualone, while decreases occurred for barbiturates, tranquilizers, and psychedelics other than LSD. Marijuana showed a curvilinear period effect, first increasing then decreasing. Effects of age were more complex. There were increases in the year after high school for daily cigarette use, but not for monthly use. Monthly and daily alcohol use increased with age. A measure of heavy drinking showed a curvilinear trend, first increasing and then decreasing. Annual use of cocaine showed an increase between the ages of 18 and 21. Annual use of narcotics other than heroin showed a linear age decrease. Clear class (or cohort) effects appeared for cigarette use, with each successive class smoking less.

ANNEX E Harm reduction services for CYPUD

No	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
1	Cambodia	Phnom Penh, Siem Reap	Kaliyan Mith	NGO	Holistic social reintegration services: Outreach, Drop-In Centers, Non-Formal Education; School reintegration, Vocational Training; Employment.	Phnom Penh: Community Drug Prevention and Rehabilitation Project		http://friends-international.org/programs/kaliyanmithsiemreap.asp?mm=pr&sm=km	#215 Street 13, Sangkat Chey Chumneas, Khan Daun Penh, Phnom Penh, Cambodia; Tel: +855 23 220 596, info@mithsamlanh.org
2	Cambodia	Phnom Penh	Korsang	NGO	Harm reduction services, NSP.	Medical Programme; support to children of PWUD/PWID; drugs & HIV education; harm reduction outreach.		http://www.korsang-ks.org/website/	# 32E0, Street 79BT, Village Chamreun Phal, Sangkat BoeungTompun, Khan Meanchey, City Phnom Penh, Kingdom of Cambodia; Executive Director: taing@korsang-ks.org
3	Cambodia	Phnom Penh and smaller programs in Kampong Cham and in Kampong Speu	Mith Samlanh	NGO	Together, we protect marginalized children/youth and related groups and with them create innovative and exciting opportunities to build their futures.	One of the only holistic programs for drug using youth in the world. It provides drug using street children and youth high quality services to help them to recover from addictions and return to normal life.	(1) Prevention: through street-based& community-based education; (2) Harm Reduction: PWID harm reduction awareness sessions; (3) Detoxification: symptomatic detoxification through a formal treatment center; and, (4) Social rehabilitation leading to reintegration into family, school system, vocational training, job placement, relapse prevention.	http://mithsamlanh.org/drug.php?=ourprograms	
4	Cambodia	Sihanouk-ville	M'Lop Tapang	NGO	Provide shelter, medical care, sports, arts, education, training, counseling, family support and protection from all types of abuse	Prevention, harm reduction, relapse prevention.	CYPUD	http://mloptapang.org/	

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
5	Canada	Toronto	TRIP!	NGO	Provides safer sex and drug information and supplies to party people in Toronto's electronic music communities.	TRIP! provides several services to the dance community and beyond. Most notably the project is known for its onsite outreach booths, a vendor-style setup staffed by 2-3 TRIP workers and volunteers, which offers a display of safer drug use and safer sex information and supplies. It is here that partyers can find a place to chill out and talk, pick up earplugs, condoms and lube, utilize our needle exchange services, and talk to TRIPsters about sex, drugs and partying.	All TRIP! staff and volunteers are trained in basic counseling, crisis intervention, how to handle drug-related emergencies, and CPR. Therefore, TRIP!'s presence adds first responders in the event of an emergency, which increases the safety of all in attendance at any given event. All of our onsite services are FREE to the community, and TRIP! gratefully receives free admission to events by event organizers. TRIP! provides general information and referrals to community members outside of the party environment.	http://www.tripproject.ca/trip/	info@tripproject.ca
6	China	Kunming	tbc	NGO	'Opening Doors' is funded by Aids Fonds, a Dutch NGO, and is a partnership between Access Quality International and the National Drug and Alcohol Research Centre, University of New South Wales, Australia.	Increase access to harm reduction services for young PWID and those who are at risk of initiating IDU. The target age group is 10–25, with special attention paid to the engagement of difficult-to-reach young people.			
7	Denmark	Copenhagen	Fontana / Club24U	NGO	To promote prevention & reduction of harm related to Dependency through advocacy, networking, collaboration; treating people for their dependency problems, in order to limit the negative effects of substance abuse.	Social activities for clean & sober addicts, their families/relatives and others with interest in the disease chemical dependency.		http://www.ngofontana.org/index.php/front-page	

