Recommendations from the Civil Society Forum on Drugs on the importance of promoting gender equality to achieve a balanced approach to the drug phenomenon

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The Ministerial Segment of the 62nd session of the Commission on Narcotic Drugs (CND) will be held only few days after the largest global event on gender equality, International Women's Day (IWD) on 8th March. The Civil Society Forum on Drugs (CSFD) takes this opportunity to emphasize the need for global drug policies to pay special attention to women and the promotion and defence of their rights.

We note that the theme for IWD in 2019 is 'Think Equal, Build Smart, Innovate for Change', focusing on: '*innovative ways in which we can advance gender equality and the empowerment of women, particularly in the areas of social protection systems, access to public services and sustainable infrastructure'*.[1]

We also note that the provisional agenda for the Ministerial Segment includes a roundtable on 'Taking stock of the implementation of all commitments made to jointly address and counter the world drug problem…'.[2] These commitments include the Outcome Document of the 2016 United Nations General Assembly Special Session (UNGASS) on drugs – which includes a strong gender component as it relates to drug policy. Paragraph 4(g) of the Outcome Document recommends that UN member states:

> *'*Mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women'.[3]

As UN member states are preparing to attend the Ministerial Segment – and are currently negotiating the outcome of the high-level event – we call on the EU and its member states to take this opportunity to focus on the commitments and progress made towards mainstreaming a gender perspective, as set out in the UNGASS Outcome Document.

The UNGASS Outcome Document also highlights the importance of the 2030 Agenda for Sustainable Development, noting that 'efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing'.[4] The achievement of SDG 5 on gender equality will necessitate that drug policies and programmes adopt a strong gender component to ensure that women are not left behind in efforts to control the illicit drug market.

Using the UNGASS Outcome Document structure, the CSFD wishes to offer specific recommendations which we hope can be of use in informing the positions of the European Union at the Ministerial Segment and at the 62nd session of the Commission on Narcotic Drugs.

1. Demand reduction and related measures

Women who use drugs encounter significant systemic, structural, social, cultural and personal barriers in accessing risk and harm reduction, drug dependence treatment, rehabilitation and recovery services, as well as other services such as for childcare, sexual and reproductive health and mental health.[5] Women tend to

suffer more than men from drug use-related health and social consequences.[6] For instance, women who use drugs are more vulnerable than men to HIV and other blood-borne infections.[7]

The invisibility of drug use among women and the stigma attached to their consumption, added to their caretaking responsibilities, make women more likely to experience comorbidity, specifically anxiety, depression or post-traumatic stress disorder.[8] Drug use among women may also result in pregnancy complications, such as neonatal abstinence syndrome, low birth weight and premature birth.[9]

And yet, the fear of losing the custody of their children, the lack of gender-specific training offered to healthcare professionals and discriminations in accessing healthcare settings make them less likely to access sexual and reproductive healthcare, harm reduction, treatment, rehabilitation and recovery services. Furthermore, the lack of women-only services also hampers access, in particular in contexts of prevalent gender-based violence.[10] In its 2018 World Drug Report, the UNODC concluded that 'Where there is a lack of services or where punitive attitudes prevail, women fear seeking treatment as this may result in losing custody of their children or having to relinquish their children as a condition of treatment'.[11] Finally, evidence shows that women who use drugs are two to five times more likely to be victims of gender-based violence than women who do not use drugs.[12] The CSFD therefore recommends, for the post-2019 global drug strategy, that member states:

- Promote improved access to a comprehensive range of health interventions tailored to women who use drugs, including access to evidence-based prevention, drug dependence treatment, recovery and rehabilitation services, risk and harm reduction services, and treatment for drug-related health harms (such as HIV, hepatitis, overdoses, etc.) and co-morbidities. Services should also seek to tackle the other health problems that women who use drugs may be facing, including mental health issues, unwanted pregnancies, risks and harms associated with drug use during pregnancy, as well as health and social concerns for the new-born and mother.
- Promote improved access to a range of social services to tackle the socio-economic vulnerabilities often faced by women who use drugs, including housing, transportation, education, childcare support and income support, as evidence shows that these can contribute to better engagement and retention in treatment and improved treatment outcomes.[13]
- Improve training on gender sensitivity for staff working in drug services, to improve their knowledge of how to address the different issues faced by women who use drugs, including gender-based violence and mental health issues, in cooperation with other services specialised in prevention of violence and those focusing on childcare.
- Combat discrimination and the double stigma associated with drug use among women (both for consuming and for being a woman) to facilitate their access to drug services, including risk and harm reduction, treatment, rehabilitation and recovery services, in line with CND Resolution 61/11.[14]
- Ensure better involvement of affected populations, including women who use drugs, in the design and implementation of drug policies and programmes – as promoted in the UNGASS Outcome Document.

