GLOBAL COMMISSION ON DRUG POLICY

POLICY BRIEF

MAKING CHILDREN AND YOUNG PEOPLE VISIBLE IN DRUG POLICY: A CHILD RIGHTS-BASED AGENDA FOR REFORM

GLOBAL COMMISSION ON DRUG POLICY

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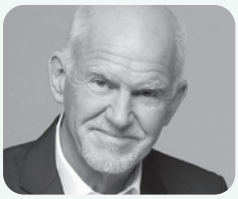

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2026 POLICY BRIEF

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EXECUTIVE SUMMARY

Children and young people are profoundly affected by drug policies, yet drug policy has largely overlooked their rights, needs and experiences. While the international drug control system seeks to protect the health and welfare of humankind, punitive laws and drug control approaches have too often exposed children to preventable harms, including criminalisation, deprivation of liberty, health impacts, barriers to healthcare, family separation, violence and exploitation.

For the purposes of this policy brief, "children" refers to persons under the age of 18, consistent with the United Nations Convention on the Rights of the Child (UNCRC), while "young people" generally refers to persons aged 10-24, reflecting WHO terminology. However, the definition may vary, as regional frameworks and national authorities may adopt different definitions. Although the UNCRC's legal protections apply specifically to children, many of the health, social and developmental issues examined in this brief extend beyond the age of 18 and affect young adults during the transition to adulthood.

This policy brief argues that the rights of children and young people should be placed at the centre of drug policy. Drawing on UNCRC, international human rights law, public health evidence, and consultations with children, young people and experts from across the world, it provides a child rights-based framework for evaluating and improving drug policies.

It identifies four priority areas where reform is urgently needed.

First, children and young people should not be deprived of liberty because of punitive drug policies. Despite clear international standards requiring deprivation of liberty to be used only as a measure of last resort, many children continue to be arrested, detained and prosecuted for drug use, possession or low-level involvement in illicit drug economies. Greater investment in diversion, restorative justice and community-based responses is essential.

Second, children and young people must have equitable access to essential controlled medicines. Millions of children and young people continue to experience unnecessary pain and suffering because medicines required for palliative care, pain relief and other medical conditions remain unavailable or inaccessible. Regulatory barriers, weak health systems and inadequate paediatric formulations continue to deny children treatment to which they are entitled under international human rights law.

Third, children and young people must be able to access evidence-based, child- and youth-friendly services that prevent avoidable drug-related harms. Punitive laws, stigma, age restrictions and barriers to confidential care continue to prevent many from obtaining timely support. Harm reduction should form part of a continuum of care that includes prevention, treatment, recovery, mental health and social support services that respond to their needs and evolving capacities and promote healthy development.

Fourth, children and young people recruited or exploited within illicit drug economies should be recognised primarily as victims of exploitation rather than treated as offenders. Poverty, violence, displacement and exclusion create conditions in which organised criminal groups exploit children in cultivation, transportation, distribution and other activities. Child protection, education, social protection and community resilience must replace punitive responses that deepen vulnerability and perpetuate cycles of exploitation.

Across these four priorities, a consistent message emerges. Existing international human rights standards, and the corresponding obligations they establish, already provide a strong foundation for protecting the rights of children and young people, yet they have not been adequately integrated into international and national drug policy frameworks.

The Global Commission on Drug Policy calls on governments, United Nations agencies, regional organisations and civil society to place the rights of children and young people at the centre of future drug policy reform. This requires moving beyond approaches centred primarily on punishment towards policies grounded in evidence, public health, human rights and child protection. It also requires meaningful participation by children and young people in decisions that affect their lives.

Protecting children and young people is not a peripheral concern within drug policy; it is one of its most fundamental responsibilities. The strategies we adopt today can profoundly shape outcomes for future generations. Drug policies that respect, protect and fulfil the rights of children and young people will not only improve their lives but will also contribute to healthier, safer and more just societies.

INTRODUCTION

Since its inception, the Global Commission on Drug Policy has advocated for drug policies grounded in evidence, public health, human rights and social justice. Children and young people must be central to this agenda. Yet despite decades of international commitments, they remain insufficiently protected from drug-related harms and are generally excluded from the design, implementation and evaluation of policies that shape their lives.

Children and young people are frequently invoked in drug policy debates to justify restrictive or punitive measures. Appeals to their protection have too often resulted in moralistic, enforcement-led responses rather than evidence-based approaches that support their development, including prevention, education, health and care[1], as well as broader social interventions that are not specific to drugs.[2] This pattern has been widely observed in policy debates and was repeatedly highlighted by children, young people and youth advocates during the consultations conducted to inform this policy brief.

VOICE FROM THE CONSULTATIONS

"The media is talking about kids [who use or experiment with drugs] as criminals and not providing them any assistance when it comes to drugs or these problems".

CHILD, SOUTHEAST EUROPE/BALKANS

Whether requiring essential controlled medicines, seeking health and support services for drug use, being deprived of liberty, being separated from parents through incarceration, being exploited within illicit drug economies, or being affected by drug-related violence and enforcement practices, children and young people encounter drug policy in ways that have received insufficient attention in both national and international policymaking.

In drug policy, protection is often narrowly understood as preventing all drug use through enforcement and criminalisation. This policy brief instead applies the United Nations Convention on the Rights of the Child (UNCRC)[3] as the overarching framework for evaluating drug policy. Rather than focusing solely on children and young people who use drugs, it examines the full range of ways in which drug policies affect the rights, health, development and well-being of children and young people.

From a child rights perspective, protection means safeguarding children from violence, discrimination, exploitation and unnecessary or disproportionate criminalisation; ensuring access to healthcare, education and social support; and enabling their meaningful participation in decisions that affect them. Policies that generate avoidable harm, whether directly or indirectly, cannot be regarded as protective, regardless of how they are framed.

Drug policy is therefore not neutral. Its impacts extend far beyond drug use, shaping the lives of children and young people through health systems, education, family life, criminal justice, social protection and community environments. Its success should be judged not only by its stated objectives but also by its real-world impact on children and young people.

Evidence from public health and human rights research demonstrates that punitive responses - including criminalisation, detention, coercive interventions and aggressive enforcement practices - can deepen stigma, exclusion and risks to health and life, particularly for children and young people.[4] Despite this evidence, drug control approaches have often prioritised enforcement over health and social support, with well-documented consequences.[5]

These challenges are not new. The 2016 United Nations General Assembly Special Session (UNGASS), convened under the banner "A better tomorrow for the world's youth", recognised the importance of considering the impact of drug policy on younger generations.[6] More recently, the 2025 World Drug Report reiterated that the design and implementation of drug policies can either reduce or exacerbate risks and harms.[7] Yet despite this growing recognition, the specific impacts of drug policy on children and young people remain insufficiently addressed in policymaking.

This gap is particularly evident within the international drug control system.

Between 2000 and 2026, the United Nations Commission on Narcotic Drugs (CND) adopted approximately 300 resolutions. Only 19 focused specifically on children and young people[8], and just six addressed issues beyond drug-use prevention.[9] Children's involvement and exploitation in the drug economy has only been addressed once.[10] Paediatric access to essential controlled medicines has been the subject of only one resolution[11], as has specialised treatment for children and young people with drug use disorders.[12] Harm reduction for young people has never been addressed, and no resolution explicitly recognises harms generated by drug policy itself.

This policy brief - organised around the thematic clusters of the UNCRC (see Box 1) - examines how drug policies intersect with children's rights across health, justice, family life, education, protection and participation. It argues that efforts to prevent or delay drug use should be accompanied by policies that uphold rights, reduce avoidable harms and support healthy development. This requires reducing exposure to criminalisation and institutional violence, ensuring access to voluntary, evidence-based health and social services, and recognising children and young people as rights-holders whose experiences and perspectives should inform the design, implementation, monitoring and evaluation of drug policies.

Prevention, evidence-based health education, harm reduction, treatment, mental health and psychosocial support, social protection, and access to essential controlled medicines should not operate as isolated interventions. Rather, they should form part of an integrated, child- and youth-friendly continuum of care that provides multiple voluntary, non-discriminatory and low-threshold entry points, tailored to children's and young people's evolving capacities.[13]

This policy brief understands harm reduction not simply as a package of health interventions, but as a broader policy approach that seeks to minimise preventable harms, promote health and well-being, and uphold the human rights of children and young people across diverse circumstances and experiences. Although harm reduction for children and young people remains politically, ethically and socially contested in many settings, evidence consistently demonstrates that the absence of accessible, age-appropriate and non-judgemental services increases exposure to preventable harms, including overdose, HIV and hepatitis transmission, violence and exclusion from care.[14] A child rights-based approach does not ignore these tensions. Rather, it requires navigating them in ways that consistently prioritise the best interests, dignity, health, development and protection of children and young people.

At a time when the United Nations drug control system is undergoing unprecedented review through CND Resolution 68/6[15], alongside the broader UN80 process[16], there is a unique opportunity to place the rights, health and well-being of children and young people at the centre of future drug policy reform. Such an approach is also consistent with the commitments set out in the *Pact for the Future*[17] and its *Declaration on Future Generations*[18], as well as the *UN System Common Position on Drug Policy* (2018)[19], which calls for coherent, evidence-informed, public health- and human rights-based responses across the United Nations system.

Ultimately, this policy brief seeks to make children and young people visible in drug policy - not as objects of protection, but as rights-holders. Protecting the rights of children and young people is not an additional objective of drug policy. It is fundamental to achieving the health, welfare and human rights goals that underpin the international drug control system itself. Placing children at the centre of drug policy offers an opportunity to build healthier, safer and more just societies for present and future generations.

THE PROBLEM

Article 33 of the United Nations Convention on the Rights of the Child (UNCRC) establishes States' obligations to take all appropriate measures, including legislative, administrative, social and educational measures to protect children from the illicit use of narcotic drugs and psychotropic substances and from exploitation in the illicit drug trade. However, it provides no further guidance on how the broader framework of children's rights should be applied to the design, implementation and evaluation of drug policies.

The international drug control conventions - the 1961 Single Convention on Narcotic Drugs[20], the 1971 Convention on Psychotropic Substances[21], and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances[22] - contain remarkably few references to children.

> *"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".*
> **UNCRC ARTICLE 33**

Only the 1988 Convention refers to children explicitly, primarily in the context of exploitation in the illicit drug trade and treating offences involving children as aggravating circumstances.

None of the three conventions explicitly incorporates the principle of the best interests of the child, guarantees access to health services or harm reduction, requires non-punitive responses to children's drug use, or recognises children and young people as rights-holders entitled to participate in policymaking.

By contrast, the United Nations Committee on the Rights of the Child has clarified principles and obligations relevant to the implementation of Article 33 UNCRC through a series of General Comments, including those on general measures of implementation (General Comment No. 5)[23], children's participation (General Comment No. 12)[24], the best interests of the child (General Comment No. 14)[25], the right to health (General Comment No. 15)[26], and children's rights in the child justice system (General Comment No. 24).[27] Together, these provide an authoritative framework for interpreting States' obligations in drug policy contexts.

Despite this well-established legal framework, a significant gap remains between States' obligations under international human rights law and the implementation of the international drug control system.

BOX 1: Overview - The United Nations Convention on the Rights of the Child (UNCRC): A Framework for Drug Policy

This policy brief uses the UNCRC as its analytical framework, examining how drug policies affect children and young people across the full spectrum of rights.

What is the UNCRC?	Adopted in 1989, the United Nations Convention on the Rights of the Child (UNCRC) is the principal international treaty protecting children's rights. It has been ratified by 196 States Parties, making it the most widely ratified human rights treaty in the world. The UNCRC defines a child as every person under the age of 18 unless majority is attained earlier under national law. Furthermore, the UNCRC is the only human rights treaty that explicitly mentions drugs.
What does it require?	The UNCRC establishes legally binding obligations requiring States Parties to respect, protect and fulfil children's rights across all areas of public policy. It is guided by four general principles: ▸ Non-discrimination (Article 2) ▸ Best interests of the child (Article 3) ▸ Right to life, survival and development (Article 6) ▸ Right of the child to be heard (Article 12) These principles should inform legislation, public policy, budgeting, service delivery and judicial decision-making.
How is it interpreted?	Implementation is monitored by the United Nations Committee on the Rights of the Child, an independent body of experts that reviews periodic reports submitted by States Parties. The Committee also issues General Comments, which provide authoritative guidance on interpreting and implementing the UNCRC. In particular, General Comment No. 5 on General Measures of Implementation sets out the institutional, legislative and administrative measures that States should adopt to give effect to children's rights, including Child Rights Impact Assessments (CRIAs). These measures help governments translate children's rights into laws, policies, programmes and budgets. The Committee assesses implementation of the UNCRC using six thematic clusters, reflecting its view that children's rights are indivisible, interrelated and of equal importance. It also recommends that States and civil society use this framework when reporting on implementation of the UNCRC.
Why is this relevant to drug policy?	Although Article 33 specifically addresses protection from illicit drugs and exploitation in the drug trade, the UNCRC applies far more broadly. Drug policies affect children's rights across numerous areas, including health, family life, education, justice, protection from violence, access to essential medicines, privacy and participation in public decision-making. The UNCRC therefore provides a comprehensive framework for assessing whether drug laws, policies and programmes promote or undermine children's rights.

