UNODC United Nations Office on Drugs and Crime

UN WOMEN United Nations Entity for Gender Equality and the Empowerment of Women

World Health Organization

INPUD International Network of People who Use Drugs

POLICY BRIEF

Women who inject drugs and HIV: Addressing specific needs

INTRODUCTION AND OVERVIEW

Issue summary: the vulnerabilities of women who inject drugs

Throughout the world, people who inject drugs (PWID) are all too familiar with stigmatization, vulnerability, marginalization and high risk for HIV. The situation is even worse for women who inject drugs (WID), who are often ignored and invisible within the larger drug-using population. National and international research, services, guidelines, training programmes and surveillance concerning people who inject drugs remain overwhelmingly gender-neutral or male-focused. Partly as a result, limited data exist on the role women play among those who inject drugs, and their specific challenges and needs are rarely recognized or understood.

The health and human rights impacts of such invisibility can be very harmful. Women who inject drugs face a range of gender-specific barriers to accessing HIV-related services, and in many contexts they remain a particularly hard-to-reach population, even where harm reduction programmes are in place. The stigma and discrimination that they experience, which is often heightened by gender-based violence and abuse, increases their risk for contracting HIV and other blood-borne viruses, as well as a wide range of sexually transmitted infections (STIs).[1]

For the purposes of this policy brief, harm reduction services are defined by the interventions included in the Comprehensive Package, as detailed in the WHO/UNODC/UNAIDS *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*:[2]

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

To date, inadequate attention has been given to rectifying gender inequalities in harm reduction programming. Strategies and policies are urgently needed to address this gap as a first step towards improving the safety, health and well-being of women who inject drugs. Additional approaches should also be developed and implemented to provide comprehensive health, social and legal services that reach them and their sexual and drug-using partners. To be effective, such approaches should be based on evidence and human rights standards.

These steps are necessary not only for women who inject drugs, but also more broadly for communities and societies. Failure to adequately respond to the needs of this invisible and highly vulnerable population has harmful consequences for the health of the individuals themselves as well as for public health overall.

About this document

This policy brief aims to promote the realization of gender equality and human rights in terms of an effective harm reduction response to HIV for women who inject drugs in community and prison settings. It outlines a framework to achieve that goal which focuses on improving the availability, accessibility, affordability and acceptability of women-oriented harm reduction interventions. Suggested good practice tools and guidance are also provided.

This document is intended primarily for policy-makers and programme managers to inform decisions on HIV services at national and local levels within countries.[3] It is based on existing United Nations guidance documents. The policy brief is accompanied by a practical guide for governmental and non-governmental service providers on interventions addressing the needs of women who inject drugs.[4]

PUTTING THE FOCUS ON WOMEN

Key reasons and unique challenges

This section discusses some of the main reasons that greater attention and resources should be directed towards women who inject drugs. Most underscore the unique and often "additional" challenges and obstacles that women face within drug-using communities and in societies overall. A vital message is that the lack of targeted focus means that they are and will remain more vulnerable and at risk than their male counterparts in nearly all aspects of their lives.

Women comprise a growing share of people who inject drugs

No global population size estimates of women who inject drugs are available, and data gaps exist in nearly all countries. Their numbers are considerable nevertheless. According to one recent estimate, women's share of people who inject drugs ranges from at least 10 per cent to over 30 per cent in some parts of Europe, and is around 20 per cent in Eastern Europe, Central Asia and Latin America; 10-20 per cent in parts of Africa; 20 per cent in China and Viet Nam, and at least 10 per cent in other parts of Asia.[5] Moreover, recent surveys suggest that the proportion of women who use drugs in general is growing.[6]

Women have more and different barriers to accessing services

Women who inject drugs often have limited or no access to harm reduction or general health services. This situation is especially acute in many countries with concentrated HIV epidemics among people who inject drugs. Harm reduction coverage in most low- and middle-income countries remains insufficient to reduce the prevalence of HIV and viral hepatitis epidemics among all people who inject drugs.[7,8] But access is even worse for women. For example, on average in Eastern Europe, less than 1 per cent of people who inject drugs—and only 0.003 per cent of women who inject drugs—are estimated to have access to opioid substitution therapy (OST).[9]

Women who inject drugs have particular needs and risk factors that are different from those of men who inject drugs. Many are engaged in sex work regularly or occasionally, which adds to their HIV transmission risk.[10,11] In addition to having poor access to sterile injecting equipment and to condoms, women who inject drugs also have relatively limited access to a standard set of sexual and reproductive health services and to special programmes aimed at preventing mother-to-child transmission of HIV. Therefore, vertical transmission rates among women who use drugs and who are living with HIV are significantly higher than among women living with HIV without a history of drug use.[12,13] Other needs and risk factors particular to women (mostly) include intimate partner violence and fear of loss of custody of children.