Box 1. Tailoring treatment to women's needs – the example of San Patrignano, Italy

The San Patrignano Therapeutic Community welcomed more than 25,000 people since 1978, among them 3,434 women. Since the very beginning, the Therapeutic Community designed and implemented *ad hoc* interventions for women, including a recovery programme tailored to meet their specific needs. A third of them were mothers, and 250 residents were under 18 years old. The average age among women in the programme is 24, as compared to 28 years old for men. 99% of women have a partner suffering from drug dependence, and half of the mothers had their children with them while in the programme.

To respond to this special situation, the Therapeutic Community provided dedicated housing for women, in

particular for mothers and kids, an after-school facility to support mothers in their caretaking responsibility after school hours, and a dedicated multidisciplinary staff to address the many issues faced women and their children. Having their child in the community can be useful to help some mothers with their parental skills and improve their relationship with their children. This led to the creation of a parenting programme.

Furthermore, the Therapeutic Community offers specific programmes for other health and social issues affecting women in the programme. As approximately one in three women in the programme have eating disorders, the Therapeutic Community provides psychological support to address this issue. In addition, nearly 40% of the women in the programme reported having been victims of sexual or physical abuse in their childhood – for which the Therapeutic Community also provides psychological and educational support.[15]

Box 2. Tailoring harm reduction to pregnant women who use drugs in Europe

Various European countries have established harm reduction services specifically tailored to the needs of women who use drugs. The Early Intervention for Pregnant Women with Substance Addictions (Fruehintervention fuer suchtmittelabhaengige Schwangere, KIDS) was initiated in Kassel, Germany, in 2007 with the objective of reaching pregnant women who have substance addictions as early as possible in pregnancy in order to provide referrals to medical and social services.[16]

In Malta, a special harm reduction centre for women who inject drugs operated by the NGO Caritas provides harm reduction and treatment services, as well as sheltered accommodation and protection from different forms of violence.[17]

In Portugal, the Integrated Project of Maternal Support provides integrated and global care for pregnant and postpartum women dependent on drugs and for their children, following outpatient therapeutic modalities best suited to each situation regarding the treatment, harm-reduction and reintegration needs of these patients.[18]

2. Improving access to controlled medicines

Ensuring the availability of internationally controlled substances for medical and scientific purposes is one of the core objectives of the UN drug conventions, and is recognised in the UNGASS Outcome Document. And yet, the availability and accessibility of opioids for pain relief and other symptoms remains direly low. It is estimated that 5 billion people live in countries with low or no access to controlled medication, 80% of the world's population are denied opioids and only 0.03% of the total morphine production is available in low income countries. [19]

Women are particularly affected by this issue, as pain management is often unavailable for the 110 million births every year worldwide – and for the 300,000 women die each year because of complications related to pregnancy and childbirth[20]. In lower income countries, many women are diagnosed late in their disease progression, particularly for cervical and breast cancer, and face increasing pain and other distress symptom, requiring pain control and palliative care. Mothers face seeing 2.5 million children die with serious health-related suffering worldwide, which represents 30% of the total serious health-related suffering in low income countries.[21] Bearing these issues in mind, the CSFD recommends that UN member states:

- Commit to ensuring adequate and affordable access to controlled drugs for medical purposes, such as for pain relief, palliative care and the treatment of illness, with a specific focus on women.

- Increase education of healthcare professionals in the correct use of opioids to ensure that patients with pain – including women and children – are managed effectively, safely and in a timely way.
- Support countries in implementing national drug control regulations based on the WHO's 2011 recommendations[22] to ensure that accessibility and availability of controlled medicines for medical and scientific purposes – especially opioid analgesics – are not unduly restricted.
- Promote a revision of national health strategies for multiple sclerosis, cancer, HIV/AIDS and other conditions, to ensure that these strategies adequately address the need for effective pain management and palliative care.