METHODOLOGY

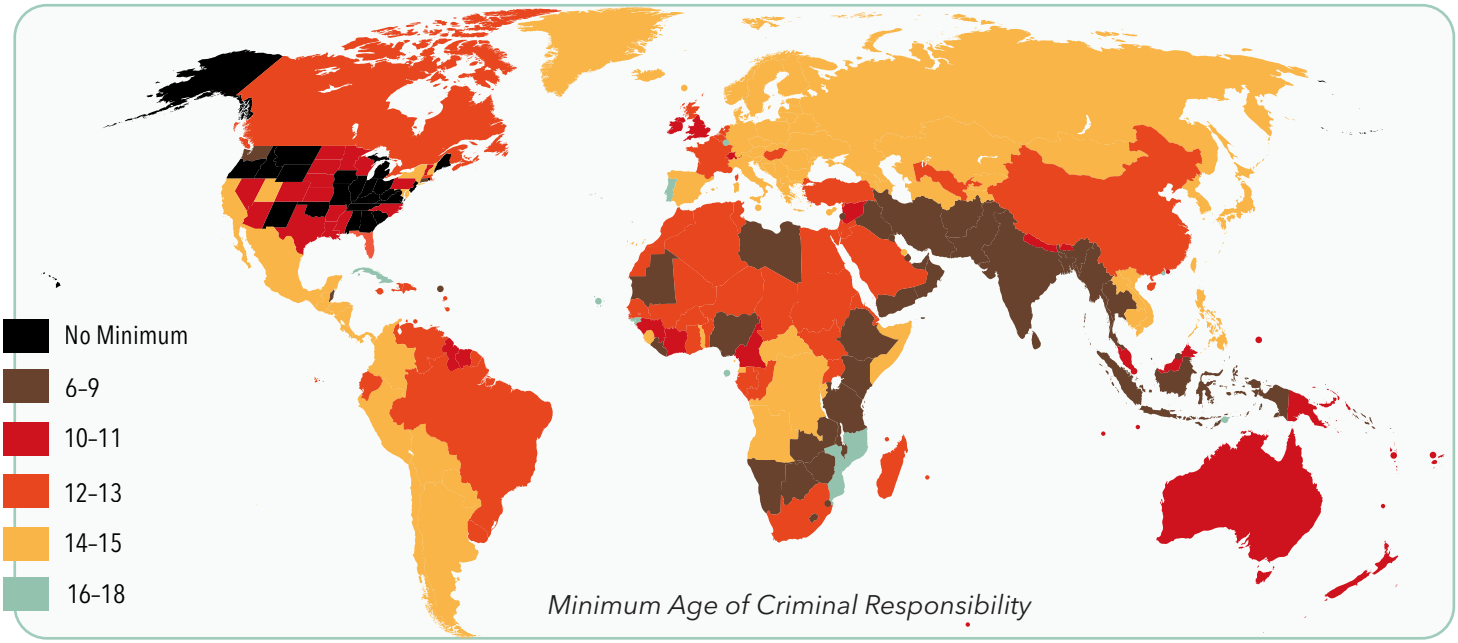
CHILDREN, YOUTH AND EVOLVING CAPACITIES

While the UNCRC applies to all persons under the age of 18, this policy brief also considers the experiences of young people beyond childhood. The transition to adulthood is characterised by evolving capacities and changes in legal status and access to health, education and social protection and justice systems. Understanding these transitions is essential to designing drug policies that protect rights while responding to young people's changing needs and circumstances.

The Committee on the Rights of the Child has recognised neuroscientific evidence that brain development continues throughout adolescence and into early adulthood, highlighting the importance of continuity of support and the extension of appropriate protections throughout the transition to adulthood.[28] Developmentally appropriate responses should recognise evolving capacities and individual circumstances, balancing appropriate protection with increasing autonomy, participation and agency, while prioritising supportive, rights-based and trauma-informed interventions over punitive approaches.[29] Responses should also recognise that developmental pathways are shaped by young people's social and environmental contexts and experiences, including poverty, adversity, violence and trauma.[30] Rigid or abrupt cut-offs at the age of 18 - particularly in health, social protection and criminal justice systems - should therefore be avoided.

Although there is no dedicated international treaty on the rights of young people, emerging frameworks - including the *Pact for the Future* and the *Declaration on Future Generations* - underscore the importance of protecting the rights and well-being of young people beyond the age of 18.

Definitions of youth vary considerably. For statistical purposes, the UN Secretariat defines youth as persons aged 15-24.[31] WHO distinguishes adolescents (10-19), youth (15-24), and young people (10-24), reflecting the overlap between health, developmental and policy categories.[32]



Minimum Age of Criminal Responsibility

Regional frameworks and national authorities may adopt different definitions. For example, the African Youth Charter defines youth as persons aged 15–35.[33] Accordingly, this policy brief adopts a flexible understanding of youth that reflects international practice while recognising that legal definitions vary across jurisdictions. UNESCO likewise recognises that there is no universal definition of youth, as experiences of being young differ across social, cultural, economic and political contexts. It therefore considers youth to be a flexible category whose definition should reflect context.[34]

Consultation participants highlighted the phenomenon of "adultification", whereby some children are perceived as less vulnerable than their age would suggest because of racial[35], socio-economic or other forms of structural bias.[36] As a result, they may be treated as adults and denied age-appropriate protections, while simultaneously facing barriers to healthcare, harm reduction and legal services.

Age thresholds for criminal responsibility and access to health services vary widely across jurisdictions. While the Committee on the Rights of the Child recommends that the minimum age of criminal responsibility (MACR) should be at least 14 years[37], some countries continue to set it as low as seven[38], reflecting persistent divergence between international standards and national practice. By contrast, access to harm reduction services - which form part of a comprehensive public health response[39] - may be restricted to adults[40], creating significant protection gaps.

This creates a contradictory situation: in some settings, children can be held criminally liable for drug possession while being denied access to services designed to reduce drug-related harms.[41]

CONSULTATION PROCESS AND ANALYTICAL FRAMEWORK

This policy brief combines a review of international legal standards, policy documents and academic literature with qualitative consultations involving children and young people, child and youth rights advocates, health practitioners, drug policy experts, civil society organisations, government representatives and United Nations officials.

Eleven consultations were conducted across five continents - in Bogotá, Madrid, London, Johannesburg, Kuala Lumpur, Detroit and online - engaging over 150 participants from approximately 47 countries. These consultations informed the analysis, recommendations and overall framing of this policy brief.

The analysis is organised around the six thematic clusters used by the Committee on the Rights of the Child when reviewing States Parties' implementation of the UNCRC:

- Civil Rights and Freedoms;
- Family Environment and Alternative Care;
- Basic Health and Welfare;
- Education, Leisure and Culture;
- Minority and Indigenous Rights; and
- Special Protection Measures.[42]

Within these thematic areas, the policy brief gives particular attention to four priority issues:

1. Deprivation of liberty resulting from drug policies;
2. Access to essential controlled medicines;
3. Protection from preventable drug-related harms; and
4. Protection from exploitation in the drug economy.

This methodology provides a practical framework for assessing the impact of drug policies on children's rights and for translating international human rights standards into concrete recommendations for reform.

BOX 2: Interpretative Summary - The General Principles of the UNCRC and their Application to Drug Policy

The four general principles of the UNCRC provide the interpretative foundation for the analysis presented throughout this policy brief. They are mutually reinforcing and should inform the design, implementation, monitoring and evaluation of all drug policies.

UNCRC General Principle	Interpretative application to drug policy
Non-discrimination (Art. 2)[43]	The impacts of drug policies are not experienced equally. Children from low-income settings, Indigenous communities, racial and ethnic minorities, and other structurally marginalised groups are often disproportionately exposed to criminalisation, detention, violence, family separation, and barriers to healthcare, education and social services. Drug policies should actively address discrimination and stigma, ensure equitable access to services and support, and assess differential impacts through disaggregated data collection and monitoring.
Best interests of the child (Art. 3)[44]	The best interests of the child must be a primary consideration in all drug policy decisions, including prevention, treatment, harm reduction, law enforcement, sentencing, crop eradication, and responses to parental drug use. Policies should be informed by child rights impact assessments (CRIAs) (*see Box 1*) and prioritise interventions that support children's physical, mental and social well-being, including evidence-based prevention, harm reduction, and family- and community-based support.
Right to life, survival and development (Art. 6)[45]	Every child has the inherent right to life, survival and development, including the opportunity to realise their full potential. Drug policies that expose children to violence, detention, family separation, denial of essential controlled medicines, or barriers to healthcare, education, social services and access to justice, may undermine this right. States should ensure that resources are directed towards evidence-based prevention, protection, treatment, harm reduction, alternative development, and equitable access to essential controlled medicines.
Right to participate (Art. 12)[46]	Children have the right to receive information, express their views, and participate in decisions that affect them. Drug policies and programmes should ensure their meaningful participation in the design, implementation, monitoring, evaluation and ongoing refinement of policies and services, so that responses reflect their experiences, needs and priorities. Participation should include consultation on drug education, harm reduction, service delivery and policy evaluation, recognising children as rights-holders rather than passive recipients of policy.

THEMATIC CLUSTERS OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)

CIVIL RIGHTS AND FREEDOMS

UNCRC Articles 7-8, 13-17, 37(a)

Civil rights and freedoms apply equally in the context of drug policy. Yet drug control measures frequently extend surveillance, coercion and punitive interventions into spaces that should protect children and young people, including schools, families, healthcare settings and communities. Often justified in the name of protection, these measures may instead undermine rights guaranteed under the UNCRC, including the rights to privacy, information, dignity, liberty and participation.

Privacy, Surveillance, and Criminalisation

The right to privacy (Article 16) is often undermined by drug policy measures. Practices such as school-based drug testing[47], strip searches[48], mandatory reporting of drug use, and targeted police operations involving children and young people have been documented in numerous jurisdictions.[49] Such measures can also expose children to stigma, discrimination and criminalisation, despite little evidence that they are effective in preventing drug use.[50] They may also contribute to broader patterns of drug-related criminalisation and deprivation of liberty (see Priority Issue 1).

These practices disproportionately affect children from low-income communities, racial and ethnic minorities, Indigenous peoples and other marginalised groups, reinforcing existing inequalities and further eroding trust in schools, health services and public institutions.

VOICE FROM THE CONSULTATIONS

"Once we are discussing drug use then politicians start bringing in young people and children as if they genuinely care about young people…Once they are mentioned, the default response is the punitive moral response instead of following evidence".

YOUNG PERSON, GERMANY

In school settings, punitive responses - including disciplinary measures like suspension or expulsion and referrals to law enforcement following drug searches or testing - can contribute to a "school-to-prison pipeline", pushing children out of education and into early contact with the criminal justice system.[51]

The Committee on the Rights of the Child has emphasised that searches, interrogations and other investigative measures involving children must respect their dignity and privacy, be strictly necessary and proportionate, and be subject to independent oversight and accessible complaints mechanisms.[52] Yet these safeguards are often absent or poorly implemented in drug-related enforcement.

This is particularly concerning because enforcement measures are frequently justified on the grounds of protecting children while simultaneously undermining their rights.

Access to Information and Evidence-Based Education

Access to information is a fundamental right under Article 17 of the UNCRC and an essential component of child protection. Children and young people have the right to receive accurate, age-appropriate and evidence-based information relevant to their health and well-being, including information to reduce the risks and harms related with drugs, mental health and available support services.

In many settings, however, educational and health programmes on drugs remain dominated by fear-based or abstinence-only approaches. Consultation participants consistently described the information they received as moralistic, unrealistic and disconnected from their lived experiences. Instead, they called for practical information on health risks, safer behaviours,

mental health, harm reduction, legal frameworks, support services and how to support peers through mutual care.

Restrictions on drug-related information present additional concerns. In parts of Eastern Europe and Central Asia, "drug propaganda"[53] laws have restricted the dissemination of information on harm reduction, overdose prevention, safer use practices and health services.[54] Although introduced in the name of protection, these restrictions may instead limit access to life-saving information and increase exposure to preventable harms for children, young people and their communities.

Protecting children and young people should not mean restricting access to information. Rather, children and young people should be equipped with accurate, age-appropriate and evidence-based information that enables them to make informed decisions, protect themselves and their peers, and seek support when needed. Providing such information should not be confused with encouraging drug use; it is an essential component of risk prevention and protection.

