

The background of the entire page is a dark, out-of-focus bokeh of various colored lights, including shades of green, yellow, orange, and red, creating a soft, abstract pattern.

# CHILDREN, ADOLESCENTS, DRUGS AND HIV

February 2016

unicef 

# KEY TERMS

**CHILDREN:** below 18 years of age

**YOUTH:** 15-24 years of age

**ADOLESCENTS:** 10-19 years of age

**YOUNG PEOPLE:** 10-24 years of age

**DRUGS:** any substance, natural or synthetic, listed in Schedule I and II of the [1961 Single Convention on Narcotic Drugs](#) (source: [UNODC drug definitions](#)).

**INJECTED DRUGS** can include (but are not limited to): opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes.

**DRUG USE:** According to the [UNODC World Drug Report 2015](#):

Since there is some scientific and legal ambiguity about the distinctions between “drug use”, “drug misuse” and “drug abuse”, the neutral terms “**drug use**” and “**drug consumption**” are used in the present report.

In *this* document, the terms **drug use** and **people who use drugs** are used in the broad sense to include all methods of drug administration, including injection.

**HARM REDUCTION:** refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of licit and illicit drugs. The United Nations (UN) system, through the [Join UN Programme on HIV/AIDS \(UNAIDS\)](#), has endorsed a core package of nine essential harm-reduction services for people who inject drugs<sup>1</sup>:

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

## 1. PURPOSE

The impact of drugs upon the *lives of children and adolescents* is implicitly acknowledged in the theme of the 2016 United Nations General Assembly Special Session on Drugs (UNGASS 2016 'Achieving the 2019 Goals: A Better Tomorrow for the World's Youth'). This Special Session represents a significant opportunity to understand and address the ways in which drugs affect children and adolescents in particular—an issue that has been largely overlooked to date in much of the debate and documentation on drugs.

The **purpose** of this paper is to identify lessons learned, together with key implications for policy and programmes, arising from UNICEF's experience to date of addressing children, drugs and HIV. The paper also suggests practical steps that could enhance the impact of UNICEF's work in this area, within the overall frameworks of the [Convention on the Rights of the Child](#) and the [UNICEF Strategic Plan 2014-17](#).

## 2. UNICEF, HIV, CHILDREN AND DRUGS

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. In working towards these goals, UNICEF is guided by the Convention on the Rights of the Child (CRC) and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children.

UNICEF has a long history of addressing HIV as a key element of promoting the health and rights of children and adolescents. Childhood and early adolescence offer timely opportunities for interventions relating to HIV

prevention. Progress in HIV prevention and treatment has ensured that more children are entering adolescence free of HIV. Nonetheless, by 2013, a total of 2.1 million adolescents worldwide were living with HIV, and AIDS has been identified as the leading cause of death among adolescents (10-19) in Africa and the second most common cause of death among adolescents worldwide.<sup>2,3</sup>

Thus, there are critical gaps in terms of provision and access to appropriate and effective HIV prevention, treatment and care for adolescent girls and boys, including members of adolescent key populations<sup>4</sup>. One such gap, which some UNICEF country offices have been addressing, relates to the particular needs of *children and adolescents who use drugs*. This work is clearly supported by Article 33<sup>5</sup> of the CRC which requires signatories to take:

“... all appropriate measures, including legislative, administrative, social and educational measures, to protect children from 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.”

Globally, it is estimated that more than 12 million people inject drugs. Of this total, 1.65 million (13.5 per cent) are believed to be living with HIV. The highest *prevalence* of injecting drug use is concentrated in Eastern and South-Eastern Europe, while the largest *overall numbers* of people who inject are to be found

in East and South East Asia (3.15 million). Roughly 40 per cent of the global total number of people *who inject drugs and are living with HIV* are in Eastern and South-Eastern Europe, and in particular, in the Russian Federation and Ukraine.<sup>6</sup> Harm Reduction International, in its study of injecting drug use among under-18s, concluded that a global population size estimate is currently unavailable.<sup>7</sup>

There are importance differences between adults who use drugs and children and adolescents which have significant implications for service design and delivery.