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
8	Indonesia	Banda Aceh	Friends International	NGO	The program provides direct services to children, youth and families out of reach of mainstream services and supports them to move away from unsafe work and build a sustainable future. It aims to reach out to over 1,500 beneficiaries by 2015.	Outreach; Legal Registration: ensuring families gain continuous access to public services; Education: reintegration & support to remain in education; Vocational Training; Job Placement		http://friends-international.org/programs/temanbaik.asp?mm=pr&sm=ytb	
9	Indonesia	Jakarta	Teman Baik	NGO	The program provides direct services to children, youth and families out of reach of mainstream services and supports them to move away from unsafe work and build a sustainable future. It aims to reach out to over 1,500 beneficiaries by 2015.	Outreach; Legal Registration: ensuring families gain continuous access to public services; Education: reintegration & support to remain in education; Vocational Training; Job Placement		http://friends-international.org/programs/temanbaik.asp?mm=pr&sm=ytb	
10	Italy	Botticella, near Novafeltria	San Patrignano	NGO	San Patrignano is a community for life that welcomes those suffering from drug addiction and marginalization and helps them to once again find their way thanks to a rehabilitation programme that is above all, a programme based on love. It is free, because love is a gift.	Our therapeutic programme is essentially educational and rehabilitative. The person involved is not considered "ill", thus no pharmaceutical treatment for addiction is employed. While we do resort to psychotherapy or psychiatric methods, if they are deemed necessary to treat problems of a specific and individual nature.		http://www.sanpatrignano.org/en	Admissions Office, Via San Patrignano 53, 47852 Coriano (RN), Italy. Tel. +39 0541 362111 Fax +39 0541 756108 info@sanpatrignano.org
11	Lao PDR	Vientiane	Dongkoi Children's Development Center	Private	Working through approximately 10 teachers and volunteers providing after-school activities to 200 children at risk of engaging in drug use, illegal migration, and other risky behaviors.		http://www.friends-international.org/cyti/cytipartners-southeastasia.asp?mm=cyti&sm=pa		
12	Lao PDR	Vientiane	Peuan Mit	NGO	A comprehensive range of services to children, youth and their families every day.	Outreach, Drop-in center, Education and Vocational Training, Income generation, Family reintegration.		http://www.friends-international.org/programs/peuanmit.asp?mm=pr&sm=pm	

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
13	Lebanon	tbc	Safer Interventions and Broader Acceptance (S.I.B.A.)	NGO	Safer Interventions and Broader Acceptance of young people who use drugs	S.I.B.A envisions a Lebanese society where young people affected by drugs and drug-related policies can make informed decisions to become proactive key players in their respective environments.		https://www.facebook.com/SIBA.lb http://www.slideshare.net/youthrise/siba-safe-interventions-and-broader-acceptance-lebanon	youth.siba@gmail.com
14	Lebanon	Beirut	Skoun	NGO	Skoun aims to help people with addiction problems claim their lives by providing a non-judgmental and caring environment of client-centered treatment and counseling. We deliver the tools and information necessary to reduce the harm caused by drug use and we advocate for drug policy change, increased public awareness and education regarding addiction.	Prevention and treatment services		http://www.skoun.org	Chiyah Clinic Pierre Gemayel Street, Mondiale Library Bldg, 2nd Floor , Ein El Remene, Beirut, Lebanon. +961 (1) 281 566, +961 (1) 281 605 info@skoun.org Achrafieh Clinic 97 Monot St, Nakhle building, 1st floor 20272101, Achrafieh, Beirut, Lebanon. +961 (1) 202 714 info@skoun.org
15	Mexico	Mexico City	Espolea	NGO	La reducción de riesgos y daños es una filosofía que nos permite crear una oportunidad paradigmática de tratar a las drogas de una manera neutral, desarrollar formas de reducir los impactos negativos de las drogas en las personas y las comunidades y permite plantear estrategias para ampliar la calidad de información y educación en la materia.			http://www.espolea.org/reduccioacuten-riesgos.html	Mazatlán 154A-1, Condesa CP. 06140, México, DF.; info@espolea.org; www.facebook.com/Espolea