VOICE FROM THE CONSULTATIONS

"If an 18-year-old boy or girl gets arrested for drug use, two or three years down the line, they now have a criminal record. That affects their education, their chances of getting a job - it follows them everywhere. The unfortunate part is that young people are supposed to be the future of our society. But once they have a criminal record, it becomes much harder for them to improve their lives, even after they've gotten treatment and moved on from that stage. The criminalization, the stigma, and the fear-mongering don't just hurt them as individuals, they affect society as a whole. We end up with young adults who either die from overdose because they didn't get the help they needed, or who, even after they've moved past that stage of their life and they are no longer using drugs, they still can't get a job because of their criminal record".

YOUNG PERSON, SOUTH AFRICA

Human Dignity and Coercive Responses

The prohibition of cruel, inhuman or degrading treatment (Article 37(a)) is also relevant in drug policy contexts. Consultations across regions highlighted that coercive drug testing, forced treatment, involuntary institutionalisation and other interventions carried out without informed consent or adequate judicial oversight affect many children and young people, raising serious human rights concerns.

Rather than protecting health, coercive approaches may undermine trust in health and social services, increase stigma, worsen mental health outcomes, and discourage help-seeking. Evidence and international guidance increasingly demonstrate that voluntary, evidence-based and supportive interventions are more consistent with both public health objectives and children's rights.[55]

A child rights-based approach requires policies and services that respect children's dignity, evolving capacities, bodily autonomy and right to participate in decisions affecting their lives.[56] Responses should prioritise counselling, mental health services and community-based support that remain accessible regardless of drug use, rather than coercion and punishment.[57]

Participation and Agency

Children and young people are frequently invoked in drug policy debates, yet they are rarely involved in shaping the policies that affect them. Article 12 of the UNCRC recognises children as rights-holders entitled to express their views freely in all matters affecting them and to have those views given due weight according to their age and maturity.

Participation extends beyond consultation.[58] It requires safe, inclusive and sustained mechanisms through which children and young people can contribute to the design, implementation, monitoring, evaluation and ongoing refinement of drug policies, prevention programmes, health services (including harm reduction services) and research. Participation can improve the relevance, quality, legitimacy and effectiveness of policies and services, while recognising children and young people as rights-holders whose experiences and perspectives should inform decisions that affect their lives.[59]

Ireland's consultations with young people for the Citizens' Assembly on Drugs Use provide a strong example of structured youth participation generating identifiable influence across successive stages of policymaking.[60]

The consultations conducted for this policy brief demonstrated that children and young people possess valuable expertise on the realities of drug use, prevention, education, service accessibility, policing and emerging risks within their communities. Participants consistently emphasised the importance of being treated as partners in policy development rather than passive recipients of protection.

A child rights-based approach requires drug policies that move beyond surveillance and punitive responses to protect privacy, guarantee access to accurate information, respect dignity and enable meaningful participation. Protecting children and young people from drug-related harms should not come at the expense of their rights. On the contrary, respecting those rights is fundamental to effective, evidence-based and rights-based drug policy.

A child rights-based approach recognises that protection from drug-related harms does not require punitive or coercive responses. Rather, protecting children and young people requires drug policies that prioritise health and well-being, minimise reliance on punitive responses and ensure that deprivation of liberty is used only as a measure of last resort, provide age-appropriate health and social support, and ensure that children and young people can meaningfully participate in the design, implementation, monitoring and evaluation of laws, policies and services.

VOICE FROM THE CONSULTATIONS

"Young people are disproportionately impacted by intentional raids with intention to arrest people, specifically young and also representatives of LGBT community".

YOUNG PERSON, UKRAINE

Child Rights Impact Assessment (CRIA)
KEY QUESTIONS

- *Do drug laws and enforcement practices respect children's rights to privacy, dignity and participation?*
- *Is drug education evidence-based, age-appropriate and designed to support informed decision-making, prevent harms and respond effectively to emergencies?*
- *Do policies ensure access to accurate information, appropriate health services and legal safeguards while minimising unnecessary surveillance and criminalisation?*

PRIORITY ISSUE 1

CHILDREN DEPRIVED OF LIBERTY DUE TO DRUG POLICIES

> *"Tough-on-crime drug policies contribute to a large number of children being deprived of liberty, often unnecessarily and harmfully".*
> **UNITED NATIONS GLOBAL STUDY ON CHILDREN DEPRIVED OF LIBERTY (2019)[61]**

PROBLEM STATEMENT

Punitive drug laws and enforcement practices continue to expose children and young people to arrest, detention and incarceration for drug use, possession and low-level involvement in the drug economy (see Priority Issue 4). These responses often occur in contexts of poverty, coercion and exploitation, despite strong evidence that detention causes lasting harm while doing little to protect children or communities.

RIGHTS CONTEXT

Article 37(b) of the UNCRC requires that deprivation of liberty be used only as a measure of last resort and for the shortest appropriate period of time. General Comment No. 24 reinforces this obligation by encouraging diversion, restorative justice and community-based responses wherever possible[62], and the United Nations Global Study on Children Deprived of Liberty concludes that detention associated with drug policies is frequently unnecessary and harmful.

POLICY GAPS

Despite clear international guidance, children affected by deprivation of liberty continue to receive limited attention within the international drug policy framework.

This gap is reflected in the work of the Commission on Narcotic Drugs (CND). No CND resolution has explicitly addressed the specific impacts of criminalisation, arrest, detention, compulsory treatment, or criminal records on children and young people. Similarly, United Nations Office on Drugs and Crime (UNODC) has not developed dedicated child-specific guidance that clearly discourages custodial and coercive responses in the implementation of drug policies.

Some countries - including Portugal[63], Colombia[64], Uruguay[65], Germany[66] and South Africa[67] - have introduced legal or policy safeguards that limit punitive responses to children and young people. However, in most jurisdictions, children continue to face arrest, detention, compulsory interventions, and lasting criminal records for drug-related conduct.

GLOBAL SNAPSHOT

Scale of Child Detention

- Approximately 410,000 children are detained annually in prisons and remand centres worldwide, excluding police custody.[68]
- Around 259,000 children are deprived of liberty on any given day.[69]
- An estimated 1 million children are held in police custody each year.[70]
- Recent estimates indicate that around one third of the global prison population is held in pre-trial detention, with children disproportionately affected by prolonged remand and overcrowding.[71] Mandatory pre-trial detention for drug-related offences remains a significant driver in parts of Asia and Latin America.[72]

Drug-related Detention

Reliable global data on children deprived of liberty specifically because of drug-related offences remain limited. Most countries do not report child detention by offence type[73], and global drug-related arrest data are rarely age-disaggregated.[74] Nevertheless, available evidence illustrates the scale of the issue:

- In Brazil, drug trafficking accounted for 27% of offences among adolescents deprived of liberty in 2023, up from 24% in 2020.[75]
- In the United States, there were approximately 41,000 juvenile drug arrests in 2024, representing around 6% of all drug arrests nationwide.[76]

Intergenerational Impacts

Drug-related incarceration also harms children indirectly through the imprisonment of parents and primary caregivers.

- More than 6,000 children are imprisoned with their mothers each year, primarily because of drug-related offences.[77]
- Around 9,000 children live with a primary caregiver in prison at any given time.[78]
- An estimated 1.4 million children worldwide have a mother in prison.[79]

CONSEQUENCES

- Lasting criminal records that negatively impact education, employment and social inclusion.[80]
- Disrupted education, social development, and future employment opportunities.[81]
- Exposure to physical and psychological violence and abuse in detention settings.[82]
- Limited access to age-appropriate health, psychosocial, educational, and reintegration services.[83]
- Chronic overcrowding, prolonged pre-trial detention and inadequate rehabilitation systems that undermine recovery and successful reintegration.[84]
- Increased likelihood of deeper criminal involvement, reoffending and repeated imprisonment[85], as detention exposes children to criminal networks while distancing them from their families and communities.[86]
- Intergenerational impacts, including trauma, stigma, family separation, and economic instability resulting from parental incarceration.[87]

ILLUSTRATIVE CASE

*In **Centre for Child Law v Director of Public Prosecutions, Johannesburg and Others** (2022), the Constitutional Court of South Africa held that criminalising the use and possession of cannabis by children was unconstitutional because it violated their rights to dignity and the constitutional principle that the best interests of the child are of paramount importance.[88] The Court emphasised that children should not be arrested or prosecuted for simple drug use or possession, and instead endorsed diversion, education, and supportive services consistent with Articles 3, 37, and 40 of the UNCRC.*

The case also illustrates the growing influence of international human rights standards in domestic drug policy reform. In its written submissions to the Court, the applicant specifically referenced the Global Commission on Drug Policy, drawing on its recommendations in support of child-centred, health-oriented approaches.

RECOMMENDATIONS

- **Reform punitive laws:** Remove criminal penalties for children's drug use and possession and ensure that health and social services, rather than law enforcement, lead responses.
- **Expand diversion and community-based alternatives:** Use deprivation of liberty only as a measure of last resort and invest in diversion, restorative justice, and community-based support.
- **Protect due process:** Guarantee specialised legal assistance, independent oversight, and effective complaints mechanisms for children deprived of liberty.
- **Protect children's futures:** Ensure that criminal records relating to childhood drug offences are sealed or expunged where appropriate to support reintegration and future opportunities.
- **Invest in rehabilitation and reintegration:** Expand access to education, mental healthcare, family support, and reintegration services during and after detention.
- **End the use of the death penalty against children:** Ensure that no child is sentenced to death or executed for a drug-related offence, in accordance with the UNCRC.

FAMILY ENVIRONMENT AND ALTERNATIVE CARE

UNCRC Articles 5, 9, 18, 20 and 27

Drug policies affect children not only directly, but also through their impact on families and caregiving relationships. In many settings, child welfare systems are closely intertwined with drug law enforcement, resulting in family separation in circumstances that may not meet the requirements of necessity, proportionality or the best interests of the child. This raises concerns under Articles 5, 9 and 18 of the UNCRC, which require States to respect parental responsibilities, ensure that children are separated from their parents only when necessary and in their best interests, and provide families with the support needed to fulfil their caregiving responsibilities.

VOICE FROM THE CONSULTATIONS

"[For incarcerated or formerly incarcerated mothers] you end up bringing certain issues into your kid's home. In the case of two women I'm connected with, they can't go outside the walls of their home. At some point, one went outside to hang clothes. The ankle tracker was activated and the police came with a very violent approach. That violence was brought into her home and to her kid".

-NGO WORKER, ARGENTINA

Family Separation and Child Welfare

The Committee on the Rights of the Child has emphasised that family separation should be a measure of last resort and that States should prioritise preventive and supportive measures that enable children to remain safely within their families wherever possible. Similarly, the *United Nations Guidelines for the Alternative Care of Children*[89] emphasise preventing unnecessary family separation and strengthening family- and community- based care. Drug policies that contribute to family separation through criminalisation, incarceration, coercive interventions or the withdrawal of social support should therefore be assessed against these standards and, above all, the best interests of the child.

Children from low-income, marginalised, Indigenous and racial or ethnic minority communities are disproportionately affected by child welfare interventions linked to parental drug use.[90]

In some cases, family separation occurs not because of demonstrable harm to the child, but because parental drug use is itself treated as evidence of parental unfitness. Such assumptions often reflect stigma and discrimination rather than an individualised assessment of the child's circumstances, the family's strengths, and the support needed to enable children to remain safely within their families.[91]

For women who use drugs, disclosures of domestic or intimate partner violence are not always met with protection.[92] Instead, some consultation participants reported that their experiences are dismissed or that their drug use becomes the primary focus of intervention while the violence they endure itself remains inadequately addressed. In these circumstances, concerns about drug use may take precedence over access to protection, social support and trauma-informed services, increasing the risk of family separation and undermining the safety and well-being of both women and their children.

Parental Incarceration and Intergenerational Impacts

Children are also affected indirectly through parental incarceration, overdose and other drug-related deaths, which can result in household instability, economic hardship, disrupted caregiving and increased vulnerability. These harms often remain invisible in drug policy debates, despite their profound and long-lasting consequences for children's development, education, mental health and family life.

In Latin America and the Caribbean alone, an estimated 1.7-2.3 million children have a parent in prison, including approximately 500,000 affected by incarceration for drug-related offences.[93] The imprisonment of women for low-level drug offences is particularly disruptive[94], increasing the likelihood of family separation, placement in alternative care and long-term intergenerational harm.[95] Institutional and residential care settings

may themselves expose children to neglect, instability, violence and abuse.[96] These impacts underscore the need for drug policies that recognise and mitigate the wider consequences of parental criminalisation for children and families.