Women who inject drugs report that they feel left out of existing harm reduction programmes and interventions.[14,15,16] Harm reduction services, including in prison settings, are generally tailored primarily or exclusively towards men who inject drugs.[17,18] Some programmes, for example, do not guarantee personal safety and confidentiality with women-only spaces or times. Often they do not have appropriately trained staff, including women with a history of drug use. Services such as child care and interventions for women who are sex workers and who have experienced violence may not exist.

Selected international standards, agreements and human rights mechanisms that support gender-sensitive harm reduction policy and services

UNAIDS, Programme Coordinating Board, Thirty-first Meeting, agenda item 2, UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV Mid-term Review – Final report, 29 November 2012, UNAIDS/PCB(31)/12.20 (para. 95)

Women out loud: How women living with HIV will help the world end AIDS, Reaching the ten targets of the 2011 United Nations General Assembly Political declaration on HIV and AIDS, 2012 (Target 2)

Agreed conclusions of the Commission on the Status of Women on thematic issues: Women, the girl child and human immunodeficiency virus/acquired immunodeficiency syndrome, 5th Session (6-16 March and 9-11 May 2001), E/2001/INF/2/Add.2 (para. 4 *(j)*)

Report to the Human Rights Council, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, Addendum, Mission to Viet Nam, 4 June 2012, A/HRC/20/15/Add.2 (para. 63 *(b)*)

Committee on the Elimination of Discrimination against Women, Concluding observations on the State report of Brazil, 23 March 2012, CEDAW/C/BRA/CO/7 (para. 32)

Committee on Discrimination against Women, Concluding observations on the State report of the United Kingdom of Great Britain and Northern Ireland, 10 June 1999, CEDAW/C/UK/3 and CEDAW/C/UK/4 (para. 313)

Promoting strategies and measures addressing specific needs of women in the context of comprehensive and integrated drug demand reduction programmes and strategies, 2012, CND Resolution 55/5 (para. 4)

Violence against women who inject drugs

Violence against women is a critical issue that deserves special attention when considering barriers and obstacles to adequate services and support. Women who inject drugs experience high rates of intimate partner violence,[19] which negatively affects their ability to practise safe sex[20] and safer drug use.[21] Punitive policies are frequently associated with police abuses, including physical and sexual violence against women who inject drugs.[22,23] Gender-related violence of this kind makes women reluctant to access harm reduction services even if they are available, often because they fear being harassed or abused simply for trying to enter facilities.[24]

Legal and policy-related barriers

Numerous policy-related barriers directly and indirectly affect the health of women who inject drugs and further violate their basic human rights. Collectively, they represent major obstacles to their ability to obtain essential services to protect their own health and the health of others in their lives.

The criminalization of drug use heavily influences the accessibility of harm reduction services.[25,26] Similarly, legal frameworks can obstruct the provision of services for all people who inject drugs, such as where police arrest health workers supplying sterile injecting equipment and individuals who possess the equipment.[27] However, some policies, practices or laws have different, and often more profound and debilitating, impacts on women.

For example, women who inject drugs who are also sex workers are further stigmatized due to the additional negative impact of the criminalization of sex work. In such contexts, they are even more restricted in their access to HIV-related services and their capacity to negotiate condom use.[28] Other laws and policies that affect women include those indicating drug use as criteria for loss of child custody, for forced or coerced sterilization, or for abortion. Policies such as drug user registration further discourage women from accessing services, because their registration can lead to a loss of child custody and other forms of enduring discrimination.[29] In some countries, laws and policies require women to have permission from family members or spouses to access health services.

