

Bringing State Commitments to Gender Equality into Action: Addressing the Needs of Women Who Use Drugs

April 2016

Why Focus on Women Who Use Drugs?

The UN General Assembly Special Session on the world's drug problem comes at an opportune time. Multiple international bodies (including WHO, OHCHR, UNDP, UNAIDS, UNHCR, and UN Women) have already recognized the devastating impact of punitive drug policies on health, human rights, and development and called on member states to revise them (1–7). The UNGASS also follows a historic member state agreement on pursuing an ambitious sustainable development agenda, integrating a set of 17 sustainable development goals (SDGs), including gender equality that promotes a transformed world. One in which no one is left behind.

As a group representing women who use drugs from all corners of the world, International Network of Women Who Use Drugs believes such a transformation is impossible without addressing drug criminalization and prohibition. While we commend the member states' commitment to "...protect human rights and promote gender equality and the empowerment of women and girls" (8) in the framework of sustainable development, this too cannot be achieved without eliminating punitive drug policies that disproportionately harm women.

Globally, there could be up to 9 million women who use drugs and at least 30% of people who inject drugs in some countries are women (9,10). Confluence of biological and social factors increases HIV risk for women who use drugs (11) and as a result of being criminalized and vilified, especially while pregnant and parenting, women who use drugs are faced with elevated levels of stigma and violence from state and individual perpetrators. In all regions of the world, women who use drugs face unprecedented breaches of their basic human rights, including, among others, the right to health, the right to freedom from violence and discrimination, and the right to bodily integrity (12).

In order to fulfill the promise to a transformed world, put a stop to human rights violations, and work towards gender equality by giving all women an opportunity to realize their full potential, the International Network of Women Who Use Drugs urges member states to:

Abandon the Prohibition Rhetoric and Work Towards Drug Decriminalization:

Impacts of punitive drug policies on people who use drugs that include severe stigma and violence, rapid spread of infectious disease such as HIV, TB, and hepatitis, mass-incarceration, and others have been well documented (1,3,6,7). While experiences of all people who use drugs apply, they are amplified for women. Uneven dynamics of power between men and women in the vast majority of societies result in additional stigma being attached to drug use among women (13,14). Further, combined with criminalization, vilification of women who use drugs during pregnancy and through experiences of motherhood leads to national policies that violate the basic rights of women and subject them to unacceptable risks and suffering (9,15–17). As a direct consequence of criminalization, women who use drugs experience high rates of state-perpetrated violence (ref). In addition, a substantial proportion of women who use drugs are involved in sex work and may perform this work in environments that are least safe – either street-based or trading sex for commodities such as drugs, shelter, and food (11,14,18). Involvement in sex work and drug use – activities that are criminalized in the majority of jurisdictions – increases the risk of women who use drugs to many forms of gender-based violence from state and individual perpetrators (5,19,20). Due to fear of arrest women who use drugs are least likely to report violence which is meted out in a range of forms, such as

humiliating body cavity searches(21), rape and other forms of sexual and gender-based violence (13,14,22–24), and use of protracted withdrawal to obtain evidence (25) without any consequences for perpetrators (13,14,22). This violence and lack of recourse for women who use drugs result directly from criminalization and stigmatization of women who use drugs. INWUD sees decriminalization as an accelerated path to expanding women’s access to harm reduction services and essential medications such as methadone and buprenorphine in pregnancy, thus improving health outcomes, decreasing rates of incarceration, restoring families and communities, and bridging the gender gap by no longer stripping women who use drugs of their many basic rights.

Meaningfully Involve Communities of Women Who Use Drugs:

As women who use drugs, we have the right to meaningfully participate in all processes and decision making on issues that affect us. Further, mediating and countering impacts of stigma, discrimination and violence and tackling policy reform is impossible without taking into consideration our lived experiences. Through empowerment and meaningful involvement, our contribution to policy and practice can lead to systematic change. We welcome collaboration with governments and mainstream women’s rights groups on national activates such as CEDAW and UPR reporting and we further look forward to collaborating with key stakeholders to gain momentum on preventing gender-based violence and to effectively work towards gender equality(26).

The International Network of Women who use Drugs recommends that member states should take the following steps whilst transitioning to decriminalization:

Abolish Policies that Result Into Mass Incarceration of Women Who Use Drugs

Women who use drugs are easy targets for law enforcement authorities in search of those committing “drug crimes.” This is evidenced by a higher percentage of women than of men imprisoned for drug related offences (37). More than one in four women in European and Central Asian prisons were incarcerated for drug offences (38) and in some Latin American countries over 70% of female prisoners were in prison for non-violent drug related crimes (37). Access to medical services is reportedly more limited in women’s compared to men’s prisons and harm reduction services, while limited in male prisons are virtually inexistent for women who are incarcerated (10,37,39). As a result, imprisonment plays a role in increased risk of HIV, HCV, TB, and overdose deaths among women who use drugs (40–43). Prolonged and repeated incarceration of women who use drugs on non-violent drug related offences diminishes their health, excludes them from societies, and has a profound impact on whole communities where children and families are left behind, as the majority of the world’s female prisoners are also mothers (44). Recognizing the “disproportionately severe” impact that imprisonment has on both women and their families, UNODC strongly encourages states to consider alternatives to incarceration for women (45). Similarly the UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules) (46) stress the importance and urgency of alternatives to incarceration for women.