Beyond emotional strain, parental incarceration can force children and young people into premature adult roles, including "parentification"[97], where a young person assumes responsibility for maintaining the household, effectively becoming a caregiver for younger siblings and contributing to household survival, often amid financial strain, restricting their educational and future prospects.[98]

A child rights-based approach prioritises preventing unnecessary family separation by strengthening family support systems and ensuring access to voluntary, non-stigmatising, community-based services, including psychosocial support, harm reduction and integrated care for families affected by drug use.

VOICE FROM THE CONSULTATIONS

"In our work, we currently try to look after children whose parents are incarcerated mainly for drug offences. The number of children under our care is about 35, mostly under 16 years old...The impact on families is terrible. We have mothers whose husbands are incarcerated, and they have two children who end up in orphanages. We see family breakdown, moral breakdown in homes, and a whole host of issues. Who worries about their studies? Who takes care of their health? Who supports them emotionally?". **-NGO WORKER, MALAYSIA**

Strengthening Families and Alternatives to Separation

Evidence from community-based and clinical programmes, including opioid agonist treatment (OAT), demonstrates that voluntary, evidence-based treatment and psychosocial support can strengthen caregiving capacity, improve family stability and promote child well-being.[99] By contrast, treatment systems that define recovery solely through abstinence may undermine engagement and continuity of care.[100]

A child rights-based approach prioritises family preservation wherever possible. Children should not be separated from their families solely because of parental drug use, poverty or social vulnerability. In Colombia[101], Bolivia[102] and Argentina,[103] some programmes allow young children (up to approximately three to six years of age) to remain with their incarcerated mothers in prison nursery units, helping to prevent family separation. While this may be preferable to alternative placements, outcomes depend heavily on the quality of care, access to early childhood education, and psychosocial support available.[104]

Consistent with the *United Nations Guidelines for the Alternative Care of Children*, States should strengthen families through voluntary treatment, harm reduction, social protection, psychosocial support and early intervention. Where separation is necessary, it should be based on an individualised assessment of the child's best interests, subject to regular review, and used only as a measure of last resort.

Child Rights Impact Assessment (CRIA)
KEY QUESTIONS

- *Are children separated from their families solely because of parental drug use?*
- *Are family support, voluntary treatment and harm reduction prioritised before family separation is considered?*
- *Have appropriate alternatives to institutional care been considered and made available?*
- *Are alternative care arrangements family-based wherever possible, culturally appropriate, and responsive to children's developmental needs?*

BASIC HEALTH AND WELFARE

UNCRC Articles 6, 24, 33

Article 24 of the UNCRC, as further elaborated by General Comment No. 15, recognises every child's right to the highest attainable standard of health, including access to available, accessible, acceptable and quality health services encompassing both physical and mental healthcare.[105] Article 33 further requires States Parties to take all appropriate measures to protect children from the illicit use of drugs and from involvement in their illicit production and trafficking.

The Committee on the Rights of the Child has clarified - particularly in General Comment No. 24 on children's rights in the child justice system - that these obligations should be implemented through a child rights-based approach. This includes prioritising prevention, evidence-informed education, diversion from the criminal justice system, and access to voluntary health and social services (including harm reduction services) within the community rather than punitive responses.

VOICE FROM THE CONSULTATIONS

"One area that is overlooked is the harms of services that are available. There's a lot of churches that are sponsored, that are starting prevention programmes, and I think it's such a dangerous thing, I think anyone of us can start a prevention programme, and no one is evaluating the effectiveness of this or the harms that these programmes are actually doing. So you have churches that will like, tie people, like kids or people to a tree and then hope for the best".

-YOUNG PERSON, SOUTH AFRICA

Evidence consistently demonstrates that punitive drug policies are not associated with improved health outcomes and may instead increase harm by discouraging help-seeking through stigma, fear of punishment, family or community repercussions, and mistrust of institutions.[106] They are also associated with heightened health risks, including HIV transmission, other blood-borne infections, and overdose, and can restrict access to harm reduction, HIV prevention and treatment, sexual and reproductive healthcare, mental healthcare, and other essential health services.

Stigma and Barriers to Care

Consistent with the guidance of the Committee on the Rights of the Child, the objectives of Article 33 are best achieved through integrated health, social and educational interventions delivered across a continuum of care. This should include evidence-based prevention, harm reduction, treatment, recovery, mental healthcare, social support and access to essential controlled medicines where clinically indicated, accompanied by safeguards that avoid criminalisation or deprivation of liberty for drug use or possession.

VOICE FROM THE CONSULTATIONS

"The moment you are young and you are using drugs, it's that your body, everything about you... It's public. It's something that everyone can really step into because with being young and using drugs, you lose a lot of power that already doesn't exist as a young person". **-YOUNG PERSON, MOROCCO**

Drug-related health services for people under 18 remain limited in many settings, particularly youth-specific harm reduction services. Age restrictions, stigma and the absence of youth-friendly programmes continue to create significant barriers to care (see Priority Issue 3).[107]

Barriers to care arise not only from criminalisation and law enforcement practices, but also from family shame, moral judgement, school disciplinary measures, cultural conservatism, online shaming, and fear of stigma, reputational harm and social exclusion.

Pathologisation[108] - and so-called "double incapacitation"[109] - can further restrict access to services where childhood, adolescence or pregnancy in the context of drug use is assumed to negate autonomy or decision-making capacity. Such assumptions may limit access to appropriate health

and social services, disproportionately affecting already marginalised populations.

Many children and young people assume adult responsibilities and are exposed to risks and harms beyond their age and developmental stage while health, education and social protection systems fail to respond adequately to their developmental and social needs.

VOICE FROM THE CONSULTATIONS

"If a young person is trying to access mental health services and they also use alcohol or other drugs, the mental health services will say, 'Sorry, we can't help you until you've gotten help from an AOD [alcohol and other drugs] service. And then they go to the AOD [services] and they say pretty much the same thing, and it's just a circle".

-YOUNG PERSON, AUSTRALIA

A child-centred approach requires age-appropriate services tailored to developmental needs, including overdose prevention, integrated mental health support and other interventions. Such services should be available and easy to access, acceptable to children and young people, and of high quality[110], while also being confidential, respectful, participatory and responsive to children's evolving capacities.[111] Continuity of care should be ensured across prevention, early identification and intervention, harm reduction, treatment, recovery and reintegration.[112] Services should be available through schools, community settings and digital platforms, and designed and evaluated with the meaningful participation of children and young people. Peer-led approaches can further strengthen trust, accessibility and service uptake, particularly among marginalised groups.[113]

By pushing drug use into more hidden and unsafe environments, punitive approaches may ultimately undermine children's rights to life, survival and development under Article 6 of the UNCRC.

Voluntary and Integrated Care

Mental health, psychosocial support and drug-related services remain fragmented and poorly integrated in many settings, resulting in gaps in prevention, early identification, referral pathways, continuity of care and holistic support.[114] These gaps are especially concerning in the context of rising levels of anxiety, depression and psychological distress among children and young people worldwide.[115]

International standards on drug treatment, mental health and age-responsive health services emphasise that care should be voluntary, evidence-based and grounded in informed consent, confidentiality and dignity.[116] Drug use should be addressed within a comprehensive health response that promotes children's and young people's mental health, psychosocial well-being and resilience, and enables informed choice and tailored care.[117]

Coercive, abusive or degrading practices are incompatible with these principles and violate international human rights law, including Articles 3, 6 and 37(a) of the UNCRC.

Abstinence-based and recovery-oriented approaches may be appropriate for some children and young people where they are voluntarily chosen and clinically indicated. However, decisions regarding care should be guided by evidence and individualized clinical judgement, in partnership with children and young people, as well as their families where appropriate, and free from ideological or political influence.[118]

Consultation participants from across parts of Asia and the Pacific, and the Middle East and North Africa highlighted how criminalisation, limited harm reduction services, and stigma associated with drug use, sexuality and gender norms create additional barriers to HIV prevention, mental healthcare, sexual and reproductive health services, and harm reduction. Confidential, youth-friendly and age-appropriate services remain unavailable or inaccessible in many settings.[119]

Coercive Treatment Settings

Where these principles are not respected, children and young people may instead be subjected to coercive, unregulated or abusive treatment settings. Such settings undermine the right to health and may violate children's rights to dignity, protection from violence, and freedom from cruel, inhuman or degrading treatment under Articles 19, 24 and 37(a) of the UNCRC.

Consultation participants described experiences in unregulated residential centres, known as *anexos*[120], characterised by coercive admissions, inadequate medical oversight and abusive conditions.

> *"Anexos… rehabilitation clinics… are not medically supervised… in most cases there is a lot of manipulation and a lot of… making people feel bad for having engaged in a certain type of drug use. In most cases… the family… calls… they go to the person's home to violently take them by force in order to lock them up, deprive them of their freedom… they are not regulated… they believe that simply stopping consumption… while being verbally and psychologically abused… is the solution" .*
> **LATIN AMERICA YOUTH CONSULTATION, DECEMBER 2025**

Similar centres have been documented in multiple regions and have been associated with serious human rights violations. These include coercive "conversion practices" targeting LGBTQIA+ young people, as well as abusive or inappropriate responses to mental health conditions and drug use.[121] Many lack gender-sensitive safeguards, and reports of physical and sexual violence are well documented.[122] These settings expose children to grave human rights violations, particularly where deprivation of liberty occurs without judicial oversight or due process.[123] Concerns are further heightened where such facilities receive public funding, operate with government endorsement, or are subject to inadequate oversight despite documented reports of abuse and a lack of evidence-basedcare.[124]

Strengthening Health Systems

A child rights-based approach to health and welfare requires sustained investment across the full continuum of care, including prevention, education, early identification, early intervention, harm reduction, treatment, recovery, reintegration and ongoing psychosocial support. Strengthening age-appropriate services, improving access to accurate information, and ensuring continuity of care are essential to reducing preventable harms and supporting the healthy development of children and young people.[125]

Integrated, youth-friendly service models can overcome the fragmentation and mistrust that too often deter young people from seeking help. Canada's Youth Wellness Hubs Ontario[126] applies a "one-stop-shop" model of integrated youth services for the 12–25 age group, co-created with young people and offering rapid, walk-in access without any required referrals, previous assessments or diagnoses. These are integrated with adult services to avoid an abrupt transition in care at age 18.[127] Evaluations demonstrate the feasibility of the model and substantial youth engagement across a range of health and social services.[128]

Achieving this also requires a well-trained and adequately resourced workforce - including nurses, social workers and professionals working within justice settings - to ensure that services are child rights-compliant, trauma-informed and effectively coordinated across health, social protection, education and justice systems. Ultimately, protecting the health of children and young people requires health systems that are accessible, trusted and rights-based, rather than responses that rely primarily on criminalisation and coercion.

Child Rights Impact Assessment (CRIA)
KEY QUESTIONS

- *Are health and harm reduction services available, affordable, accessible, developmentally appropriate and responsive to children's needs?*
- *Are age restrictions evidence-based, proportionate and consistent with children's rights?*
- *Do treatment and harm reduction services comply with international human rights standards?*
- *Do health systems integrate drug-related services, sexual and reproductive and mental health, family support and meaningful participation by children and young people?*

PRIORITY ISSUE 2

PROTECTING CHILDREN FROM AVOIDABLE SUFFERING: ACCESS TO ESSENTIAL CONTROLLED MEDICINES

> *"States have an obligation to make all essential medicines on the WHO Model Lists, including paediatric formulations where possible, available, accessible, and affordable."*
> **- UNITED NATIONS COMMITTEE ON THE RIGHTS OF THE CHILD, GENERAL COMMENT NO. 15 (2013)**

PROBLEM STATEMENT

Millions of children worldwide continue to experience avoidable pain, suffering, and inadequate treatment because they cannot access essential controlled medicines. Children requiring pain relief, palliative care, anaesthesia, opioid agonist therapy and treatment for neurological disorders continue to face unnecessary barriers to quality-assured, affordable and age-appropriate medicines, despite the availability of effective treatments. This gap is driven by health systems, regulatory frameworks, and supply chains that are insufficiently designed to meet children's needs, particularly in low- and middle-income countries (LMICs).[129] The gap is further reinforced by persistent stigma surrounding controlled medicines and the conditions they treat,[130] as well as fears of criminal sanctions that discourage legitimate medical prescribing and use in some settings.[131]

RIGHTS CONTEXT

Under Article 24 of the UNCRC, further clarified in General Comment No. 15, children have the right to the highest attainable standard of health, including access to essential medicines and age-appropriate medical care. Denying children access to essential controlled medicines may violate their right to health and, where it results in severe pain or suffering, may also amount to cruel, inhuman or degrading treatment.[132]

POLICY GAPS

The 1961 Single Convention on Narcotic Drugs recognises controlled medicines as "indispensable for the relief of pain and suffering" and requires their availability for medical and scientific purposes. In practice, however, implementation has often placed greater emphasis on preventing diversion than on ensuring equitable access for legitimate medical need.[133]

Even where broader initiatives to improve access exist, they rarely address paediatric-specific barriers, including the limited availability of age-appropriate formulations, weak child health data systems, and insufficient clinical guidance. Despite repeated Commission on Narcotic Drugs (CND) resolutions on access to controlled medicines, only one has explicitly focused on children's needs.[134]

As a result, children's access to essential controlled medicines remains insufficiently prioritised within drug policy, despite clear obligations under international human rights law. Future reforms to the international drug control system should explicitly recognise children's equitable access to essential controlled medicines as a public health, child rights and drug policy priority.