3. Drugs, and human rights, youth, children, women and communities

Women suffer specific human rights violations, because of drug policies that are not aligned with the UN drug control and human rights conventions, the 2009 Political Declaration, and even less with the more recent 2016 UNGASS Outcome Document. Women constitute the fastest-growing prison population globally,[23] and this is, in many regions, driven by the implementation of drug policies.[24] In various countries, women also face high rates of sexual and physical violence from police and law enforcement officials, and in some countries, pregnant women who use drugs face civil or criminal detention for extended periods of time.[25] LGBTQ+ people who use drugs face even more violence, stigma and discrimination, and their rights are frequently violated. Finally, drug offences are the second most common crime for which women are sentenced to death around the world, and the first one in several countries.[26] Bearing these issues in mind, we call on UN member states to:

- Develop and implement drug policies in a non-discriminatory way in line with international law, to respond to the needs of women and girls, as well as other vulnerable groups such as ethnic minorities, LGBTQ+ communities, indigenous groups, children and youth.
- Reaffirm sexual and reproductive health and reproductive rights as human rights, integral to achieving transformative sustainable development across social, economic, and societal dimensions – in line with SDG 5 on gender equality.
- Strengthen systematic and coordinated data collection, as well as analysis and use of data disaggregated by sex, age, sexual orientation and gender identity, disability, place of residence, ethnicity, income and other factors to effectively monitor and evaluate on human rights progress in drug policies against human rights standards.
- Promote research on issues related to women, drug use and development, in order to gain a comprehensive overview of these issues and design policies to adequately address them.[27]

Box 3. The Espai Ariadna programme, Fundación Salud y Comunidad, Spain

This specialised programme works with women (alone or with children) who have suffered gender violence and require treatment in a residential setting in order to tackle drug dependence. The Espai Ariadna programme is a long-stay urban temporary shelter service for women and their dependent children who require an integral intervention space where problems of violence, drug dependence and mental health qre dealt with in a safe environment. It is a confidential service operating 24 hours a day, 365 days a year with a multidisciplinary team.

Admission in the Espai Ariadna is guaranteed independently of the administrative situation and possession of an ID, the economic situation of the woman and her family, whether or not she has filed a complaint about the violence she experienced, the age of her dependent children (if they are over 18, each particular case will be evaluated), or the type, quantity or route of drug consumption.

The Espai Ariadna's general objective is to accompany women and their children in taking charge of their

recovery process through the reinforcement of their coping and autonomy skills. The working methodology of Espai Ariadna relies on forging close links through individual, family and group interventions. Despite the violence sometimes received throughout their life, evaluation of the Espai shows that during their stay, most women have improved their physical and psychological health.[28]

4. Supply reduction and related measures

Evidence shows that most women involved in illicit drug supply activities are driven by poverty and economic necessity. And yet, women constitute the fastest growing prison population, as a result of inadequate drug control measures targeting low-level drug offences (which most women are involved in), an approach that is not in line with UNGASS recommendations. Women are also generally involved in high-risk and visible activities at the lowest levels of the illicit drug supply chain, making them more vulnerable to law enforcement interventions and to lengthy prison sentences.[29] Bearing these issues in mind, urge member states to consider the following recommendations:

- Ensure more proportionate penalties for drug offences, taking into account the specific vulnerabilities faced by women (e.g. being the sole provider of children or other dependents, history of physical or psychological abuse, drug dependence, etc.), and increase the use of gender-sensitive alternatives to incarceration, using prison only as a last resort. Alternative solutions should include education and training opportunities likely to contribute to reducing the number of women involved in drug supply due to their lack of job opportunities, education or other forms of vulnerability.
- Protect women victims of human trafficking who are forced to smuggle drugs.
- Consider the use of restorative justice approaches for drug-related offences and drug-related contexts of community conflict.
- Adopt new indicators of success, focusing on outcomes such as reduced criminal activity, improved access to evidence-based and effective prevention, risk and harm reduction, treatment and recovery services, reductions in drug market-related violence and corruption, improved access to essential medicines, etc.

5. Evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances

According to the UNODC World Drug Report 2018, the use of new psychoactive substances (NPS) is increasing. Especially when these substances are injected, they can pose major risks to the health of people who use drugs. As women who use drugs are particularly vulnerable to these health risks and harms, the CSFD recommends that drug policies:

- Ensure a person-centred approach for service design and delivery to ensure that the needs of the women (for example, homelessness, mental health, use of NPS) are being adequately addressed.

