

Catalyst for Change

Youth-Driven Insights in Opioid Harm Reduction

Harm Reduction Conference

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Bogotá, Colombia

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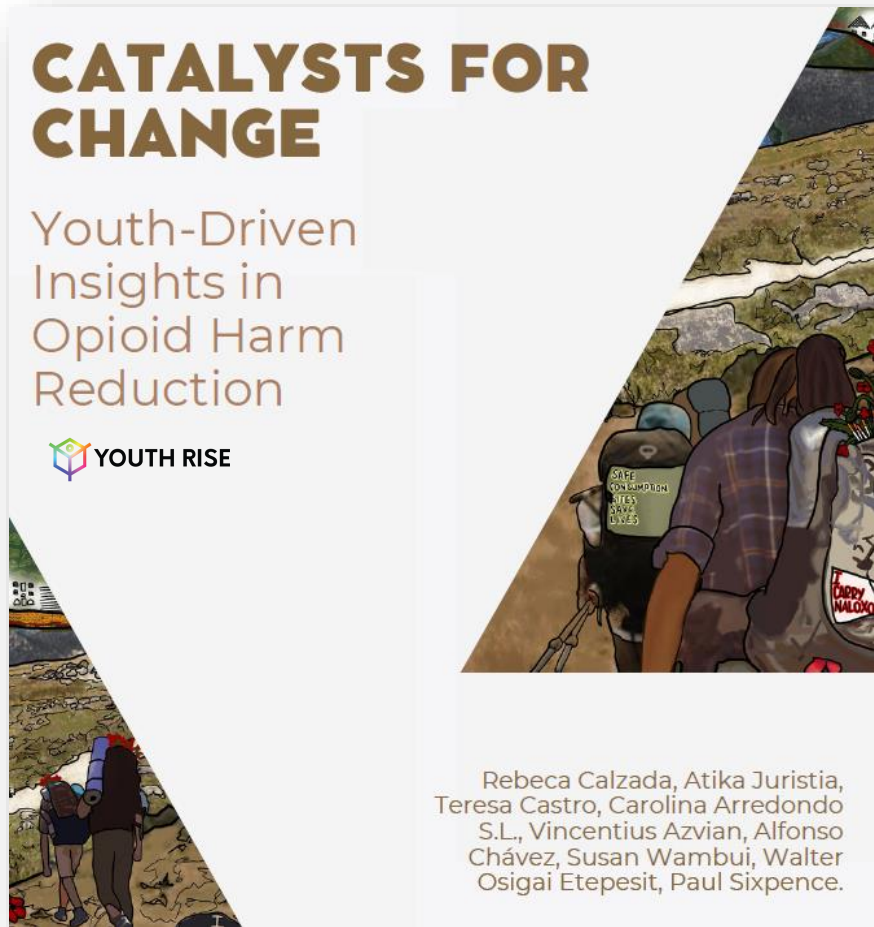


YOUTH RISE

Objective of the research:

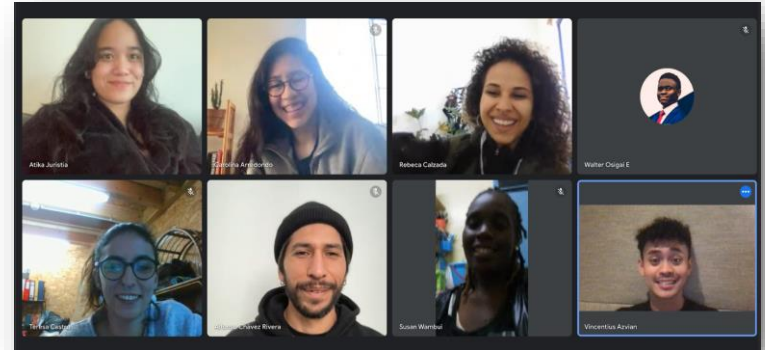
To explore and have a better understanding of the needs and challenges of Young People Who Use Opioids (YPWUO) and harm reduction practitioners from eight different countries.

1. Promote PAR methodology: center their voices.
2. Promote youth-led harm reduction responses.
3. Identify solution that work in real-life contexts.



Methodology

- Qualitative PAR with 8 collaborators from Canada, Indonesia, Kenya, Mexico, Portugal, Uganda, the US, and Zimbabwe.
- PAR approach: challenges stigma, informs policy + outcomes that center the voices and experiences of affected populations.
- Committed to avoiding paternalistic and extractivist research practices.
- YPWUO and harm reduction practitioners were actively involved throughout the entire research process.
- Grounded in real-world experiences, offering authentic and nuanced insights into the needs, challenges, and solutions for YPWUO.
- Conducted weekly group discussions (Oct–Dec 2023).





Key Themes Identified

1. Access to Safe Supply:

- Lack of regulated supply increases overdose risk. Drug checking remains limited.
- Decriminalization ≠ Regulation.

2. Stigma and Discrimination:

- Stigma at multiple levels: families, healthcare, legal systems.
- Intersectional stigma: gender, migration, ethnicity, drug type.

"I think a lot of countries are politically lazy as well, not, you know, not treating the opioid problem seriously because now we have everything is laced, right? And there's no safe supply. There's no option for safe supply." (A)

"I just wanted to comment that decriminalization is clearly not enough. We did it in 2001 and I mean it's better, but it's clearly not enough. So yeah, definitely regulate everything [drugs]". (Teresa)

"I think that some important challenges have to do with the intersection of drug policies and migrations policies. So many young people who are consuming drugs in our community are generally homeless due to their deportation from the United States to Mexico. So they are separated from their families, and all that aggravates the situation by not having access to employment, housing, or health from the Mexican State." (Alfonso)



Key Themes Identified

3. Lack of Youth-Tailored Services:

- Most harm reduction services mostly designed for adults (or +18).
- Rigid systems exclude young people.