GLOBAL SNAPSHOT

Despite longstanding international recognition of the medical importance of controlled medicines, major inequities in access persist, with children among those most affected. The following figures illustrate the scale of this gap:

- Up to 21 million children globally need palliative care each year.[135]
- Approximately 10.6 million individuals aged 0–19 experience serious health-related suffering annually; 96% live in LMICs.[136]
- Over 5 million children under the age of 15 live with treatable but unrelieved conditions.[137]
- Over 80% of people globally in need of essential opioid medicines lack adequate access.[138]

CONSEQUENCES

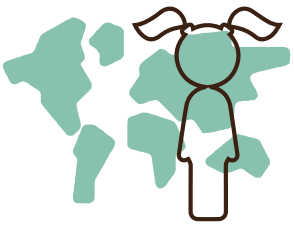
- Avoidable suffering for children and families, including untreated pain, distress and emotional trauma.
- Delayed or denied treatment for conditions requiring controlled medicines, including palliative care, epilepsy, anaesthesia, and opioid agonist therapy.
- Compromised care when essential controlled medicines are unavailable and children receive inadequate or inappropriate alternatives.
- Normalisation of children's pain and suffering, with untreated symptoms accepted as an inevitable consequence of weak health systems and restrictive drug policies.
- Ethical distress among clinicians when effective medicines exist but regulatory barriers and fear of sanctions discourage legitimate medical use.
- Erosion of trust in health and drug policy systems when preventing diversion is prioritised over ensuring access to essential treatment.

ILLUSTRATIVE CASE

Children with cancer and other life-limiting conditions often require liquid oral morphine to ensure accurate dosing and ease of administration. Yet in many low- and middle-income countries, these formulations remain unavailable because of restrictive regulations, supply-chain barriers, and limited health-worker training. Uganda is one of the few low-income countries to have significantly expanded access to oral morphine for children through locally produced liquid formulations, by authorising specially trained nurses to prescribe morphine and integrating paediatric palliative care into hospital- and community-based services supported by an adequate supply.[139] *This experience demonstrates that unnecessary barriers to children's access to essential controlled medicines can be overcome, even in resource-constrained settings, through appropriate regulatory reform, workforce development and reliable supply systems.*

RECOMMENDATIONS:

- **Rebalance drug policy accountability:** Rebalance drug policy to fulfil the dual obligation to prevent diversion while ensuring access by removing unnecessary regulatory barriers that exceed international requirements and restrict the prescribing, dispensing, storage, and supply of controlled medicines for legitimate medical use, including in paediatric care.
- **Strengthen international accountability:** Translate international commitments into measurable accountability, with indicators and reporting on availability, affordability, and use of essential controlled medicines, including paediatric formulations.
- **Embed children's needs in policy:** Create incentives to develop, register, procure and supply age-appropriate formulations and ensure that children are systematically integrated into medicine policy, regulation and financing.
- **Close knowledge gaps:** Strengthen data, research, technical guidance, training and clinical protocols for health professionals on children's needs for, and the appropriate use of, controlled medicines; and document the consequences of untreated pain and other unmet health needs among children.



EDUCATION, LEISURE, AND CULTURE

UNCRC Articles 28-29, 31

Education, leisure, recreation and cultural participation are fundamental to children's development and well-being. Yet drug policies and their enforcement can undermine these rights by weakening the protective environments in which children learn, play and thrive.[140]

Article 28 of the UNCRC recognises the right to education and affirms that school discipline must respect children's dignity. Article 31 protects the rights to leisure, play and recreation, which are essential to well-being, resilience and a sense of belonging. In General Comment No. 17 (2013)[141], the Committee on the Rights of the Child emphasises that these rights are fundamental to children's physical, mental, social and emotional development, and that States must ensure safe, inclusive and supportive environments, particularly for children experiencing marginalisation. These protections are especially relevant to drug policy, where enforcement practices and punitive responses should not undermine children's access to education, play; recreation or cultural life.

VOICE FROM THE CONSULTATIONS

"I'm from a city in northeast Brazil called Recife, where 26% of the city is favela. That means that the State presence is not the way it is in other areas of the city. So if it's not the official State that governs that area, [it] is the illegal market. If it's not the illegal market, it's a partnership market, the State and militias. This is very common in other parts of Brazil, such as Rio de Janeiro. That is fuelled by the illegal market of drugs and guns, with the unofficial support of State actors. So the youth and the people who live in the area do not perceive the State in the same way, and they suffer in a way that is completely not considered in other areas of the city. When there's a police raid, they cannot go to school, they cannot go to the hospital. People cannot leave their homes, and even if they stay at home, they might be shot". -**YOUNG PERSON, BRAZIL**

Schools as a Protective Environment

A child rights-based approach recognises that schools, recreational spaces, cultural institutions and community activities are safe and protective environments that foster children's development, well-being and social inclusion. Drug policies should strengthen, rather than undermine, these environments. Responses to drug use within educational and community settings should therefore prioritise support, inclusion and access to services over punishment, exclusion or criminalisation.

Practices such as school-based drug testing, strip searches and exclusionary disciplinary measures - including suspension or expulsion on suspicion of drug use - may increase children's contact with the criminal justice system while disrupting educational trajectories and long-term opportunities.[142] Such measures can undermine trust in educational institutions, discourage help-seeking and reinforce stigma associated with drug use.[143]

Exclusionary disciplinary measures may have particularly harmful effects on children and young people already experiencing social disadvantage. Suspension, expulsion, criminal records and school-based law enforcement interventions can disrupt educational trajectories, increase absenteeism, weaken relationships with supportive adults and institutions, and contribute to long-term social exclusion.[144] These impacts are often concentrated among children and young people from low-income communities, racial and ethnic minorities, Indigenous peoples and other marginalised groups.[145]

In communities affected by intensive policing or security operations linked to drug control, children and young people may experience restrictions on movement, increased exposure to violence and disruption to everyday life, directly affecting their ability to attend school, learn and play; with potentially long-term consequences for their development, well-being and mental health.[146]

Leisure, Recreation and Resilience

Children affected by drug policies, parental incarceration, family separation or drug-related violence may also lose access to safe recreational spaces, sports programmes and cultural activities that promote resilience, social connection and well-being. Policing practices may deter children from using public spaces[147], while underinvestment in youth services further limits opportunities for healthy development.[148] These losses are particularly significant for children living in communities affected by poverty, marginalisation or violence associated with illicit drug markets.

Participation in the arts, sport, recreation and cultural activities strengthens social connections, supports mental health, fosters a sense of belonging and creates opportunities for positive engagement within communities.[149] Access to these opportunities is especially important for children and young people who are at risk of - or are exposed to - violence, exclusion or involvement in illicit drug economies (see Priority Issue 4), as well as those who use drugs.

Programmes that provide educational, artistic and recreational opportunities have demonstrated positive outcomes in reducing vulnerability to involvement in illicit drug markets and violence while strengthening community cohesion. For example, the COMPAZ Peace Centres in Recife, Brazil - modelled on initiatives in Medellín, Colombia - provide education, arts, sport, digital access and community services for young people in vulnerable communities outside school hours.[150] These initiatives demonstrate how sustained community investment can strengthen resilience, expand opportunities and reduce vulnerability to violence and involvement in illicit drug markets.

Strengthening Protective Environments

A child rights-based approach to education, leisure and culture requires drug policies that support children's inclusion, participation and development. Schools and community settings should provide evidence-based education, psychosocial support, social and emotional learning, caregiver support, and opportunities for recreation, the arts, sport and cultural engagement. Strengthening school and community connectedness, positive relationships with trusted adults, and supportive family environments can enhance resilience, promote mental health and reduce children's vulnerability to violence, exploitation and drug-related harms.[151] Investment in safe and accessible public spaces, youth services and community-based programmes can enhance resilience, reduce vulnerability to violence and exploitation, and promote education, play, leisure and cultural participation.

VOICE FROM THE CONSULTATIONS

"Mutual aid has been critical - making sure families can get kids to school and pick them up during enforcement actions. School districts have collaborated to protect kids in these situations". -**LAWYER, MEXICO**

Creating supportive educational and community environments is essential to protecting the rights and promoting the health, well-being and development of children and young people. For those who use drugs, however, these protective environments must also include access to age-appropriate health services and harm reduction, as discussed in Priority Issue 3.

Child Rights Impact Assessment (CRIA)
KEY QUESTIONS

- *Do school responses to drug use prioritise support, inclusion and education over punishment or exclusion?*
- *Do drug policies interfere with children's access to education, play, recreation or cultural participation?*
- *Are safe, inclusive and accessible recreational, sporting and cultural opportunities available to all children and young people?*

PRIORITY ISSUE 3

PROTECTING CHILDREN AND YOUNG PEOPLE FROM PREVENTABLE DRUG-RELATED HARMS

"One key barrier, not just in my context but in much of Asia, is that harm reduction comes with very high barriers to service, if services exist at all... One strategy that could help is holding service providers accountable to medical standards of 'do no harm', regardless of sexuality or gender identity".

-**YOUNG PERSON, MALAYSIA**

PROBLEM STATEMENT

Children and young people continue to experience preventable drug-related harms because evidence-based health and social services remain inaccessible, unavailable or inappropriate.[152] Punitive laws, age restrictions, parental consent requirements, abstinence-only approaches, and stigma frequently prevent timely access to care.[153] As drug markets become increasingly volatile[154], young people are exposed to heightened risks of overdose, infectious diseases, mental health harms, criminalisation, and social exclusion. Protecting children and young people requires policies that acknowledge these realities and ensure access to evidence-based interventions that reduce immediate harms while supporting healthy development. Child- and youth-friendly harm reduction should form part of a continuum of prevention, treatment, recovery, mental health and social support services, reducing immediate risks while facilitating engagement with care.

RIGHTS CONTEXT

Under UNCRC Articles 6, 24, and 33, children have the rights to life, health, development, and protection from drug-related exploitation. Evidence demonstrates that harm reduction interventions reduce preventable deaths and other health harms while facilitating engagement with health and social services.[155]

The 2024 report of the UN Special Rapporteur on the right to health concludes that punitive drug laws adversely affect the right to health. It recommends decriminalising personal use and possession, and calls on States to avoid prosecuting health-care and harm reduction providers, and to ensure that law enforcement does not target needle and syringe programmes (NSPs), supervised consumption sites, or health facilities.[156] Similar concerns were raised by the Office of the United Nations High Commissioner for Human Rights (OHCHR), which has called on States to develop accessible, youth-friendly drug dependence treatment and harm reduction services tailored to children's age and circumstances.[157]

Yet punitive policies, abstinence-only approaches and the absence of youth-specific programming continue to undermine access to care. Consistent with UNCRC Articles 5 and 12, children and young people should be able to access confidential, age-appropriate services and participate in decisions affecting their health, in accordance with their evolving capacities.

POLICY GAPS

- The United Nations Commission on Narcotic Drugs (CND) has never adopted a resolution specifically addressing harm reduction for children and young people. In its resolution 67/4 addressing overdose prevention and response, references to children are limited to early prevention measures aimed at promoting their safe and healthy development, without addressing youth-specific harm reduction approaches or services.[158]
- The Committee on the Rights of the Child has repeatedly affirmed, including in General Comment No. 3 on HIV/AIDS and in several Concluding Observations, that treatment and support obligations include child- and youth-friendly harm reduction services.[159]
- National laws and policies frequently criminalise drug use, possession and related conduct such as carrying or distributing harm reduction equipment, while also further restricting access to harm reduction services for younger populations. Child- and youth-specific barriers include age limits, parental consent or notification requirements, mandatory reporting concerns, and formal exclusions from services.[160]

- Services remain fragmented, under-resourced and rarely designed with children and young people in mind. Young people, particularly those who use drugs, continue to be excluded from programme design, implementation and evaluation.[161]

As a result, the specific health needs of children and young people remain largely absent from drug policy discussions on harm reduction, despite clear evidence that age-appropriate services save lives and improve health outcomes.