6. Development

In areas where crops destined for the illicit drug market are cultivated, entire families and communities are generally engaged in subsistence farming. However, because of engrained gender inequalities, women are generally those left worst off, with little to no access to a salary, land tenure, education, healthcare services or alternative employment opportunities. Further, women are expected to both work in the fields and fulfil their roles as caretakers within the household. Even in areas where alternative livelihoods programmes are

in place, women are generally left behind, and do not benefit from them.[30] Bearing these issues in mind, we encourage drug policies to:

- Frame alternative development programmes within a broader sustainable development approach focusing the achievement of the SDGs and with a specific focus on women, including a reduction of poverty and social inclusion, improved access to legal markets, a protection of the environment, as well as the development of basic infrastructure, education, social protection, access to housing and employment opportunities.
- End aerial spraying, which has proven ineffective and harmful to people's health and the environment.
- Ensure that sustainable development programmes do not only focus on rural areas in producing countries, but also on urban areas in producer, trafficker and consumer countries, where tackling the involvement in the drug trade requires a thorough development programme focused on poverty alleviation and strengthening community resilience and solidarity, in particular for women in situation of vulnerability.
- Remind member states of their obligation to achieve the SDGs, and ensure a stronger involvement of the United Nations Development Programme and of UN Women in global drug policy.
- Ensure the meaningful participation of affected communities, including affected women, in the design and implementation of programmes and policies that affect them.
- Establish new and long-term indicators for alternative development programmes based on the Human Development Index.

7. Strengthening international cooperation

Strong cooperation between countries and UN agencies is essential to implement gender sensitive drug policies. In particular we call for the systematic and meaningful participation of all relevant UN agencies in global drug policy debates, in particular UN Women, UNICEF, WHO, UNAIDS, OHCHR, UNDP and others.

Endnotes

[1] See http://www.unwomen.org/en/news/stories/2018/10/announcer-iwd-2019-theme
[2] http://fileserver.idpc.net/events/Provisional_agenda_MS2019.pdf
[3] https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf, page 15
[4] Preamble of the UNGASS Outcome Document, https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf
[5] Harm Reduction International (2018), *Global State of Harm Reduction 2018*, https://www.hri.global/global-state-harm-reduction-2018
[6] United Nations Office on Drugs and Crime (2018), *World Drug Report 2018* (United Nations publication, Sales No. E.18.XI.9)
[7] On the issue of HIV / STIs, the greater vulnerability of women is due to the fact that they have more difficulties when it comes to accessing harm reduction programs, women suffer greater stigma, etc. "Do no harm. Health, human rights and people who use drugs" UNAIDS report 2016. WOLA, IDPC, DeJusticia, CIM, OAS (2015), *Women, drug policies and incarceration: A guide for Policy reform in Latin America and the Caribbean*, https://www.wola.org/wp-content/uploads/2016/02/Women-Drug-Policies-and-Incarceration-Guide_Final.pdf
http://rstesa.unaids.org/documents/publications/55-do-no-harm-health-human-rights-and-people-who-use-drugs/file (page 25).
[8] Regarding the fact that women suffer greater psychiatric comorbidity, it may be caused due to the history of emotional and physical abuse with which women come to the care services. World Drug Report 2018 (United Nations publication, Sales No. E.18.XI.9
[9] "At the structural level, the most significant obstacles include lack of childcare and punitive attitudes towards mothers and pregnant women with substance use disorders. As mentioned earlier, pregnant women who use drugs have special needs with regard to their health in general, as well as to their pregnancy. Pregnant women with drug use disorders present a challenge to health-service providers because drug use may impact both the mother and the unborn child. Where there is a lack of services or where punitive attitudes prevail, women fear seeking treatment as this may result in losing custody of their children or having to

relinquish their children as a condition of treatment". See: United Nations Office on Drugs and Crime (2018), *World Drug Report 2018* (United Nations publication, Sales No. E.18.XI.9)

[10] Harm Reduction International (2018), *Global State of Harm Reduction 2018*, https://www.hri.global/global-state-harm-reduction-2018

[11] United Nations Office on Drugs and Crime (2018), *World Drug Report 2018* (United Nations publication, Sales No. E.18.XI.9)

[12] United Nations Office on Drugs and Crime (2018), *World Drug Report 2018* (United Nations publication, Sales No. E.18.XI.9)

[13] United Nations Office on Drugs and Crime (April 2016), *Guidelines on Drug Prevention and Treatment for Girls and Women* (Vienna), https://www.unodc.org/documents/drug-prevention-and-treatment/unodc_2016_drug_prevention_and_treatment_for_girls_and_women_E.pdf

[14] CND Resolution 61/11 'Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users', https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_61/CND_res2018/CND_Resolution_61_11.pdf