Younger users have different and changing patterns of use, in terms of both the mode of consumption (injection and non-injection) and the *nature of substances* consumed. Thus services need to consider the needs of non-injecting and non-opiate users. For example, younger people who use drugs are more likely to use legal highs and synthetic drugs, such as amphetamine-type- stimulants (ATS), which may or may not be consumed through injection. Use of stimulant drugs in 'party scene' settings is also common. There is also a complex relationship between consumption of such drugs and sexual risk-taking behaviour.<sup>8</sup>

In Laos, as in many countries, an increase in multiple ('poly') drug use has been noted together with increased use of ATS, typically taken in tablet form or inhaled. These have replaced heroin and opium as the drugs of choice throughout several countries in south-east Asia. The UNODC Lao PDR Country Office estimates there are approximately 1.4 million potential users of ATS among those aged 15-19 years. In one study, the mean age of ATS use was 16 years and poly-drug use was reported by almost 100 per cent of those who used drugs. Sexual risk-taking and rates of unprotected sex were reported to be higher among ATS users. So long as ATS are not injected (and there is concern that the mode of administration may change) the HIV-related risk for these young

people is *primarily sexual in nature* instead of injection-related, raising important implications for the focus of effective interventions.<sup>9</sup>

Younger people who use drugs also tend to be less informed about the risks of drug use and their rights. They are less likely to identify as 'people who use drugs', or to access harm reduction services. They are likely to be reliant upon older people in terms of accessing drugs and related equipment. Many adolescents' first injecting experience involves being given drugs by a friend, peer, sexual partner or other person, and sharing their used injecting equipment. Young people who inject drugs often do so in groups and are more likely to share equipment than their older counterparts. They are also more likely to experience multiple vulnerabilities, including social marginalization (see the examples in the box below), which can combine to make drugs both more available and appealing. Harm Reduction International has concluded that where injecting among under-18s is most prevalent so too are children living in exceptionally difficult circumstances.<sup>10</sup> Examples include those who are out of school, street-involved or working (including selling sex), and/or living in care or custodial settings.

Evidence from consultations in Nepal and Nigeria suggests that young women who inject drugs may tend to rely on male partners to provide injecting equipment and that they are less likely than their male partners to access harm reduction services. Pregnant girls and young women who use drugs and are living with HIV, may lack access to relevant services, significantly increasing the likelihood of HIV transmission to their infants.<sup>11</sup> Scaling up harm reduction programmes, and integrating them with sexual and reproductive health and maternal and child health services, have led to substantial increases in coverage of HIV testing and antiretroviral treatment (ART) for pregnant women injecting drugs.<sup>12</sup>

For those who are already living with HIV,

access to scarce drug- and HIV-related testing and ART treatment facilities is further constrained by social marginalisation and the threat of criminalisation and incarceration.

With its clear mandate and focus upon children - and in particular upon those who are disadvantaged - UNICEF has a key role to play in terms of addressing the complex health and social protection needs of children who use drugs.

In line with the global commitment on HIV<sup>13</sup>, UNICEF supports a harm reduction response to drug use in children that is based upon respect for rights, as embodied in the Convention on the Rights of the Child, together with the principles and practice of public health that

recognize and respond to problematic drug use primarily as a health issue.

However, the 2012 guidelines on harm reduction do not consider the specific needs of children and adolescent who use drugs, or discuss how such services could be adapted to respond to these needs.