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
16	Nepal	8 centers in Kathmandu Valley & 1 in Butwal, and 17 regional centers: Gorkha, Dolakha, Sindhuli, Jhapa, Narayangadh, Itahari, Lahan, Birtamod, Biratnagar, Katari, Sarlahi, Ramechhap, Chautara, Banepa, Hetauda, Surkhet, Nepalgunj.	Child Protection Centres and Services (CPCS)	NGO	The organization's work can be divided into three steps: 1. Prevention (prior to and during the street life) : set of interventions focused in two ways: – prevent and, if possible, avoid the arrival of the child in the street; – create awareness among general public, the families and the children themselves on the realities of life in the Street (its causes, its daily routines and its consequences). 2. Risk reduction (during life in the street) : short term perspective focusing on immediate reduction of the dangers of street life . 3. Social rehabilitation (after life in the street): long term perspective focusing on progressive and eventual reintegration of a child into society.	CPCS works on 25 programs/actions helping 1500 to 1800 street children and children at risk every month: Socialization Shelters; Informal Education Service; Emergency line 24 hours; Medical care; Counseling, psychological support; Research on issues of abuse and other risk issues; Games; Cultural activities; Youth Empowerment Programs; Family visits and reunification; Schooling Support; Public awareness campaigns; Socialization-alphabetization classes; Creating international awareness about children's rights and the street children's situation; Local networking and international partnerships; Rehabilitation process; Hygiene & clothes distribution; Safety lockers for working street children; Leisure activities, e.g. picnic, camps, games in the open; Kitchen club; Raising of children's self-esteem and awareness about children's rights, fundamental rights and national law; Children library and literacy classes; Child social rehabilitation process; Individual interventions for children and youth; Child rights protection programs: security, legal help and court actions.		http://cpcs.international/wordpress/	In Nepal: Email: international@cpcs-nepal.org, contact@cpcs-nepal.org, cpcs_int@yahoo.com Address: G.P.O.Box 8975 – EPC 5173, Dillibazar, Kathmandu, Nepal Phone: 00977-1-4414394 / 00977-16-224660 http://www.facebook.com/groups/21397010085/ In Europe: Address : 7A Rue de Larmont – 5377 Noiseux – Belgium Phone : 0032 478 20 68 98 E-mail : international@cpcs-nepal.org, cpcs_int@hotmail.com
17	Nepal	Kathmandu	Youth Vision	NGO	Social & human welfare programs on various social sectors such as poverty, education, health, human rights, and environmental awareness.	Increase access to harm reduction services for YPWID & those at risk of initiating IDU; target age 10–25 with special attention paid to the engagement of difficult-to-reach young people.		http://visionyouth.org.np/	

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
18	Nigeria	tbc	Civil Society on Health & Right of Vulnerable Women and Girls in Nigeria (CISHRWIN)	NGO	tbc	tbc			Mr Alban Anonyuo,National Coordinator
19	Russia	Moscow	Samusocial Moscow	NGO	Ref: https://streetchildrennews.wordpress.com/2007/02/19/life-on-the-streets/	An emergency and social assistance programme for the homeless.			
20	Russia	Moscow	Doctors Without Borders (MSF)	INGO	Ref: https://streetchildrennews.wordpress.com/2007/02/19/life-on-the-streets/				
21	Thailand	Bangkok, Aranyaprath-et	Peuan Peuan	NGO	A significant part of their work is with migrant children and families, some of whom are detained in shelters awaiting repatriation from Thailand to Cambodia.	Outreach; Education & Vocational Training; Income generation		http://friends-international.org/programs/peuanpeuan.asp?mm=pr&sm=pp	
22	Thailand	Bangkok	tbc	NGO	'Opening Doors' is funded by Aids Fonds, a Dutch NGO, and is a partnership between Access Quality International and the National Drug and Alcohol Research Centre, University of New South Wales, Australia.	Increase access to harm reduction services for young PWID and those who are at risk of initiating IDU. The target age group is 10–25, with special attention paid to the engagement of difficult-to-reach young people.			

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
23	UK	Coventry, Warwickshire, Enfield, Milton Keynes, North Yorkshire	Compass	NGO	The Compass mission is to help people to solve the problems of drug and alcohol use, creating healthier lives and safer communities.	We aim to direct all our clients into abstinence from problematic drug and/or alcohol use at the earliest opportunity, while recognising that a significant number of individuals may not yet be motivated or be in a position to quit.	To enable substance misusers to make informed choices about their consumption of substances, their health and social circumstances To motivate and support service users to stop misusing substances To maintain the health and social status of substance misusers by reducing the potential for damage from substance misuse To reduce the risks of drug and alcohol related harm to the communities in which substance misusers live, including the need to address behaviours that put public health at risk or contribute to offending and the fear of crime To guide service users towards complete recovery and facilitate their social inclusion	http://www.compass-uk.org	Langton House, 5 Priory Street, York YO1 6ET, UK T. +44 1904 636 374 E. info@compass-uk.org