IMPROVING THE SITUATION

Priority approaches and strategies

Some improvements for women who inject drugs may occur if and when the comprehensive harm reduction package and other services are expanded for all people who inject drugs. But this is not nearly enough: the needs and rights of women who inject drugs cannot be fully met without the provision of targeted services.

Increased awareness, knowledge and commitment are essential to overcome the challenges mentioned above. Listed below are some priority focus areas that policymakers should consider.

Paucity of data on women who inject drugs

Out of the 84 countries reporting to the Joint United Nations Programme on HIV/AIDS (UNAIDS) on HIV prevalence in 2012, only 15 reported prevalence among women who inject drugs. Most countries do not collect gender-disaggregated data on needle and syringe programmes (NSPs), opioid substitution therapy (OST) or antiretroviral therapy (ART) coverage. In order to effectively meet the needs of all at risk, especially members of highly vulnerable populations, national HIV policymakers need to "know their epidemic and response". The *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*—a joint project of WHO, UNODC and UNAIDS[30]—recommends that data disaggregated by gender should be collected to assess and monitor any disparity in harm reduction service access.

Gender-specific harm reduction interventions

Harm reduction interventions for all people who inject drugs should be offered on a voluntary basis in an enabling environment created by supportive policies and strategies. These interventions should be physically accessible, affordable, available on a regular basis to all in need (i.e. not rationed) and offered in a non-judgemental manner. Furthermore, access to the interventions included in the Comprehensive Package should not be restricted by socio-demographic or other criteria, such as sex/gender, employment status and profession—including sex work or imprisonment, substance use status or pregnancy status.[30]

The gender-oriented priorities specified in the Comprehensive Package have long been echoed in other forums and documents. Numerous international standards, agreements and human rights mechanisms support gender-sensitive harm reduction policy and services. For example, resolution 55/5 of the Commission on Narcotic Drugs (CND) in 2012 states the following: "Also recommends that Member States, in designing, implementing and evaluating integrated drug prevention and treatment and HIV prevention programmes, take into account the needs of women who have experienced sexual and other violent trauma related to drug abuse."[31]

To date, though, gender-specific harm reduction programming has been under-resourced. Where available, it is often not integrated within national HIV strategies.[32] Lack of focus on developing and implementing gender-specific interventions represents missed opportunities for improved health outcomes. Experience from gender-specific programmes for women who inject drugs demonstrates that they are effective in improving access and service uptake. For example, clinics in Iran have been designed specifically for women who use drugs, and provide a range of services, including OST. This has resulted in decreases in heroin use, high-risk injecting practices and involvement in crime among clients.[33] In Ukraine, for example, tailored medical and social services for women who inject drugs have significantly exceeded the intended coverage for vulnerable women.[34]

Many of the interventions offered by such programmes are referred to in table 1 below, which highlights some good practice elements aimed at addressing the specific needs of women who inject drugs. A key objective is to ensure gender equality across all nine harm reduction components.

Gender mainstreaming in harm reduction

The term "gender mainstreaming" is used to refer to a strategy for recognizing, responding to and integrating the needs and concerns of both women and men in programmes and policies at all levels.[35] It aims to achieve gender equality, which is promoted by a solid body of international law.[36,37] Yet, despite the commitment of nearly all countries to gender equality, laws and policies that present

Table 1. COMPREHENSIVE HARM REDUCTION PACKAGE COMPONENTS AND KEY INTERVENTIONS FOR WOMEN WHO INJECT DRUGS[a]

1. Harm reduction components	2. Interventions responding to the needs of women who inject drugs	3. Key implementation considerations
Needle and syringe programmes (NSPs)	Sexual and reproductive health, including services for STIs and prevention of mother-to-child transmission (PMTCT)	Service delivery and integration
Opioid substitution therapy (OST) and other evidence-based drug dependence treatment	Maternal and child health	Discreet and accessible service locations
HIV testing and counselling (HTC)	Gender-specific peer education and support	Women-only spaces and/or times at drop-in centres or separate venues
Antiretroviral therapy (ART)	Gender-based violence-related services	Specific outreach for women who inject drugs
Prevention and treatment of sexually transmitted infections (STIs)	Services tailored for women who inject drugs who are also engaged in sex work	Collaboration and cross-referral with programmes addressing sex work and HIV
Condom programmes for people who inject drugs and their sexual partners	Provision of female condoms	Secondary needle and syringe distribution[b]
Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners	Parenting support	Addressing stigma and discrimination
Prevention, vaccination, diagnosis and treatment for viral hepatitis	Child care	Advocacy for improved services and the elimination of policy, legal and social obstacles
Prevention, diagnosis and treatment of tuberculosis (TB)	Couples counselling (aimed at ensuring that the responsibility for reducing HIV and health risks is equally shared between both partners)	Resourcing
	IEC that is specifically relevant to women who inject drugs (including safer injecting and safer sex techniques)	Data
	Legal aid (attuned to be accessible and relevant to the needs of women who inject drugs)	Participatory planning, implementation and evaluation
	Provision of psychosocial and ancillary services and commodities	
	Income-generation interventions for women who inject drugs	*NOTE*: Where interventions listed in columns 1 and 2 of this chart cannot be included on-site, strong referral linkages should be developed with relevant service providers as available.