While international human-rights law is clear on the need to provide harm reduction, HIV prevention and drug dependence treatment (such as opioid substitution therapy or methadone maintenance) programmes, in practice, young people's access is constrained by significant legal and policy constraints—in particular those relating to parental permission and age of consent to treatment.<sup>14</sup>

# KEY DATA: CHILDREN, DRUGS AND HIV

Harm Reduction International's 2013 report on injecting behaviour among under-18s<sup>15</sup> concludes that:

... it is clear that while low ages of initiation into injecting are common across regions, a global estimate of prevalence of injecting among under-18s is unavailable. In most countries, a national estimate is also unavailable. This is an important 'blind spot' in responses to health harms related to unsafe injecting and to the issues facing most-at-risk adolescents. (p.58)

Indications of the seriousness of the situation are reflected in the following:

## DRUG USE AND HIV PREVALENCE

- A 2102 survey in Myanmar reported HIV prevalence of 7 per cent among 15-19 year olds who injected drugs and 15 per cent among 20-24 year olds.<sup>16</sup>
- Studies suggest that injecting drug use accounts for more than two thirds of all new infections in Iran, 40 per cent of new infections in Eastern Europe and more than one third in the Philippines.<sup>17</sup>
- In Pakistan, HIV prevalence among people who inject drugs more than tripled, from 11 per cent in 2005 to 38 per cent in 2011.<sup>18</sup>
- A 2011 study in Dar es Salaam, United Republic of Tanzania reported that 25.6 per cent of young people aged 17–25 years who injected heroin were living with HIV.<sup>19</sup>
- A 2010 survey of street youth in Ukraine found that one-third of those aged 15–17 years who injected drugs were living with HIV.<sup>20</sup>
- A 2007 study in St Petersburg, Russian Federation of street youth aged 15–19 years who injected drugs reported HIV prevalence of 79 per cent.<sup>21</sup>

## AGE OF INITIATION OF DRUG INJECTING

- In countries with high HIV prevalence among injecting drug users, the average age of initiation of injecting is low and decreasing in several countries.<sup>22</sup>
- An East European multi-country study of people who inject drugs (aged 15–24) found that up to 30 per cent reported their age at first injection as less than 15 years. In Albania, the mean age of initiation was found to be 15.6, while in the

Republic of Moldova, Romania and Serbia it was 17.5, 16.0 and 18.7, respectively.<sup>23</sup>

- Research has also indicated that a significant proportion of people who inject drugs become infected with HIV within the first 12 months of initiation.<sup>24</sup>
- In Albania and Ukraine, substantial proportions (33 per cent and 45 per cent respectively) reported injecting before age 15.<sup>25</sup>

## MARGINALISATION

- In Bucharest, Romania, more than one-quarter of people aged 10–24 years who injected drugs were Roma.<sup>26</sup>
- Young females may also be more concerned than male counterparts about being exposed as people who inject drugs because they face even stronger stigmatization. In Kyrgyzstan, young women who inject drugs said that while sexual and reproductive health services were important, they felt stigmatized when accessing them.<sup>27</sup>
- In some countries, for example in Eastern Europe, there is considerable overlap between those who inject drugs and those who sell sex.<sup>28</sup>

## ACCESS TO ANTIRETROVIRAL THERAPY (ART)

- People who inject drugs are far less likely than other people living with HIV to access treatment. While people who inject drugs comprise 67 per cent of the cumulative number of cases of HIV in China, Malaysia, Russian Federation, Ukraine and Viet Nam, they represent 25 per cent of ART recipients.<sup>29</sup>

### 3. EXAMPLES OF UNICEF RESPONSES TO CHILDREN, HIV/AIDS AND DRUGS

#### Prevention

To date, UNICEF's work on children and drugs has focused primarily upon primary prevention i.e. discouraging the initiation of drug-use.

For example, in the **Caribbean** region, the Caribbean Community Secretariat (CARICOM) and UNICEF collaborated to support the development of a **Regional Curriculum Framework for Health and Family Life Education (HFLE)**. This is a resource which CARICOM countries can use to inform the development of national school-based health education curricula for children in primary and secondary schools.

The material is grounded in child development theories that emphasize the importance, during childhood and adolescence, of the acquisition of social competencies as a key element of positive development. The Framework combines health promotion and problem prevention in an effort to reduce the likelihood of risk behaviours and promote healthy decision making and development. The Framework explicitly promotes strong partnerships between the home, school and community environment of children and adolescents.