Put a Stop to Prosecution of Pregnant Women and Mothers Who Use Drugs

Laws and policies that punish pregnant women who use drugs may cause significant harms to the mother, the fetus, children and the society at large. In addition, many such laws are in violation of human rights and hinder timely access to essential services. In some countries, drug use during pregnancy might result in incarceration, loss of child custody, or becoming officially registered as a drug user – a life-long cause for denial of employment, inability to travel or immigrate, and a barrier to obtaining public housing or a driver’s license, as well as a sure cause for loss of parental rights and police harassment (1,14,27,28). Drug use alone could also be reason for the state to revoke parental rights (13,28). Women who use drugs might even face forced or coerced sterilization, especially if they are HIV positive (29,30). Fear of these punitive approaches prevent women who use drugs from disclosing their use to providers and/or from accessing the services they need such as drug treatment, prenatal care, HIV treatment and

care, and prevention of mother to child transmission (PMCT) (11,16). Widespread discrimination against people who use drugs among health care workers (1) and misconceptions about drug use in pregnancy lead to denial of access to opiate substitution therapy (OST) for pregnant women who use drugs (16,31). This goes against WHO, UNAIDS, and UNODC recommendations that instruct the use of methadone or buprenorphine – both included in the Model List of Essential Medicines (LEM) since 2005 (32) - to support women who use drugs during pregnancy (33) and constitutes a violation of the right to the highest attainable standard of health (34). Instead, pregnant women who use drugs are sometimes coerced into terminating the pregnancy (29) or into rapid detoxification and abstinence, which increases the risks of fetal distress, premature labor, or miscarriage (35,36) – or give birth having received minimal or no pre-natal care (with attendant potential negative consequences). Various human rights bodies and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment consider withholding of OST and coerced sterilization or abortion a form of torture –practices that should be immediately stopped (25). While these are extreme manifestations of policies and practices implemented by the states, prosecution of pregnant and parenting women who use drugs are extremely common and should be stopped in order to observe the rights of women who use drugs and preserve families and communities.

Prosecute Perpetrators of Violence Against Women Who Use Drugs and Increase Access of Women who Use Drugs to Justice

Women who use drugs face unprecedented levels of violence both at the hands of police and from intimate partners (5,11,14,19,22,47,48). In some countries 30-40% of women who use drugs surveyed in the process of research report abuse by police that includes sexual violence and extortion (22,49) and many more report abuse by intimate partners, clients, pimps, and dealers (47). Despite these widespread violations, access to justice for women who use drugs is severely limited due to their criminalized status and resulting inability to effectively and safely report offenders. Involvement of police in perpetrating violence is especially problematic, since police play the role of first responders for survivors of gender-based and intimate partner violence; further, violence from police can predictably result in deep distrust of women who use drugs towards state-run services and authorities (14,22,47,50). In addition, legal aid institutions that address gender-based violence might not be prepared to address the needs of women who use drugs. In order to increase access of women who use drugs to justice, procedures for identifying and punishing perpetrators of violence need to be identified in consultation with women who use drugs, and legal aid providers need to be adequately educated about their needs. Accountability and monitoring mechanisms, such as community-run documentation of violations need to be established and services for survivors of violence expanded to include women who use drugs. State law enforcement perpetrated violence towards women who use drugs in all of its forms must be immediately stopped.

To Immediately Alleviate Impacts of Punitive Drug Policies on our Right to the Highest Attainable Standard of Health, Member States Should:

Provide Gender-sensitive Harm Reduction Services that Address Sexual and Reproductive Health Needs and Ensure Access of Women to Evidence-Based Drug Treatment

Harm reduction services are dramatically underfunded and limited in accessibility in many parts of the world, however even where they do exist, access is additionally limited for women (31). While women represent a third of all people who use drugs, only one in five individuals accessing drug treatment are women (9); everywhere in the world access to drug treatment and OST among women remains abysmally low (31). In locales where the gender divide between women and men is more severe, women might not be able to attend services, including OST and syringe exchange without permission of a spouse or without being accompanied by a male relative. Caregiver duties also restrict the ability of women to attend services daily and stay in treatment programs. Experience with gender-based and intimate partner violence can make women who use drugs feel uncomfortable with services meant for and run

by men (51); attending needle exchange sites or support groups where the majority of participants are male could be difficult or impossible.

To make harm reduction services more accessible for women who use drugs and thus improve health outcomes:

- Ensure that female staff is available, or that needle and syringe exchange as well as overdose prevention education services are available to women where they live through mobile outreach or engagement of peers;
- Create women-only hours and provide childcare and/or additional commodities specific to women;
- In some environments, where getting women to attend services on their own is difficult due to cultural constraints, focus on couples and promote services to men who use drugs and their partners, thus encouraging participation by women;
- Provide quality and routine gynecologic care such as treatment for STIs, access to contraception, and routine gynecological check-ups at harm reduction sites;
- Make access to harm reduction services low threshold for women- eliminate drug treatment waiting lists for them and ensure take home doses of OST for women;
- Provide shelter and other services that mediate the impacts of violence, homelessness, or other hardships to women who use drugs without requiring abstinence or sobriety.

The UN General Assembly Special Session on the world's drug problem is an historical opportunity for member states to review and reshape the current status quo of prohibition that has had negative and often devastating impacts on the lives of women who use drugs. It is an inopportune moment to finally bring global and national drug policies under the umbrella of the wider UN mandate to promote peace, security and development for all.

The International Network of Women who use Drugs calls for drug policy to align with the 2030 Agenda for Sustainable Development, and in doing so, uphold our right to health and human rights, development and gender equality.

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