[a]These elements are detailed further in the UNODC practical guide for governmental and non-governmental service providers on interventions addressing the needs of women who inject drugs.

[b]Secondary distribution involves peer outreach workers as well as other services, such as sexual health clinics, drug dependence treatment services and hospital emergency services. It is an important approach, because it can help maximize the accessibility of sterile injecting equipment.

barriers to the delivery of services to women are still common in some parts of the world.

In order to mainstream gender equality across the nine harm reduction components specified in table 1, policymakers should work to improve the availability, accessibility, affordability and acceptability of all the components for women who inject drugs. Also essential to understand in different contexts are the gender roles and inequalities that exist in communities of people who inject drugs and in societies more broadly. This is particularly relevant for harm reduction planning and programming, because structural gender inequalities tend to be closely related to the injecting and sexual practices that contribute to HIV risk.

The establishment of strong working linkages with other services can help ensure more thorough gender mainstreaming of harm reduction programmes. Other services might include those for sexual and reproductive health, maternal and child health, gender-based violence, legal support and evidence-based drug dependence treatment. Where such elements are "outsourced" from harm reduction programmes, the linkage-strengthening process should include staff training to build capacity for service delivery that is acceptable and friendly for women who inject drugs. Further integration of gender-specific services can be achieved by introducing harm reduction elements for women who inject drugs into other health services, such as providing opioid substitution therapy (OST) in maternity hospitals.

And finally, it is critical to support meaningful involvement of women who inject drugs at all levels and stages in developing and implementing policy that may have an impact on them. Failure to seek and include their input will likely result in insufficient or inadequate approaches.

Resource mobilization for gender-specific harm reduction programming

The severe underfunding of harm reduction around the world remains a major barrier to scaling up HIV prevention, treatment and care for people who inject drugs.[38] The lack of investment in developing targeted services for women who inject drugs is even more acute.[39]

Specific investment is needed to ensure that women have access to harm reduction services that meet their needs. However, such funding will only achieve optimal impacts where resource mobilization is undertaken in tandem with efforts to identify and overcome service access barriers. In order to identify funding gaps and ensure that funding is proportionate to need, better investment tracking and a greater awareness is needed among governments of both their overall harm reduction investment and their specific investment in harm reduction for women.

Incarceration, women who inject drugs and harm reduction

An increasing number of women are being incarcerated for drug-related offences worldwide.[40] In fact, drug offences are one of the primary reasons why women enter the prison system.[41] For example, in several Latin American countries, between 60 per cent and 80 per cent of women are incarcerated for drug-related offences.[42] In Europe and Central Asia, more than 25 per cent (and up to 70 per cent in Tajikistan) of women prisoners were convicted of a drug-related offences.

Given the close linkages between illicit drug use and incarceration, and taking into account health and human rights perspectives and the widespread availability of narcotics in most prisons, it is important that prison systems provide access to the Comprehensive Package of harm reduction interventions and health services equivalent to those available in the community. In addition to the harm reduction components as listed in the *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*,[43] UNODC details a prison-specific comprehensive package of 15 specific interventions required to respond to HIV in closed settings (along with recommendations concerning gender responsiveness and broader prison and criminal justice reforms).[44]

These evidence-based recommendations are infrequently adopted, however. In many countries, harm reduction interventions, including opioid substitution therapy, are not available in women's prisons.[45]