#### Strategic use of research data

In 2011, UNICEF supported the Government of **Bangladesh** in a study of mapping and size estimation of most at risk and especially vulnerable adolescents. This informed the development of a three-year national HIV risk reduction strategy for these populations. The strategy represents good practice in creating enabling policy environments to address the health and

protection issues of adolescents who use illicit substances. UNICEF continues to provide technical support to the Government of Bangladesh on implementation of the strategy.

In **Indonesia**, UNICEF supported the Ministry of Health in applying findings from the country's 2011 Integrated Biological and Behavioural Surveillance Survey to respond to the HIV-related needs of adolescents who use drugs. The research revealed important differences between those aged 15-19 and those aged 20-24, with the former having significantly lower rates of HIV prevalence (3 per cent), compared to their older peers (14 per cent), highlighting the need for - and added benefits of - early intervention.

In **Pakistan**, there have been no HIV prevention programmes specifically focusing on adolescent key populations to date. UNICEF is now collaborating with the Global Fund to Fight AIDS, TB and Malaria and UNAIDS, to support the Government in implementing a study of mapping, size estimation and integrated bio-behavioural surveillance of key populations, which now includes adolescent key populations and will inform the development of subsequent HIV prevention strategies at Federal and Provincial levels.

#### Harm Reduction

In countries where the HIV epidemic is clearly driven, at least in part, by injecting drug use, UNICEF has focused more directly upon supporting work with children and young people who are using drugs and thus potentially affected by HIV.<sup>30</sup> The approach to this work is based upon **harm reduction**, which is grounded in a commitment to public health and human rights, and focuses upon reducing the risks and harms associated with drug use.

While global coverage of harm-reduction services has slowly increased, there is still a clear lack of services focused on and accessible to children and young people, despite clear indi-

cators of vulnerability. This is particularly noticeable in relation to children and young people who are members of key populations.

**In Romania**, in response to clear need, UNICEF has been focusing in recent years upon HIV prevention among at-risk and especially vulnerable young people who inject drugs, female sex workers, and men who have sex with men in four cities.

Working with local partners, the strategy has concentrated on improving the quality of health and social services and piloting interventions, including outreach, drop-in centres and medical and social services. An evaluation concluded that the interventions were both relevant and effective in responding to the particular needs of the target populations. Community-based services were effective in reaching over 1000 vulnerable adolescents, of whom 200 received counselling and were tested for HIV. More than 500 clients accessed the pilot medical and social services.

However, changes in the political environment resulted in delays in addressing laws that require parental consent for minors to access testing, counselling and other services. The political situation and economic crisis limited government involvement in the programme overall, thereby hindering efforts to integrate this kind of programming within national plans, budgets and systems.<sup>31</sup>

## Enabling Environments

UNICEF **Nepal's** Adolescent Development and Participation Programme (ADAP) is supporting *Recovering Nepal* (a national network of people who inject drugs and drug service organizations) to implement HIV risk reduction and a comprehensive social and financial skills training package among young people who use drugs in five districts particularly affected by

drug use. Partnership with community-based organizations promotes local ownership of the programming.

**In Ukraine**, UNICEF focused upon the needs of most at-risk adolescents and commissioned a comprehensive review of policies and legislation in order to identify barriers that constrained children and young people from accessing services. A recommendation was proposed to align national legislation with international laws and policies. This led to a reduction in the age of consent to HIV testing from 18 to 14.

Of particular note is the work conducted by UNICEF and partners in **Albania, Bosnia and Herzegovina (BiH), Moldova, Montenegro, Romania, Serbia and Ukraine**.

**In Albania**, for example, UNICEF and partners have piloted and monitored interventions to reduce the risk and vulnerability of most at risk adolescents. This included the successful adaptation (from the UK) and implementation of *'Break the Cycle'*—an intervention that discourages transition to and initiation of injecting by targeting those who already inject as well as those who have not yet begun. Initial evaluation of the intervention found it to have had positive impact both among non-injecting younger users as well as among older injecting users. The latter reported increased self-worth in response to the experience of being consulted and actively engaged in the intervention.