GLOBAL SNAPSHOT

- Drug-related mortality and morbidity disproportionately affect adolescents and young adults, peaking among people aged 15–24.[162]
- Youth overdose deaths are increasing in several regions (e.g. the United States[163] and parts of Europe[164]) due to toxic and unpredictable drug supplies.
- Youth-specific harm reduction services remain rare.[165]
- Transition to adulthood often results in interruptions in care due to a lack of health systems strategies and coordination.[166]
- The prevalence of drug use among young people (ages 15-24) is similar to -or higher than- among adults, but young people who inject drugs are 50% more likely to acquire HIV and hepatitis C.[167]

CONSEQUENCES

- Preventable overdose deaths and other drug-related emergencies, together with increased risks of HIV, hepatitis C, and other infectious diseases.
- Stigma and fear of criminalisation delays or interrupts care-seeking, reducing opportunities for early intervention and long-term support through health, treatment and social services.
- Increased mistrust of health services and public institutions among young people.[168]
- Social exclusion, worsening mental health outcomes, and disengagement from education and social support systems.[169]

ILLUSTRATIVE CASE

Following reported student overdoses[170], in 2023 New York City introduced naloxone into public schools[171] and trained school nurses and other staff to recognise and respond to overdoses.[172] Early evidence suggests these measures improved school preparedness, strengthened staff confidence and increased awareness while helping to reduce stigma.[173] The experience demonstrates that evidence-based overdose prevention can be safely integrated into educational settings, improving children's safety and access to life-saving care. A pilot evaluation of the "Safety First" curriculum in public high schools in New York City and San Francisco found significant improvements in harm reduction knowledge and behaviours, including recognising opioid overdose, alongside reductions in self-reported substance use.[174]

RECOMMENDATIONS

- **Ensure age-appropriate services:** Provide confidential, evidence-based services that reflect the evolving capacities of children and young people.
- **Remove legal barriers:** Review age-based restrictions and punitive laws that prevent access to life-saving interventions.
- **Integrate services:** Integrate harm reduction within broader protection, treatment, mental health, education and social support systems.
- **Strengthen participation:** Meaningfully involve young people, especially those who use drugs, in designing, implementing and evaluating services.
- **Strengthen accountability:** Ensure sustained funding, strengthen cross-sectoral coordination, and improve monitoring of health outcomes.
- **Overdose prevention:** Expand access to overdose prevention measures, including overdose education and naloxone, in relevant settings.

MINORITIES AND INDIGENOUS RIGHTS

UNCRC Articles 2 and 30

Children from racial and ethnic minority groups, Indigenous communities, migrant or displaced backgrounds, and low-income households are disproportionately affected by punitive drug policies and their associated harms. These impacts intersect with structural inequalities, discrimination and historical injustices that shape children's lived experiences. In many regions, drug law enforcement disproportionately targets minority and Indigenous communities, resulting in intensified surveillance, frequent stop-and-search practices, and coercive interventions that erode trust in public institutions while restricting children's access to education, play and other rights.[175]

Article 2 of the UNCRC requires States to ensure that all children enjoy their rights without discrimination of any kind and to address the structural inequalities that place some groups of children at heightened risk of harm. UNCRC Article 30 further recognises the rights of Indigenous children and children belonging to ethnic, religious or linguistic minorities to enjoy their own culture, practise their religion and use their own language. Drug policies must therefore address the disproportionate impacts of criminalisation and enforcement on minority and Indigenous communities while ensuring the protection of their rights and their meaningful participation in the design, implementation and evaluation of policies and services.

VOICE FROM THE CONSULTATIONS

"I work in Montréal with people who use drugs. We're very privileged in terms of services, but most people using our services are white. We lack an intercultural approach. Central Montréal is diverse, but services aren't reaching everyone equally".

-YOUNG HARM REDUCTION SERVICE WORKER, CANADA

Historical Injustices and Overrepresentation

Indigenous children and young people are significantly overrepresented in juvenile justice systems in countries with histories of colonisation and dispossession. In Canada, Indigenous youth comprise approximately 8% of the youth population but account for 46% of young people admitted to the corrections system, with Indigenous female youth representing a disproportionate share of all female youth admitted to provincial and territorial corrections systems.[176] In Australia, Aboriginal and Torres Strait Islander young people are detained at rates more than 20 times higher than their non-Indigenous peers.[177] In the United States, Indigenous youth are also significantly more likely than their white peers to experience detention, reflecting persistent systemic inequalities.[178]

Indigenous families are similarly overrepresented in child protection systems. In Australia, First Nations children were around seven times more likely than non-Indigenous children to receive child protection services in 2023-2024.[179] Overrepresentation also increased as interventions became more intrusive.[180] In Canada, Indigenous children represented 53.8% of children in foster care in 2021 despite accounting for only 7.7% of the child population under 15.[181]

Parental drug use - often occurring in the context of poverty, intergenerational trauma and historical dispossession - can trigger State intervention or child removal, reinforcing patterns of family separation while undermining cultural continuity and community identity.[182] In many cases, assessments fail to recognise Indigenous caregiving systems, including extended kinship networks and culturally grounded approaches to care and healing.[183]

Structural Barriers and Culturally Safe Services

Migrant and refugee children who use drugs may do so in the context of trauma, displacement or socio-economic insecurity, yet responses frequently fail to address these underlying determinants.[184] Children from racial and ethnic minority groups may also encounter barriers to healthcare, harm reduction and social services[185] because of culturally insensitive programming and discriminatory treatment within schools, health services and social protection systems.[186] In some settings,

stereotyping and stigma further contribute to exclusion from youth services and community programmes.[187]

VOICE FROM THE CONSULTATIONS

"When you live with fear every day, drugs feel like something that makes the day shorter".

"No one asked me why I started using drugs. They only asked where I got them".

-MIGRANT CHILDREN, BANGLADESH

These patterns reinforce cycles of over-policing, stigma and marginalisation, undermining the principle of non-discrimination and limiting children's equal enjoyment of their rights. Addressing these inequities requires culturally safe and trauma-informed services, meaningful participation by Indigenous peoples and minority communities, disaggregated data to identify disparities, and sustained investment in community-led responses that strengthen resilience, cultural identity and access to healthcare, education and social support. Such approaches should recognise and strengthen Indigenous and culturally grounded systems of care and healing while ensuring that children from minority and Indigenous communities can enjoy their rights without discrimination and in ways that respect their languages, cultures and identities.

Child Rights Impact Assessment (CRIA)
KEY QUESTIONS

- *Do drug policies have disproportionate impacts on Indigenous children or children from minority communities?*
- *Are discrimination and structural inequalities identified, monitored and actively addressed?*
- *Are services culturally safe, accessible and developed with the meaningful participation of affected communities?*

PRIORITY ISSUE 4

PROTECTING CHILDREN AND YOUNG PEOPLE FROM EXPLOITATION IN THE DRUG ECONOMY

"Children involved in the drug trade are trying to survive – they are exploited by traffickers and should not be treated as criminals." -**YOUTH ADVOCATE FROM MEXICO**

PROBLEM STATEMENT

Children and young people rarely enter the illicit drug economy through genuine choice. More often, their involvement is driven by poverty, violence, coercion, exploitation, social exclusion and limited opportunities.[188] They are exploited in a range of activities, including cultivation, transportation and distribution, yet are too often treated as offenders rather than victims.[189] Punitive drug control measures, including militarised enforcement and crop eradication[190], can further expose children to violence, displacement[191], and other serious harms.[192] In drug-producing areas, families may depend on children's labour in cultivating crops such as coca, opium poppy or cannabis to survive. Elsewhere, children may be recruited by organised criminal groups as lookouts, couriers or in other roles within illicit drug markets. They should be recognised first and foremost as victims of exploitation entitled to protection, rehabilitation and reintegration rather than criminalisation.[193]

RIGHTS CONTEXT

Children have the right to protection from violence, exploitation, and recruitment into and involvement in illicit activities. UNCRC Article 33 explicitly obliges States to prevent the use of children in the production and trafficking of drugs. UNCRC Articles 19, 32, 38, and 39 further require protection from violence and exploitation, safeguards against economic exploitation, hazardous work and armed conflict, and support for recovery and reintegration. The Committee on the Rights of the Child has raised concerns about drug control strategies that harm children's health and development, including the impacts of aerial fumigation in Colombia.[194] United Nations Security Council resolution 2427 emphasises rehabilitation and reintegration, and reinforces approaches that treat children associated with armed groups primarily as victims entitled to protection.[195] The Inter-American Commission on Human Rights (IACHR) has similarly emphasised that children recruited or exploited by organised criminal groups should be approached through child protection frameworks that prioritise prevention, protection, rehabilitation and social inclusion, while ensuring that any justice response remains consistent with children's rights and best interests.[196] No child should be treated as a criminal when their involvement in the drug economy results from exploitation, coercion, or survival strategies rooted in poverty, violence, and exclusion.

POLICY GAPS

International drug control discussions have paid limited attention to preventing and responding to children's exploitation in the illicit drug economy, despite the obligations set out in Article 33 of the UNCRC. Emerging evidence points to the need for comprehensive prevention strategies that address the social and structural drivers of recruitment alongside child protection, education, health, and justiceresponses.[197]

Although international standards recognise that children recruited or exploited by armed groups or criminal organisations should be treated primarily as victims[198], the only CND resolution substantially addressing children's involvement in drug-related activities does not state that children should be treated primarily as victims, nor does it require non-prosecution or diversion for exploited children.[199] Further, there is no consolidated global framework to monitor exploitation within illicit drug economies or the child- and youth- specific impacts of drug control measures such as crop eradication and militarised policing.

At the national level, children and young people involved in drug cultivation, transportation, distribution, or associated violence are frequently processed through criminal justice systems that fail to identify them as victims or refer them to appropriate protection, health, and social services. Child-sensitive identification, referral, diversion, and reintegra-

tion mechanisms remain limited[200], while data on children's exploitation are scarce and fragmented.[201] As a result, children exploited in the drug economy remain insufficiently recognised within international drug policy despite clear obligations under Article 33 of the UNCRC.

Future reforms to the international drug control system should explicitly recognise the prevention of children's exploitation in the drug economy as a child protection and human rights' priority.

GLOBAL SNAPSHOT

- In Mexico, up to 35,000 children and young people are estimated to have been recruited by organised criminal groups between 2006 and 2010. Many of those recruited had already left or been excluded from school. Children, including some as young as 12, have been used as messengers, lookouts and drug transporters and, in more serious cases, in armed violence, kidnapping and killings.[202]
- In Myanmar's Kokang Special Region, the 2002–2003 opium ban deprived many farming households of their main income. Approximately 6,000 children had left school, cutting enrolment by half, and more than one-third of community schools had stopped operating. Some households could no longer afford school fees and sent children into work.[203]
- Recruitment of children by armed groups and criminal organisations linked to illicit economies has been documented across Latin America, Europe, Africa, and Asia.[204]
- Across Europe, organised criminal groups are increasingly recruiting minors at younger ages to act as couriers, lookouts and retail distributors because children are perceived as less likely to attract law-enforcement attention and may face lower criminal penalties.[205]
- In several Southeast Asian countries, children and young people at the intersection of human trafficking and drug trafficking have faced arrest, exploitation, and severe criminal penalties.[206]

CONSEQUENCES

- Coercion into the worst forms of child labour[207], including work that by its nature or circumstances is likely to harm children's health, safety, or moral development.
- Exposure to violence, fear, and trauma.
- Increased risk of arrest, detention, criminal records, and stigma when children are treated as offenders rather than victims.
- Risk of more punitive policy responses, including efforts to lower the age of criminal responsibility, which may further incentivise criminal organisations to recruit younger children.[208]
- Disruption of education, weakening of family and community ties, and reduced access to future opportunities and livelihoods.
- Heightened vulnerability to re-recruitment, further exploitation, and cycles of poverty and exclusion.
- Displacement, food insecurity, loss of household income, and direct physical and long-term health and environmental harms in areas affected by crop eradication or militarised enforcement.