Introducing comprehensive harm reduction services in women's prisons is only one part of a more enlightened and effective overall strategy. For societies overall, social, health and economic outcomes would improve if fewer women who use drugs were incarcerated. Achieving this goal requires a close

and realistic look at existing harsh policies in many contexts. In most cases, drug offences committed by women are related to personal drug use and possession of small amounts of drugs, with no intent to sell. Most of these women have not committed any violent crime[46]—and for example, in Latin America, most incarcerated women are first-time offenders.[47] Given that women are often responsible for the household and children, incarceration for lengthy periods of time may result in children either accompanying their mother to prison or ending up on the street.[48]

In prison, women often have a higher prevalence of blood-borne viruses and STIs and more health problems than male inmates.[49,50] Further, women in prison experience a variety of other harms, including the loss of custody of their children and sexual violence.[51] Upon release, the stigma of imprisonment weighs more heavily on women than on men. In some countries, women are discriminated against and unable to return to their communities after being released from prison. Women in closed settings, including in compulsory "rehabilitation" centres,[52,53,54] are particularly vulnerable to sexual violence and abuse.

Most female drug offenders could be dealt with more effectively by alternatives to imprisonment specifically targeting the drug problem rather than imprisonment.[55]

The United Nations Standards for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ("the Bangkok Rules")[56] promote alternatives to prison sentences for women and emphasize the importance of appropriate health care, humane treatment, preserving dignity during searches, protection from violence and provision for children of incarcerated women.

The way forward

Country-level strategic planning should be directed towards taking action in response to the suggestions below and achieving universal access to HIV prevention treatment care and support for women who inject drugs.

To this end, a national coordination mechanism should be established that is composed of key national stakeholders representing at the highest level the **health ministries, national HIV/AIDS authorities and government agencies responsible for** women's affairs, the judiciary, penal institutions and illicit drugs. The public sector cannot and should not act alone, however. **Civil society and community groups, in particular those for and including women who inject drugs, should be involved in all stages of planning and implementing initiatives and strategies.** Their engagement is vital to help ensure that steps taken are acceptable among the intended beneficiaries and thus are as effective as possible.

The following actions should be integrated in national AIDS plans, as well as other relevant programming and planning areas (for example, for penal systems). Resources should be allocated for their implementation.

1. *Collect gender-specific strategic information*

- Collect sex-disaggregated data on drug use, HIV prevalence and coverage of harm reduction services components (as listed in table 1), including in prisons.
- Identify and fill research gaps to improve understanding of the needs of women who inject drugs. This is necessary to inform evidence-based service provision.

Data collection methodologies should be rigorous and transparent. A lack of data does not constitute a reason to delay implementation of gender-specific harm reduction interventions.

2. *Mainstream harm reduction interventions for women who inject drugs*

- Introduce/expand and integrate gender-specific elements (see table 1) within all harm reduction services, including in prisons and pre-trial detention centres.
- Develop specific guidelines, indicators and targets that address the needs of women who inject drugs with regard to harm reduction services, sexual and reproductive health, pre- and post-natal care and other key interventions (as listed in columns 1 and 2 of table 1).
- Prison systems should provide access to the Comprehensive Package of harm reduction interventions and health services equivalent to those available in the community, including during pre-trial detention, and ensure that no interruptions of ART and OST occur in any settings associated with detention (including pre-sentencing).
- Provide sexual and reproductive health care, psychosocial support and other forms of gender-sensitive care in women's prisons and pre-trial detention centres.

3. *Strengthen capacity and increase resources*

- Establish functional working partnerships and policy harmonization across all relevant stakeholder ministries, including justice, corrections, health, women's affairs and social welfare. Such partnerships should include the non-governmental sector as well, including community-based organizations that focus on gender equality, harm reduction services and women's health.
- Train harm reduction service staff to deliver gender-specific services.
- Ensure that law enforcement training curricula and health-care staff training curricula include materials on the needs and rights of women who inject drugs, stigma reduction and appropriate referrals to harm reduction services.
- Allocate resources to introduce and expand gender-specific harm reduction service provision for women who inject drugs.
- Integrate gender analysis into policy and programme planning and monitoring and evaluation frameworks, and build capacity to address gender inequalities faced by women who inject drugs.

4. *Create an enabling policy environment*