In Albania and other countries of Eastern Europe, UNICEF's approach has been strategic, focusing upon a number of linked and incremental elements. The overarching goals have been to promote HIV prevention among most at-risk adolescents and ensure its integration within national HIV programmes, strategies and monitoring and evaluation frameworks. In particular, efforts have been made to:

- Strengthen the evidence base on the risk profiles of most at risk and other vulnerable adolescents, for example by synthesising available data or supplementing this with further research;
- Advocate for protective policy environments, for example by changing laws and policies that impede access to services, or developing a gender sensitive, national action plan for most at risk adolescents in Albania, based upon a definition that reflects the national context<sup>32</sup>;
- Build capacity of government and civil society stakeholders and service providers to support and provide appropriate services for most at risk adolescents.

**Ukraine** has the highest adult HIV prevalence in all of Europe and Central Asia, with injecting drug use a significant driver of the epidemic. Women represent 28 per cent of people who inject drugs and 45 per cent of all adults living with HIV in Ukraine. Girls and women who inject drugs often experience multiple vulnerabilities, including mental ill-health, violence, and economic hardship, together with the physical toll of drug use. They are also more likely than their male peers to acquire HIV, reflecting more dangerous injecting practices (including being injected by others) together with risks related to unprotected sex. Girls and women who inject drugs also experience significant barriers in terms of accessing relevant services, for example, because of family or childcare responsibilities, or fears regarding child custody.

In order to promote more equitable access to care, treatment and support by pregnant girls and women who use drugs, UNICEF initiated the project *'Prevention of Mother-to-Child Transmission and Improving Neonatal Outcomes among Drug-Dependent Pregnant Women and Children Born to Them in Three*

*Cities in Ukraine'*. The project was designed to be a model of PMTCT service provision for drug dependent pregnant girls and women and to result in better coverage, improved quality and increased uptake of services which would, in turn, lead to improved health outcomes for women and their babies.

A final evaluation of the project commented upon the high degree of relevance to the local context and the continued value of the integrated care model (including, but by no means limited to, working with people who use drugs) to the Ukrainian setting. Most significantly, the evaluation reported a decreasing trend of mother to child HIV transmission among girls and women who use drugs in pilot sites. In Kiev and Poltava regions, no transmission was observed while in Dnipropetrovsk, transmission decreased from 36 per cent in 2010 to 8 per cent in 2012. The project was described as also being largely instrumental in the elimination of barriers to services experienced by drug dependent pregnant women in the project sites. Key lessons learned included the importance of cooperation and synergy between health and social systems and the value of addressing discriminatory and stigmatizing attitudes among service providers. The project is recognized as an example of best practice within the region.<sup>33</sup>

## 4. LOOKING FORWARD

UNICEF programmes focus on the most disadvantaged children, including those living in fragile contexts, those with disabilities, those who are affected by rapid urbanization and those affected by environmental degradation.

To date, UNICEF's work on issues related to children, adolescents and drugs has been driven by the organisation's commitment to addressing HIV. The work has been relatively limited thus far, clearly needs to continue and

if possible expand, particularly in light of the current state of the HIV epidemic among adolescents who use drugs.

The following recommendations for future action should be considered by UNICEF:

1. Increase staff capacity worldwide in basic 'drug literacy' and harm reduction as these relate to children, adolescents and HIV;
2. Enhance understanding of the nature of local HIV epidemics (together with appropriate responses) as these relate to risk and vulnerability of children and adolescents in relation to drug use, through support for action-oriented research;
3. Promote a policy environment conducive to effective action on children, drugs and HIV, for example, by addressing key issues, such as, parental permission, criminalisation and incarceration, age of consent for testing and participation in drug-related treatment, ethics, and meaningful engagement of children and adolescents in programme design, implementation and evaluation;
4. Foster partnerships that address the specific health and social protection needs of most vulnerable children and adolescents who are involved with drugs, including those who inject.
5. Commit to implementing the relevant technical briefs on young key affected populations, developed by UNICEF and the other members of the Inter-Agency Working Group on Key Populations.<sup>34</sup>