ILLUSTRATIVE CASES

> *Colombia's legal framework combines child protection with specialised juvenile justice. Children under the age of 14 cannot be prosecuted and must instead be referred to protection and rights-restoration services.[209] Adolescents aged 14-17 are dealt with through a specialised juvenile justice system that prioritises educational and restorative measures, with detention used only as a measure of last resort. Colombia also prohibits children from commercialising, distributing, possessing, carrying or consuming drugs under a specific legal framework. Rather than imposing criminal sanctions, however, children under 16 may receive an official warning, while those aged 16 or 17 may be required to take part in a community or educational programme.[210] These measures do not amount to a criminal conviction or record.*

> *Scotland, Mexico and Brazil also provide examples of legal and policy safeguards that recognise children's involvement in drug markets as potentially resulting from trafficking*

or exploitation. In 2024, Scotland introduced revised prosecutorial guidance establishing a strong presumption against prosecuting children under the age of 18 who are victims of trafficking or criminal exploitation, including through county lines drug distribution. Prosecutors are required to investigate indicators of exploitation and to treat the child's best interests as a primary consideration.[211] Mexico's federal anti-trafficking law recognises the use of children in organised criminal activities, including drug production, transport, trafficking and retail drug markets, as a form of exploitation. It places criminal responsibility on those who recruit and exploit children, rather than on the children themselves.[212] In Brazil, research and national judicial guidance recognise involvement in drug trafficking as one of the worst forms of child labour under ILO Convention No. 182[213], encouraging judges to prioritise protection and referral to social services over punitive responses.[214] However, these frameworks do not necessarily guarantee protection from criminalisation. In practice, children involved in drug markets may still face arrest, prosecution, or punitive interventions where indicators of trafficking, exploitation, coercion, or vulnerability are not identified or recognised as sufficient to trigger a child protection response.

RECOMMENDATIONS

- **Protect children from exploitation:** Ensure that children involved in illicit drug economies are identified primarily as victims of exploitation and have access to protection, justice, rehabilitation, and reintegration.
- **Introduce child-sensitive justice responses:** Introduce and apply child protection and referral mechanisms, non-punishment clauses, diversion, and restorative approaches for children recruited or exploited by criminal organisations.
- **Strengthen accountability:** Improve data collection, monitoring, and independent oversight of children's exploitation within illicit drug economies and the impacts of drug control measures.
- **Prevent exploitation:** Address the structural drivers of exploitation by investing in education, social protection, family support, sustainable livelihoods, community resilience, and multi-sector prevention strategies, while ensuring the meaningful participation of affected children and young people in relevant processes.
- **Prevent harmful drug control practices:** Prohibit practices that threaten children's health and development, including aerial fumigation, and avoid indiscriminate drug law enforcement practices that disproportionately affect children and communities.

SPECIAL PROTECTION MEASURES

UNCRC Articles 3, 6, 19, 32, 34, 35 and 39

Under the UNCRC, *Special Protection Measures* refer to the additional obligations of States to protect children exposed to heightened risks of violence, exploitation, abuse, neglect or deprivation of liberty. Grounded in the UNCRC guiding principles of the best interests of the child (Article 3) and the rights to survival, protection and development (Article 6), these measures require safeguards that extend beyond the general protection afforded by the UNCRC. They include protection from violence (Article 19), economic exploitation (Article 32), sexual exploitation and abuse (Article 34), and other forms of serious harm. They also encompass measures that enable children to continue their education, development and social inclusion, ensuring that protective interventions do not themselves undermine children's long-term rights and opportunities.

Many of the issues examined throughout this policy brief - including deprivation of liberty, exploitation, family separation and barriers to healthcare - engage these special protection obligations.

VOICE FROM THE CONSULTATIONS

"I believe that in a country where you cannot protect your children, where children as young as five or ten become not just dependent on drugs, but drug pushers - something is deeply wrong. Once they drop out of primary school, sometimes even earlier, they're taken over by drug traffickers and turned into small dealers, into hunters, so to speak. Such a State is a failed State. Such a society is a sick society".

- **FORMER GOVERNMENT OFFICIAL, MAURITIUS**

Overlapping Vulnerabilities

Children and young people affected by drug policies often experience multiple and intersecting vulnerabilities that extend far beyond drug use itself. Many grow up in contexts shaped by poverty, instability, violence or criminalisation, and may assume caregiving and other adult responsibilities at an early age. Yet drug policies frequently fail to reflect these realities, instead focusing on school-based prevention or interventions designed around nuclear family structures, with insufficient attention to children living independently, in alternative care or undertaking significant caregiving responsibilities.

The impacts of drug policies are further shaped by intersecting forms of disadvantage -including poverty, race, gender, disability, migration status, sexual orientation and gender identity, and Indigenous identity - which often result in disproportionate harms for children who are already marginalised. These vulnerabilities may be compounded by exploitation and recruitment into illicit drug economies, exposure to violence and over-policing, increasing the risks of arrest, institutionalisation, educational exclusion and long-term social disadvantage.

Protective and Restorative Responses

Children and young people affected by or involved in illicit drug economies are too often viewed primarily through a criminal justice lens rather than as children entitled to protection, care and support. Responses centred solely on criminalisation or punishment risk compounding these harms and increasing vulnerability to exploitation and re-recruitment (see Priority Issue 4).[215]

Special protection measures require coordinated responses across child protection, health, education, justice and social protection systems. These responses should prioritise early identification, referral, family and community support, trauma-informed services, diversion from the criminal justice system, and long-term rehabilitation and reintegration. Particular attention should be given to children experiencing multiple and intersecting vulnerabilities, including those living independently, caring for family members, affected by displacement or conflict, or recruited into illicit drug economies.

A child rights-based approach requires that children and young people affected by drug policies

be recognised first and foremost as rights-holders. Because children affected by drug policies rarely experience a single vulnerability in isolation. States should adopt coordinated, protective, restorative and non-punitive responses that address the full range of risks they face. Such responses should uphold children's and young people's dignity, strengthen their resilience, promote recovery and reintegration, and enable them to realise their full potential.

Child Rights Impact Assessment (CRIA)
KEY QUESTIONS

- *Are children who are at risk of, or exposed to, exploitation, violence or recruitment into illicit drug economies systematically identified and protected?*
- *Do responses prioritise protection, recovery and reintegration over punishment?*
- *Are interventions evidence-based, trauma-informed and consistent with children's rights, including appropriate support services?*

RECOMMENDATIONS
A CHILD RIGHTS-BASED AGENDA FOR DRUG POLICY REFORM

The Global Commission on Drug Policy calls on governments, United Nations agencies, regional organisations, civil society and other relevant stakeholders to place the rights, health and well-being of children and young people at the centre of drug policy. Building on the United Nations Convention on the Rights of the Child (UNCRC), international human rights law and the evidence presented in this policy brief, the Global Commission recommends the following priorities for action.

These recommendations are mutually reinforcing and should be implemented as part of a comprehensive child rights-based approach to drug policy. Progress will require coordinated action across health, education, child protection, justice, social protection and development sectors, as well as meaningful collaboration with children, young people, families, civil society and affected communities.

Taken together, these recommendations provide a practical agenda for aligning drug policy with the rights, health and well-being of children and young people. Implementing them will require political leadership, sustained investment and meaningful collaboration across sectors. Protecting children's rights is not an additional objective of drug policy - it is fundamental to achieving its public health, human rights and sustainable development goals.

1. Place children's rights at the centre of drug policy

Ensure that all drug laws, policies and programmes are designed, implemented and evaluated in accordance with the UNCRC. The best interests of the child should be a primary consideration in all decisions affecting children, while respecting their rights to health, development, participation and protection from discrimination, violence and exploitation.

This should include:

- Commissioning an independent Global Study on Drug Policy and Child Rights to assess the impacts of drug policies and drug control measures on children worldwide and identify pathways for reform. Under Article 45(d) of the UNCRC, the Committee on the Rights of the Child could recommend that the General Assembly request such a study.
- Ensuring that the CND Expert Panel established under Resolution 68/6 explicitly addresses children's rights and the impacts of drug policy on children and young people.
- Strengthening the systematic collection, analysis and dissemination of child- and youth-disaggregated data within UNODC and the INCB, including in the World Drug Report.
- Establishing permanent mechanisms for meaningful youth participation in international drug policy processes, including a Youth Advisory Board on Drug Policy.

2. Address the social determinants of vulnerability

Drug policies should address the social, economic and structural factors that increase children's and young people's vulnerability to drug-related harms, including poverty, violence, adverse childhood experiences, school exclusion, housing instability and limited access to health and social services.

This should include:

- Prioritising investment in health, education, housing, child protection and social protection over punitive enforcement.

- Improving collaboration between child rights, drug policy reform and harm reduction organisations, youth-led organisations, health professionals, researchers, service providers and policymakers.
- Investing in early intervention, family support and community-based programmes including harm and violence prevention.
- Supporting research on the social determinants of drug-related harms and the effectiveness of community-based responses.

3. Strengthen integrated child- and youth-centred care

Children and young people should have access to age-appropriate, evidence-based and voluntary services across a continuum of care, including prevention, harm reduction, treatment, recovery support, mental healthcare, sexual and reproductive healthcare, and social support.

This should include:

- Expanding access to child- and youth-friendly health services, harm reduction and mental healthcare.
- Removing unnecessary legal and policy barriers that restrict access to confidential health services.
- Integrating mental health, substance use, sexual and reproductive health and family support within child- and youth-centred models of care.
- Ensuring that treatment is voluntary, evidence-based and consistent with international human rights standards.
- Supporting peer-led and community-based services developed with children and young people.

4. Ensure equitable access to essential controlled medicines

States should ensure that children and young people have equitable access to essential controlled medicines for pain relief, palliative care, mental health and other legitimate medical purposes, while maintaining appropriate safeguards against diversion.

This should include:

- Removing unnecessary legal and regulatory barriers to medical access.
- Improving procurement and availability of paediatric formulations.
- Strengthening health worker education on safe prescribing and pain management.
- Integrating access to controlled medicines into universal health coverage and child health programmes.
- Monitoring inequities in access through national health information systems.

5. Strengthen families and prevent unnecessary family separation

Children should not be separated from their families solely because of parental drug use. Policies should prioritise family preservation, support caregiving capacity and address the underlying factors pertaining to child welfare interventions.

This should include:

- Expanding voluntary family-centred treatment and harm reduction services.
- Assisting parents in their child rearing responsibilities, including through strengthened parenting support, psychosocial services and social protection.
- Developing alternatives to parental imprisonment where appropriate.
- Supporting kinship and community-based care.
- Ensuring that any separation is based on an individualised assessment of the child's best interests and subject to regular review.

6. Invest in protective environments

Drug policies should help create protective environments in which children and young people can learn, play and develop safely, by strengthening families, schools, communities and public spaces.

This should include:

- Promoting evidence-based drug education that supports informed decision-making.
- Ending exclusionary disciplinary practices that unnecessarily remove children and youth from education.
- Investing in safe public spaces, arts, sport, recreation and mentoring programmes.
- Expanding community-based child and youth services, particularly in disadvantaged communities.
- Strengthening schools as settings for early identification, support and referral rather than punishment.

7. Reduce criminalisation and strengthen child-centred justice

Responses to drug use and involvement in illicit drug economies should prioritise prevention, diversion, rehabilitation and community-based support rather than criminalisation and deprivation of liberty.

This should include:

- Expanding diversion programmes and alternatives to prosecution.
- Ensuring that children are not criminalised for drug use or possession for personal use and are instead referred to voluntary, evidence-based health, social and support services.
- Providing non-custodial measures and ensuring deprivation of liberty is used only as a measure of last resort and for the shortest appropriate period of time.
- Prohibiting compulsory drug detention and coercive treatment for children and young people.
- Providing rehabilitation and reintegration services that support education, employment and family relationships.
- Ensuring that no child is ever sentenced to death or executed for a drugrelated offence, in accordance with international human rights law.
- Training police, prosecutors, judges, child protection authorities, social workers, health professionals, prison personnel and other relevant actors on children's rights, child-friendly justice and child-sensitive identification and referral mechanisms.

8. Protect children and young people from exploitation and recruitment into illicit drug economies

Children and young people involved in illicit drug economies should be recognised primarily as victims in need of protection.

This should include:

- Strengthening child protection systems to identify children at risk of exploitation.
- Providing safe exit pathways from exploitation through education, social protection and employment opportunities.
- Expanding trauma-informed and restorative responses.
- Improving coordination between child protection, education, health and justice systems.
- Addressing the social and economic drivers of recruitment into illicit drug markets.

9. Promote culturally safe and equitable responses

Drug policies should address structural discrimination affecting Indigenous peoples, racial and ethnic minorities, migrants, displaced populations and other marginalised communities. States, international and regional organisations should ensure that resources are allocated equitably and prioritised towards communities and populations disproportionately affected by drug policies and drug-related harms.

This should include:

- Supporting culturally safe and community-led services.
- Recognising Indigenous systems of care, healing and kinship.
- Collecting disaggregated data to identify and address inequalities.
- Ensuring meaningful participation of affected communities in policy development.
- Investing in culturally appropriate prevention, treatment and social support.
- Directing sustained resources towards community-led prevention, health, harm reduction, treatment, social protection and other support services in disproportionately affected communities, including minority, racial and ethnic, and Indigenous communities.

10. Ensure meaningful participation of children and young people

Children and young people should be meaningfully involved in the development, implementation, monitoring and evaluation of drug policies and programmes affecting them, consistent with Article 12 of the UNCRC.