4. Lack of Housing:

- Homelessness exacerbates health risks and blocks service access.
- Lack of flexible support systems identified as barriers.

5. Trauma and Mental Health:

- High levels of vicarious trauma for both YPWUO and harm reduction practitioners.
- Underfunding and lack of mental health resources for practitioners.

"We have a lack of dedicated harm reduction services because most, if not all, of the services we have for young people are for prevention. So, there's no... I mean, there is harm reduction for young people, but for... Nightlife context, not for other types of context." (Teresa)

"I was actually homeless because of not being able to get the resources that I needed when I was a teenager. And I immigrated from Indonesia. But I was in an abusive household and I wasn't able to reach out for help because the system assumes that, okay, you have a mom, you have a dad, you have kids, everything is healthy. In most cases, it's not like that. So you're not always coming from a functional family, a non-abusive household." (A)

"I can say that I've faced a lot of trauma in this journey, in my drug use journey and recovery journey. I have seen people die in my hands. I have seen police brutality among people who use drugs. I have seen mob justice, people being beaten by like the general population. I've gone through a lot of trauma." (Susan)



Key Themes Identified

6. Lack of healthcare and supportive systems:

- Surveillance and discrimination within health and social services discourage YPWUO from seeking care.
- Access to essential medications like buprenorphine and mental health support remains limited, especially for young migrants and marginalized groups.

"It really shook me that the public health department was not allowed to do a needle exchange... We were not able to give clients a needle. So that was just bonkers to me because if they're coming to a governmental institution for support and we cannot do that, then we're failing our community."(Carolina)



Recommendations

1. Supportive and Non-Surveilled Services

- Prioritize non-punitive, empathetic services.

2. Comprehensive Drug Education

- For society at large – reduce stigma and discrimination.
- Empowers YPWUO
- Counter misinformation, especially around **fentanyl** and **opioid use**.

“I remember yesterday we were walking the street and trying to contact some people. And one policeman stopped us and said, hey, what are you doing? And we started talking with him. And finally, the policeman asked me if we had Naloxone to use. So we have to give it to the policeman and talk about how to use it, etcetera. So I think it's important to educate them [the police]. They don't know how to use it. We are in the Red Strip (Tijuana), so when it's an emergency call, they are the first who came to the, you know, to the point. And so he told us, ‘I'm the first to come or to be there, and maybe I can do something, you know’.” (Alfonso)



Recommendations

3. Reliable Data Collection:

- Collect non-stigmatizing, youth-specific data.
- Inform policies and interventions based on lived realities.

4. Youth-Tailored Services:

- YPWUD – lead the design, delivery and evaluation of services
- Flexible and accessible services

“More data on the topic is needed; we need information in order to do whatever is needed to better respond to young people who use opioids’ needs.” (Teresa)



Recommendations

5. Policy Change

- Move beyond decriminalization to regulate all drugs –safe supply and delivery of health, social care and harm reduction services.
- Engage stakeholders actively: policymakers, healthcare providers, youth.

6. Sustainable Funding

- Ensure short, mid and long-term resources for harm reduction services.
- Include peer worker salaries, safe spaces, and housing support.

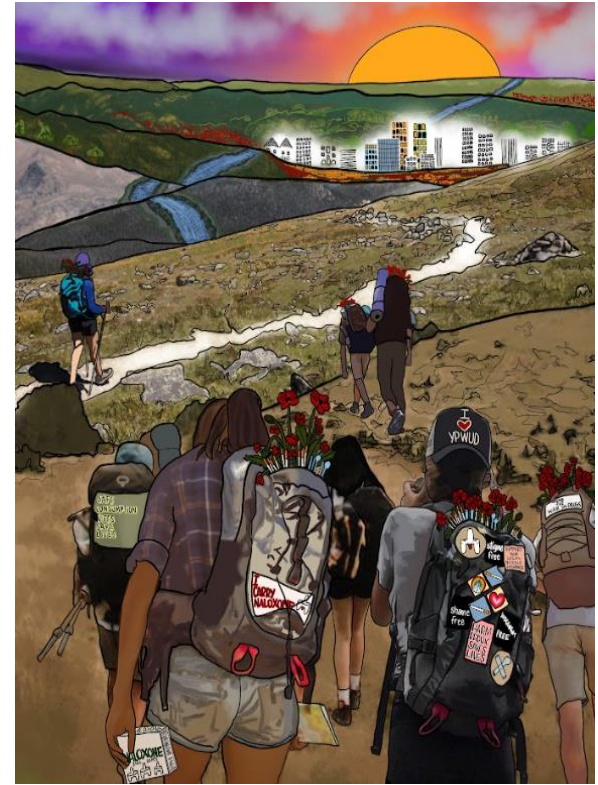
7. COVER BASIC NEEDS OF YPWUO:

- Housing, healthcare, education, employment and healthcare – YWPUD well being.
- Social support systems must be flexible!

"I would say more social support in general because a lot of times I feel like I have nothing to give to people. Like they need so many things and I have nothing to give to them. And not as strict, I don't know if I already talked about this before, I'm not sure, but like the rules of social support, more flexible rules because sometimes there are specific measures to help but they are so strict that I mean most, I would say even most people, so most people who use drugs and people, in general, cannot obey that rule, those rules." (Teresa)

Reflections on this research

- PWUD should not be token participants but active collaborators and co-producers of knowledge (avoid doing research “of”, and instead research “with”).
- Avoid paternalistic and extractivist research approaches: CHALLENGE power dynamics and create a collaborative space.
- Research and campaigns must be relevant to their community.
- PAR: challenge oppression and rebalance power in research and support the creation of space for real change and empowering communities.



Artwork by Jamie Harary