# FOOTNOTES

- 1 WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care by Injecting Drug Users. 2012 Revision. WHO Geneva.
- 2 [http://www.childrenanddaids.org/files/Stats/Update\\_11-27.pdf](http://www.childrenanddaids.org/files/Stats/Update_11-27.pdf)
- 3 [http://www.unaids.org/sites/default/files/media\\_asset/20150217\\_ALL\\_IN\\_brochure.pdf](http://www.unaids.org/sites/default/files/media_asset/20150217_ALL_IN_brochure.pdf)
- 4 The five key populations are men who have sex with men (MSM), people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people. (Source: World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2014).
- 5 Other articles of the CRC support continued and expanded engagement by UNICEF on the issue of drugs and children (see below).
- 6 Closely followed by Eastern and South-eastern Europe (2.91 million).
- 7 Harm Reduction International. Injection drug use on under-18s: A snapshot of available data. December 2013.
- 8 Krug, A. et al. "We don't need services. We have no problems": exploring the experiences of young people who inject drugs in accessing harm reduction services. *Journal of the International AIDS Society* 2015, 18(Suppl 1):19442. Krug A et al. *Journal of the International AIDS Society* 2015, 18 (Suppl 1):19442 <http://www.jiasociety.org/index.php/jias/article/view/19442>
- 9 UNICEF LAO PDR/Ministry of Health, 2011. A Rapid Assessment Most-At-Risk Adolescents and Young People to HIV in Lao PD
- 10 Harm Reduction International. Injection drug use on under-18s: A snapshot of available data. December 2013. & UNAIDS 2014 Guidance Note. Services for People who Inject Drugs
- 11 Inter-Agency Working Group on Key Populations, HIV and Young People Who Inject Drugs: A Technical Brief (DRAFT), 2014. Accessed on 15 November 2014: [http://www.who.int/hiv/pub/guidelines/briefs\\_pwid\\_2014.pdf](http://www.who.int/hiv/pub/guidelines/briefs_pwid_2014.pdf).
- 12 [http://www.unaids.org/sites/default/files/media\\_asset/20131129\\_stocktaking\\_report\\_children\\_aids\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/20131129_stocktaking_report_children_aids_en_0.pdf)
- 13 <http://childrenanddaids.org/350.htm>
- 14 These issues are discussed in the Inter-Agency Working Group on Key Populations, HIV and Young People Who Inject Drugs: A Technical Brief (DRAFT), 2014. Accessed on 16 June 2014: [http://www.who.int/hiv/pub/guidelines/briefs\\_pwid\\_2014.pdf](http://www.who.int/hiv/pub/guidelines/briefs_pwid_2014.pdf)
- 15 [http://www.ihra.net/files/2014/08/06/injecting\\_among\\_under\\_18s\\_snapshot\\_WEB.pdf](http://www.ihra.net/files/2014/08/06/injecting_among_under_18s_snapshot_WEB.pdf)
- 16 UNICEF global databases, 2013, based on DHS, MICS and other national surveys, 2008–2012.
- 17 Ibid; and Mahy, M, Garcia-Calleja, JM and Marsh, KA, 'Trends in HIV Prevalence among Young People in Generalised Epidemics: Implications for monitoring the HIV epidemic', *Sexually Transmitted Infections*, vol. 88, 2012, pp. 165–175.
- 18 Eurasian Harm Reduction Network, Young People and Injecting Drug Use in Selected Countries of Eastern and Central Europe, EHRN, Vilnius, 2009.
- 19 Atkinson J, McCurdy S, Williams M, Mbwambo J, Kilonzo G. HIV risk behaviors, perceived severity of drug use problems, and prior treatment experience in a sample of young heroin injectors in Dar es Salaam, Tanzania. *Afr J Drug Alcohol Stud.* 2011;10 (1):1–9.
- 20 Robbins CL, Zapata L, Kissin DM, Shevchenko N, Yorick R, Skipalska H, et al. Multicity HIV seroprevalence in street youth, Ukraine. *Int J STD AIDS.* 2010;21(7):489–96.