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
24	UK	Multiple	Catch22	NGO	Catch22's goal is to 'deliver social benefit by turning chaotic lives around'. We do this by innovating in how public services are commissioned, excelling in the delivery of our programmes, building trusting relationships with those service users we work with, and nurturing and investing in both our organisation and our people to be able to improve and grow the impact we achieve.	(1) Catch22 focuses on diversion and rehabilitation to break the cycle of reoffending, mainly through building meaningful relationships with offenders and providing through-the-gate support; (2) Apprenticeships and Employability at Catch22 focuses on improving the mindset of learners; (3) Catch22 provides young people aged four to 18 with alternative education in order for them to progress and succeed in sustained education or employment. We do this through high quality teaching and learning based on effective relationships that enable the achievement of life skills and meaningful qualifications; (4) Catch22 provides specialised delivery to children, young people and their families with additional or multiple needs.		http://www.catch-22.org.uk	27 Pear Tree Street, London, EC1V 3AG +44 20 7336 4800 info@catch-22.org.uk
25	UK	West Lothian region, Scotland	West Lothian Drug and Alcohol Service (WLDAS)	Govt.	Services to children and their families affected by parental substance misuse and young people within West Lothian Life Stage model.	The Family Recovery Service works with Young People and Families who: - are experimenting with Drugs/Alcohol/Volatile Substances - have developed a pattern of drug/alcohol use - have offending behaviour linked to their drug/alcohol use - are experiencing mental health difficulties linked to their drug/alcohol use - are living with the consequences of their parent/carer's drug/alcohol use - have developed a pattern of behaviour around their drug/alcohol use which is impacting on their ability to parent effectively.	Offer a range of counselling, support and education programmes that meet the needs of the young people while helping them address their risky behaviour; Provide outreach services to prevent or reduce problematic substance use and promote social inclusion and community safety; Provide information, advice and support to young people and others affected by substance use; Work in partnership with other agencies, so that together we can reach more people and work more effectively, both with individual young people and family units.	http://www.wldas.com/young-peoples-services/	West Lothian Drug and Alcohol Service First Floor, The Almondbank Centre, Shiel Walk, Craigshill Livingston EH54 5EH. t: 01506 430225 e: enquiries@wldas.org

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
26	UK	Warrington	The young person's drug and alcohol team (formerly Phaze)	NGO	We work according to the philosophies of harm minimisation and recovery: - Harm minimisation is about accepting that we cannot stop all young people [aged 13-19 years] from using drugs and alcohol and therefore we provide information on how to minimise the dangers. We are not encouraging them to take these substances but to make sure they come to no harm if they do. - The aim of a recovery model is to move people as quickly and safely as possible through treatment to recovery and re-integration into society.	The team offers specialist support and intervention on a one-to-one basis to young people who are affected by drug and/or alcohol use. Young people can self refer to the service or can be referred by any professional or agency with the young person's consent.		http://www.warrington.gov.uk/info/200465/drug_services_in_warrington/194/drug_services_in_warrington/4	Orford Youth Base, Capesthorne Road, Orford, Warrington, WA2 0JF, UK. T.: +44 1925 851029
27	UK	Hubs in Woking, Camberley, Redhill, Walton and Guildford, Surrey	Catalyst	NGO	Working with people who are dealing with issues stemming from drug and alcohol misuse and mental health - including housing, involvement with criminal justice, relationships with family and friends and getting back into work.	We provide a limited number of one to one sessions or ongoing group support with SMART groups for as long as necessary. We decide with you what other help might best meet your individual needs, building on the support package. This might include counselling, employment/training support, mental wellbeing or medical intervention. If you have more complex needs we are able to offer a longer, more intense period of support including home visits and helping you get to appointments. If you have a tenancy we can offer support if required, liaising with housing providers and helping you access legal advice. We provide needle exchanges for drug and steroid users combined with advice and information to help minimise harm.		http://www.catalystsupport.org.uk/how-we-help-you/drug-and-alcohol-services/	14 Jenner Road, Guildford, Surrey GU1 3PL. T: +44 1483 590150. E: info@catalystsupport.org.uk