This should include:

- Establishing permanent youth advisory mechanisms in policymaking bodies at all levels.
- Supporting peer-led organisations and networks.
- Involving children and young people in research and programme evaluation.
- Providing accessible information to enable informed participation.
- Ensuring that participation is inclusive, safe and representative of diverse experiences.

11. Strengthen evidence, monitoring and accountability

States and international organisations should strengthen evidence, monitoring and accountability to ensure that drug policies respect, protect and fulfil the rights of children and young people.

This should include:

- Systematically applying Child Rights Impact Assessments (CRIAs) to proposed drug laws, policies and programmes.
- Strengthening child-sensitive indicators and disaggregated data collection.
- Monitoring the impacts of drug policy on children's rights through independent oversight mechanisms.
- Integrating child rights indicators into national drug strategies and reporting processes.
- Promoting cross-sectoral coordination across health, education, child protection, justice and social welfare systems.

GLOSSARY

Child Rights-Based Approach: An approach that integrates the principles, rights and obligations of the UNCRC into laws, policies and programmes. It recognises children as rights-holders, requires their best interests to be a primary consideration, promotes meaningful participation, and seeks to ensure that all children enjoy their rights without discrimination.

Child Rights Impact Assessment (CRIA): A systematic process used to assess the likely effects of proposed or existing laws, policies, programmes or budgets on children's rights. CRIAs help ensure that decision-making is consistent with States' obligations under the UNCRC and identify potential unintended consequences.

Children: Under Article 1 of the UNCRC, a child is every human being below the age of 18 years unless majority is attained earlier under national law.

Commission on Narcotic Drugs (CND): The principal United Nations policymaking body on international drug control. A functional commission of the UN Economic and Social Council (ECOSOC), it reviews the global drug situation, adopts resolutions and policy decisions, and decides whether substances should be placed under international control or rescheduled under the international drug control conventions.

Decriminalisation: The removal of criminal penalties for specified conduct, such as drug use or possession for personal use. Decriminalisation does not necessarily legalise the behaviour but replaces criminal sanctions with health, social or administrative responses.

Deprivation of Liberty: Any form of detention, imprisonment or placement in a custodial setting from which a person is not free to leave. Under Article 37 of the UNCRC, deprivation of liberty of children should be used only as a measure of last resort and for the shortest appropriate period.

Diversion: Measures that direct children away from formal criminal justice proceedings towards community-based, educational, health or social interventions. Diversion aims to promote rehabilitation while avoiding the harmful consequences of criminalisation.

Essential Controlled Medicines: Controlled medicines included in the WHO Model Lists of Essential Medicines because they are considered necessary to meet priority health needs. They include medicines used for pain relief, palliative care, anaesthesia, opioid agonist therapy, epilepsy and other health conditions. Ensuring their availability while preventing diversion is a core obligation of the international drug control conventions.

Harm Reduction: Policies, programmes and practices designed to reduce the health, social and economic harms associated with drug use without necessarily requiring abstinence as a precondition for support. Within this policy brief, harm reduction forms part of a broader continuum of prevention, treatment, recovery, mental health and social support, consistent with children's rights and evolving capacities.

International Drug Control Conventions: The three United Nations treaties forming the legal framework for international drug control: the 1961 Single Convention on Narcotic Drugs (as amended), the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

International Narcotics Control Board (INCB): The independent expert body responsible for monitoring States' implementation of the three international drug control conventions. It works with governments to promote compliance, monitors the licit production and availability of controlled substances for medical and scientific purposes, and assesses the functioning of national and international drug control systems. The INCB also publishes annual reports and thematic recommendations on developments in international drug policy.

Joint United Nations Programme on HIV/AIDS (UNAIDS): The United Nations programme coordinating the global response to HIV. UNAIDS addresses the relationship between punitive drug policies, stigma, criminalisation and HIV risk, and supports evidence-based harm reduction services for people who use drugs.

Legalisation: The removal of legal prohibitions on specified activities relating to controlled substances, accompanied by the establishment of a legal framework governing their production, supply, sale and use. Legalisation does not necessarily imply the absence of regulation; in practice, legal markets are typically subject to public health, safety and consumer protection measures.

Regulation (or Legal Regulation): The framework of laws, regulations and administrative measures governing the production, manufacture, distribution, sale, possession and use of controlled substances. Regulatory approaches may include licensing, quality standards, age restrictions, taxation, marketing controls, product labelling and other measures designed to protect public health, safety and human rights.

United Nations Convention on the Rights of the Child (UNCRC): The principal international treaty protecting the rights of children, adopted by the United Nations General Assembly in 1989. The UNCRC defines a child as every person below the age of 18 unless majority is attained earlier under national law and establishes legally binding obligations for States to respect, protect and fulfil children's rights. It is guided by four general principles: non-discrimination, the best interests of the child, the right to life, survival and development, and the right of the child to be heard.

United Nations General Assembly Special Session (UNGASS): A special session of the United Nations General Assembly convened to address a particular global issue. In drug policy, "UNGASS" most commonly refers to the 2016 Special Session on the World Drug Problem, held from 19 to 21 April 2016. Its outcome document, *Our joint commitment to effectively addressing and countering the world drug problem*, contains operational recommendations covering health, access to controlled medicines, human rights, children and young people, development, criminal justice and international cooperation.

United Nations Office on Drugs and Crime (UNODC): The United Nations entity responsible for supporting Member States in addressing drugs, organised crime, corruption, terrorism and criminal justice. In the drug policy field, UNODC conducts research, publishes the World Drug Report, provides technical assistance and serves as the secretariat of the Commission on Narcotic Drugs.

UN System Common Position on Drug Policy: A framework adopted by the United Nations System Chief Executives Board for Coordination (CEB) in 2018 to promote coherent, human rights-based and evidence-informed action across United Nations entities in implementing international drug policy commitments. Its implementation is supported by the UN Inter-Agency Task Force on Drug Policy, which brings together relevant United Nations entities to strengthen system-wide coordination and joint action on issues including health, human rights, development and criminal justice.

World Health Organization (WHO): The United Nations specialised agency for health. Through its Expert Committee on Drug Dependence, WHO assesses the medical uses, dependence potential and public health risks of substances and makes recommendations to the Commission on Narcotic Drugs concerning their international scheduling under the 1961 and 1971 Conventions.

Young people (or youth): There is no universally agreed definition of youth. For statistical purposes, the United Nations generally defines youth as persons aged 15–24 years, while the World Health Organization distinguishes adolescents (10–19 years), youth (15–24 years), and young people (10–24 years). This policy brief adopts a flexible understanding of youth that reflects international practice while recognising that legal definitions vary across jurisdictions.

ANNEX

A SUMMARY OF THE UN CONVENTION ON THE RIGHTS OF THE CHILD

ARTICLE 1 (definition of the child)
Everyone under the age of 18 has all the rights in the Convention.

ARTICLE 2 (non-discrimination)
The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.

ARTICLE 3 (best interests of the child)
The best interests of the child must be a top priority in all decisions and actions that affect children.

ARTICLE 4 (implementation of the Convention)
Governments must do all they can to make sure every child can enjoy their rights by creating systems and passing laws that promote and protect children's rights.

ARTICLE 5 (parental guidance and a child's evolving capacities)
Governments must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices.

ARTICLE 6 (life, survival and development)
Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

ARTICLE 7 (birth registration, name, nationality, care)
Every child has the right to be registered a birth, to have a name and nationality, and, as far as possible, to know and be cared for by their parents.

ARTICLE 8 (protection and preservation of identity)
Every child has the right to an identity. Governments must respect and protect that right, and prevent the child's name, nationality or family relationships from being changed unlawfully.

ARTICLE 9 (separation from parents)
Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). Children whose parents have separated have the right to stay in contact with both parents, unless this could cause them harm.

ARTICLE 10 (family reunification)
Governments must respond quickly and sympathetically if a child or their parents apply to live together in the same country. If a child's parents live apart in different countries, the child has the right to visit and keep in contact with both of them.

ARTICLE 11 (abduction and non-return of children)
Governments must do everything they can to stop children being taken out of their own country illegally by their parents or other relatives, or being prevented from returning home.

ARTICLE 12 (respect for the views of the child)
Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

ARTICLE 13 (freedom of expression)
Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.

ARTICLE 14 (freedom of thought, belief and religion)
Every child has the right to think and believe what they choose and also to practise their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights and responsibilities of parents to guide their child as they grow up.

ARTICLE 15 (freedom of association)
Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

ARTICLE 16 (right to privacy)
Every child has the right to privacy. The law should protect the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.

ARTICLE 17 (access to information from the media)
Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them.

ARTICLE 18 (parental responsibilities and state assistance)
Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

ARTICLE 19 (protection from violence, abuse and neglect)
Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

ARTICLE 20 (children unable to live with their family)
If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language and religion.

ARTICLE 21 (adoption)
Governments must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests. Children should only be adopted outside of their country if they cannot be placed with a family in their own country.

ARTICLE 22 (refugee children)
If a child is seeking refuge or has refugee status, governments must provide them with appropriate protection and assistance to help them enjoy all the rights in the Convention. Governments must help refugee children who are separated from their parents to be reunited with them.

ARTICLE 23 (children with a disability)
A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.

ARTICLE 24 (health and health services)
Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

ARTICLE 25 (review of treatment in care)
If a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.

ARTICLE 26 (social security)
Every child has the right to benefit from social security. Governments must provide social security, including financial support and other benefits, to families in need of assistance.

ARTICLE 27 (adequate standard of living)
Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.

ARTICLE 28 (right to education)
Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

ARTICLE 29 (goals of education)
Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

ARTICLE 30 (children from minority or indigenous groups)
Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.

ARTICLE 31 (leisure, play and culture)
Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

ARTICLE 32 (child labour)
Governments must protect children from economic exploitation and work that is dangerous or might harm their health, development or education. Governments must set a minimum age for children to work and ensure that work conditions are safe and appropriate.

ARTICLE 33 (drug abuse)
Governments must protect children fromthe illegal use of drugs and from being involved in the production or distribution of drugs.

ARTICLE 34 (sexual exploitation)
Governments must protect children from all forms of sexual abuse and exploitation.

ARTICLE 35 (abduction, sale and trafficking)
Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.

ARTICLE 36 (other forms of exploitation)
Governments must protect children from all other forms of exploitation, for example the exploitation of children for political activities, by the media or for medical research.

ARTICLE 37 (inhumane treatment and detention)
Children must not be tortured, sentenced to the death penalty or suffer other cruel or degrading treatment or punishment. Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care, and be able to keep in contact with their family. Children must not be put in prison with adults.

ARTICLE 38 (war and armed conflicts)
Governments must not allow children under the age of 15 to take part in war or join the armed forces. Governments must do everything they can to protect and care for children affected by war and armed conflicts.

ARTICLE 39 (recovery from trauma and reintegration)
Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

ARTICLE 40 (juvenile justice)
A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to legal assistance and a fair trial that takes account of their age. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate into society.

ARTICLE 41 (respect for higher national standards)
If a country has laws and standards that go further than the present Convention, then the country must keep these laws.

ARTICLE 42 (knowledge of rights)
Governments must actively work to make sure children and adults know about the Convention.

The Convention has 54 articles in total. Articles 43–54 are about how adults and governments must work together to make sure all children can enjoy all their rights, including:

ARTICLE 45
Unicef can provide expert advice and assistance on children's rights.

OPTIONAL PROTOCOLS
There are three agreements, called Optional Protocols, that strengthen the Convention and add further unique rights for children. They are optional because governments that ratify the Convention can decide whether or not to sign up to these Optional Protocols. They are: the Optional Protocol on the sale of children, child prostitution and child pornography, the Optional Protocol on the involvement of children in armed conflict and the Optional Protocol on a complaints mechanism for children (called Communications Procedure).

Summary Credit: UNICEF UK.

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65 Uruguay's Article 31 of Decree-Law No. 14.294 exempts possession of a reasonable quantity, intended for personal use, from punishment. Under the Children and Adolescents Code, juvenile responsibility applies to persons over 13 and under 18 only in relation to conduct constituting an infringement of criminal law; the system therefore cannot be used to punish conduct falling within the personal-consumption exemption. Uruguay's regulated recreational cannabis market remains restricted to people aged 18 and over, meaning that minors have no lawful route of access, but possession for their own consumption should not, without evidence of supply or trafficking, result in penal punishment.
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GLOBAL
COMMISSION ON
DRUG POLICY

The purpose of the Global Commission on Drug Policy is to bring to the international level an informed, evidence-based discussion about humane and effective ways to reduce the harms caused by drugs and drug control policies to people and societies.

GOALS

- Review the base assumptions, effectiveness and consequences of the "war on drugs" approach
- Evaluate the risks and benefits of different national responses to the drug problem
- Develop actionable, evidence-based recommendations for constructive legal and policy reform