- 21 Kissin DM, Zapata L, Yorick R, Vinogradova EN, Volkova GV, Cherkassova E, et al. HIV seroprevalence in street youth, St. Petersburg, Russia. *AIDS.* 2007;21(17):2333–40 ([http://journals.lww.com/aidsonline/Fulltext/2007/11120/HIV\\_seroprevalence\\_in\\_street\\_youth,\\_St.\\_Petersburg\\_.10.aspx](http://journals.lww.com/aidsonline/Fulltext/2007/11120/HIV_seroprevalence_in_street_youth,_St._Petersburg_.10.aspx), accessed 16 June 2014).
- 22 Blame and Banishment: The underground HIV epidemic affecting children in Eastern Europe and Central Asia, 2010, p 2.
- 23 Douthwaite M, Busza J. Data analysis on multi-country study of IDU 15–24 in E Europe: Factsheetson Albania, Moldova, Romania and Serbia. Available at <http://www.unfpa.org/public/iattp/pid/5525#research>.
- 24 Hagan H, Pouget ER, Des Jarlais DC, Lelutiu-Weinberger C. Meta-regression of hepatitis C virus infection in relation to time since onset of illicit drug injection: the influence of time and place. *Am J Epidemiol.* 2008;168(10):1099–1109. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2727245/>, accessed 16 June 2014) & Miller CL, Johnston C, Spittal PM, Li K, Laliberté N, Montaner JS, Schechter MT. Opportunities for prevention: hepatitis C prevalence and incidence in a cohort of young injection drug users. *Hepatology.* 2002;36(3):737–42.
- 25 Busza JR, Balakireva OM, Teltschik A, Bondar TV, Sereda YV, Meynell C, et al. Street-based adolescents at high risk of HIV in Ukraine. *J Epidemiol Community Health.* 2011;65(12):1166–70. & Busza J, Douthwaite M, Bani R, Scutelnicu O, Preda M, Simic D. Injecting behaviour and service use among young injectors in Albania, Moldova, Romania and Serbia. *Int J Drug Policy.* 2013; 25(5):423–31.
- 26 Preda M, Buzducea D, Grigora V, Lazăr F. Research report on MARA: conducted as part of the project "HIV Prevention in Most-at-Risk Adolescents": Bucharest: University of Bucharest Faculty of Sociology and Social Work, United Nations Children's Fund.
- 27 Youth Research Information Support Education (Youth RISE) and Joint United Nations Programme on HIV/AIDS. Experiences of young people who inject drugs and their challenges in accessing harm reduction services. Forthcoming 2014, cited in this technical brief as "Youth RISE consultation"
- 28 Eurasian Harm Reduction Network. Young people and injecting drug use in selected countries of Central and Eastern Europe. 2009, p. 30.
- 29 Source: Inter-Agency Working Group on Key Populations, HIV and Young People Who Inject Drugs: A Technical Brief (DRAFT), 2014. Accessed on 8 October 2015: [http://www.who.int/hiv/pub/guidelines/briefs\\_pwid\\_2014.pdf](http://www.who.int/hiv/pub/guidelines/briefs_pwid_2014.pdf)
- 30 And hepatitis B and C viruses.
- 31 UNICEF, 2013. Experiences from the field: HIV prevention and most at risk adolescents in Central and Eastern Europe and the Commonwealth of Independent States.
- 32 i.e.: 'adolescents who inject drugs, adolescent boys who have sex with males, adolescents who are trafficked and forced to engage in transactional sex, and adolescents engaged in sex work'.
- 33 Source: UNICEF/Tamar Gotsadze, 2014. Final Evaluation Report: Prevention of mother-to-child transmission and improving neonatal outcomes among drug-dependent pregnant women and children born to them in Ukraine.
- 34 Source: Inter-Agency Working Group on Key Populations, HIV and Young People Who Inject Drugs: A Technical Brief (DRAFT), 2014. Accessed on 8 October 2015: [http://www.who.int/hiv/pub/guidelines/briefs\\_pwid\\_2014.pdf](http://www.who.int/hiv/pub/guidelines/briefs_pwid_2014.pdf)