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
28	UK	National franchise	Triangle Consulting Social Enterprise Limited	Private	My Star™. My Star is suitable for: - Children in families that are identified as vulnerable/troubled and receiving services - Children looked after by foster carers or in a children's home My Star is primarily aimed at children aged 7-14, but was successfully with children aged 4-18.	My Star covers eight areas: Physical health; Where you live; Being safe; Relationships; Feelings & behaviour; Friends; Confidence & self esteem; Education & learning.		http://www.outcomesstar.org.uk/childrens-star/	
29	UK	Swindon	U-turn	Govt.	U-turn is a specialist service that provides support, help and guidance to young people (and their families) who have alcohol and/or drug-related problems. The service encompasses all illicit substances, solvents and prescribed medication but excludes the use of tobacco.	The service provides help and support for young people, aged from 10 to 17 years of age, that live in the Borough of Swindon. The service accepts referrals from all childcare practitioners and professionals and also encourages referrals directly from young people and their parents, guardians or carers.		http://www.swindon.gov.uk/cf/childcareservices/Pages/cm-alcoholdrugsabuse.aspx#	Email: uturn@swindon.gov.uk Tel: 01793 464662
30	UK	Doncaster	Better Deal (Doncaster Young Person's Service for drugs and alcohol)	Govt.		A specialist service for young people up to the age of 19 who have problems with their own or someone else's drug or alcohol use. Services include advice, information and support, individual counselling and harm reduction.		http://www.rdash.nhs.uk/wp-content/uploads/2014/02/Better-Deal-Leaflet.pdf	T.: +44 1302 640032, +44 1302 571260, betterdeal@rdash.nhs.uk

No.	Country	Town / City	Organisation Name	Type	Intervention			Link (website)	Contact Details
					Aim	Description	Addressed Risks		
31	Vietnam	Ho Chi Minh City	Fontana	NGO	The primary mission of Fontana is to promote the prevention and reduction of harm related to Dependency (Addiction) through advocacy, networking, collaboration and by treating people for their dependency problems, in order to limit the negative effects of substance abuse known to be a major cause of premature death, interpersonal violence, disability and poverty, throughout the world.	1. Treatment center in Binh Thanh district, HCMC for detoxification & stabilisation; 2. Assimilation center with extended addiction treatment, relapse prevention training & educational, rehabilitation & resocialisation activities; 3. "A new beginning" - a treatment- and rehabilitation established in Binh Thanh district, HCMC with extended primary- and family care & education activity; 4. Education center for 12-step program; 5. "Bridging the Gap" - where HIV/AIDS patients as part of their healthcare receive addiction treatment aiming to reduce the spread of HIV/Aids; 6. "Broken Mirrors" – a project to be established in Hanoi for women affected by domestic violence & neglected children from broken homes of addiction; and, 7. Social activities for clean & sober addicts, their families and relatives – p.t. two Club 24 in Ho Chi Minh City.		http://www.ngofontana.org/index.php/front-page	
32	Arabia, Colombia, Germany, Latvia, Lithuania, Sweden, UK, USA	Based in London, UK	Mentor Internatio-nal	NGO	To prevent drug use and substance abuse through the promotion of health and well-being in children and young people. As the leading international NGO voice of drug prevention, we work with our partners to reach out to children and young people. We apply and share our knowledge internationally so that the benefits of effective drug prevention policy and practice become visible worldwide. Through our national organizations and network of partners we undertake and deliver effective prevention programs.	Mentor targets children and young people and those who are the "agents of prevention": parents, teachers and caregivers. It also targets the policy makers and practitioners who work for prevention around the world. This work is provided directly to children through schools and other places where children meet; to parents and caregivers through training and specific programs; and through its work with partners in the business sector, governments and international and national non-government agencies. Mentor's work is delivered through its international office in the UK; national offices in Colombia, Germany, Lithuania, Sweden, UK and USA; and a regional office in Lebanon serving the 22 Arab League countries. Throughout, Mentor works in a variety of ways to pursue the mission of empowering young people to avoid drug abuse. This includes focusing on various target groups and identifying the appropriate activities and support for each.		International: http://mentorinternational.org Arabia: http://www.mentorarabia.org/ar/ar-Home Colombia: http://mentorcolombia.org/ Germany: https://my-rebound.de/ Latvia: http://mentor.lv/ Lithuania: http://www.mentor.lt/lt/ Sweden: www.mentor.se UK: http://www.mentoruk.org.uk/ USA: http://www.mentorfoundationusa.org/	22 Chelsea Manor Street London SW3 5RL United Kingdom Tel: +44 1509 221622 Fax: +44 1509 808111 Email: secretariat@mentorfoundation.org

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