[15] San Patrignano (2018), *Between Community and Society,* https://www.sanpatrignano.com/wp-content/uploads/2018/12/comunita_societa_eng.pdf; see also: San Patrignano (2016), *Beyond the community*, https://www.sanpatrignano.com/wp-content/uploads/2016/11/oltre_comunita_eng.pdf

[16] European Monitoring Centre for Drugs and Drug Addiction (2012), *Pregnancy, childcare and the family: key issues for Europe's response to drugs* (Luxembourg: Publications Office of the European Union)

[17] European Monitoring Centre for Drugs and Drug Addiction (2018), *Malta Drug Report 2018*, http://www.emcdda.europa.eu/system/files/publications/8900/malta-cdr-2018-with-numbers.pdf

[18] European Monitoring Centre for Drugs and Drug Addiction (2012), *Pregnancy, childcare and the family: key issues for Europe's response to drugs* (Luxembourg: Publications Office of the European Union)

[19] Human Rights Watch (2015), *National drug control strategies and access to controlled medicines*

[20] United Nations Population Fund, *Maternal health* https://www.unfpa.org/maternal-health

[21] Knaul, F.M. et al (12 October 2017), 'Alleviating the access abyss in palliative care and pain relief – an imperative of universal health coverage: the *Lancet* Commission report', *The Lancet,* **391**(10128), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32513-8/fulltext

[22] World Health Organisation (2011), *Ensuring balance in national policies on controlled substances Guidance for availability and accessibility of controlled medicines*, https://apps.who.int/iris/bitstream/handle/10665/44519/9789241564175_eng.pdf;jsessionid=08B2A25EC4083FBDFAA5690C3B2FE9E7?sequence=1

[23] Washington Office on Latin America, International Drug Policy Consortium, DeJusticia, Inter-American Commission on Women, Organization of American States (2015), *Women, drug policies and incarceration: A guide for Policy reform in Latin America and the Caribbean*, https://www.wola.org/wp-content/uploads/2016/02/Women-Drug-Policies-and-Incarceration-Guide_Final.pdf

[24] https://www.ohchr.org/Documents/Publications/CoreTreatiesen.pdf

[25] Schleifer, R., Pol, L. (2017), 'International Guidelines on Human Rights and Drug Control: A Tool for Securing Women's Rights in Drug Control Policy', *Health Hum* Rights, **19**(1): 253-261

[26] For example, in Thailand 76 out of the 83 women on death row at the end of 2018 were awaiting execution for drug offences. For more information, see: Cornell Law School (September 2018), *Judges for more than her crime: A global overview of women facing the death penalty*, https://www.deathpenaltyworldwide.org/pdf/judged-for-more-than-her-crime.pdf; Harm Reduction International (February 2019), *The death penalty for drug offences: Global overview 2018*, https://www.hri.global/files/2019/02/22/HRI_DeathPenaltyReport_2019.pdf

[27] Various NGOs have been supporting the development of gender-oriented research on drugs and drug policy. For instance, the study 'Incorporation of the Gender Perspective in the planning of drug addictions: Diagnosis and recommendations', carried out by Fundación Atenea (Spain) in 2015, provides an in-depth analysis of Spanish public policies on the prevention and care of drug dependence

[28] https://www.fsyc.org/actualidad/en-el-espai-ariadna-hemos-realizado-un-estudio-entre-usuarias-consumidoras-de-drogas-que-muestra-el-descenso-del-consumo-y-de-la-violencia-machista-desde-que-ingresan-en-el-servicio/

[29] International Drug Policy Consortium, Washington Office on Latin America, Centro de Estudios Legales y Sociales, DeJusticia, Equis Justicia para las Mujeres (September 2018), *Women deprived of Liberty: Submission to the Working Group on the issue of discrimination against women in law and in practice*, http://fileserver.idpc.net/library/OHCHR-WG-discriminations-against-women_Contribution_Sept-2018.pdf

[30] Observatorio de Cultivos y Cultivadores Declarados Ilicitos (June 2015), *Vicios penales: Cultivadores de coca, amapola y marijuana, en la hora de su despenalización*, http://fileserver.idpc.net/library/Vicios-Penales-colombia-2015-indepaz.pdf; Washington Office on Latin America, International Drug Policy Consortium, DeJusticia, Inter-American Commission on Women, Organization of American States (2015), *Women, drug policies and incarceration: A guide for Policy reform in Latin America and the Caribbean*, https://www.wola.org/wp-content/uploads/2016/02/Women-Drug-Policies-and-Incarceration-Guide_Final.pdf