

## ISSUE PAPER 05

# WOMEN WHO USE DRUGS AND HIV POSITION STATEMENT 2015

This statement is a collaboration between the International Community of Women Living with HIV (ICW) and the International Network of People who Use Drugs (INPUD), including the International Network of Women who Use Drugs (INWUD), and serves as the beginning of a joint effort to recognize and address the specific needs and rights of women who use drugs who are also living with HIV. ICW and INPUD recognize the intersectionality of the experiences of women who use drugs and of women living with HIV, and therefore recognize the need for a public expression of solidarity to strengthen the impact of both movements.

Women-identified drug users and those also living with HIV face significant challenges accessing a broad set of healthcare services, including HIV treatment, care, and support, as well as harm reduction services. These challenges stem from structural, social, and cultural prejudice stemming from punitive drug policies around the world.<sup>1</sup> As Anand Grover, UN Special Rapporteur on the right of everyone to the highest attainable state of health, has pointed out, 'The criminalization of [the practice of using drugs] hinders the right to health of all persons.'<sup>2</sup> Additionally, the World Health Organization (WHO) recently published a statement in the 2014 Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations, 'Countries should work toward developing policies and laws that decriminalize injection and other use of drugs and, thereby, reduce incarceration.'<sup>3</sup>

HIV prevalence is disproportionately high among women who use drugs when compared to other women of reproductive age. In many countries, HIV prevalence among women who inject drugs is significantly higher than in men who inject drugs,<sup>4,5</sup> especially where harm reduction services are not widely available.<sup>6</sup>

Women who use drugs also face restrictive laws, which reduce access to necessary harm reduction services; this includes opiate substitution treatment (OST) programs, wherein women are disproportionately underrepresented. In Europe, the male to female ratio of drug users in treatment was 4:1 in 2010, significantly higher than the ratio between the male to female users.<sup>7</sup> In Eastern Europe, only 0.003 per cent of women who inject drugs have access to OST.<sup>8</sup> Women who inject drugs also have poor access to sterile injecting equipment and condoms, as well as limited access to sexual and reproductive health (SRH) services. These service shortfalls are particularly acute in prisons and other closed settings. Vertical transmission of HIV amongst women who use drugs is significantly higher than among other women living with HIV.<sup>9</sup>

Despite the greater burden of HIV amongst women who use drugs, there is a lack of research on the lived experiences of these women, particularly in relation to combating physical and sexual violence, and to the criminalization of women who use drugs and are living with HIV. Recognition of the sexual and reproductive health and rights of and violence against women who use drugs is lacking, and is compounded by poor access to maternal healthcare and other human rights violations including the provision of misleading information about the effects of drugs during pregnancy and forced and/or coerced abortion and sterilization. In addition, drug use alone can result in women having their children removed from their custody, regardless of their parenting ability and often at great detriment to both mother and child.<sup>10</sup>

These critical shortfalls in women's access to HIV and harm reduction services are caused by punitive responses to drugs and drug use, a lack of political support and leadership towards scaling up effective approaches, a lack of gender sensitive services, and very high levels of discrimination experienced by women who use drugs.

The HIV movement has mirrored the service environment where, due to barriers and the lack of relevant services and enabling environment to 'draw out' women who use drugs who are living with HIV, we also see that very few women living with HIV who use drugs are being heard within the HIV movement. Multiple stigmas exist for women living with HIV who use drugs; for example, compounding stigma intersections between simultaneously being a woman, being a person who uses drugs, and being a person living with HIV. A strong and united voice in advocacy efforts is required.

**Discrimination and stigma against people who use drugs exists within the global HIV response, including within networks of people living with HIV. We seek to strengthen our shared efforts to end the criminalization of drug users, reduce stigma and discrimination against women who use drugs, and to recognize and address the unique needs of women living with HIV who use drugs.**

### ICW & INPUD recommend:

- Increased advocacy to decriminalize drug use;
- Recognizing women who use drugs as the experts in their own lives, and *meaningfully* involving women who use drugs who are living with HIV in the design, implementation, monitoring, and evaluation of programs and research affecting them;
- Comprehensive advocacy to influence governments to ensure that drug control policies do not undermine HIV prevention and treatment services by marginalizing women who use drugs and creating barriers to their access to essential health services;
- Ensuring that harm reduction and HIV-related services and policies are scaled-up, evidence-informed, low threshold (affordable, accessible and relevant for women), and in harmony with gender equality, human rights and public health frameworks;
- Increased access to information, communication and education tools specifically for women who use drugs who are living with HIV about increasing treatment literacy about ARVs, drug interactions between ARVs and opioid substitution therapies and , possible opioid substitution therapy dosing complications during pregnancy;
- Ensuring SRHR services are available, affordable, evidence-based, and free from coercion for women who use drugs;
- Ensuring that the rights of all self-identified women, inclusive of women living with HIV and women who use drugs, are protected under law, and that they can access the justice system where necessary;
- Ensuring that women who use drugs and women who are living with HIV have access to intimate partner violence support, reporting, and prevention services;
- Promoting the Bangkok Rules regarding alternatives to incarceration for non-violent offences;
- Increasing resources and supportive programming for incarcerated women who use drugs and who are living with HIV;
- Removing any legislation that makes drug use alone the rationale for extracting children from their parents' custody or that seeks to punish women for using drugs during pregnancy;

- Ending the multiple stigmatization of women who use drugs and of women living with HIV, and eliminating judgmental structures, attitudes, and language<sup>11</sup> against drug users within the HIV and drug user movements, respectively;
- Implementation of gender-based data disaggregation and increased research on the experiences of women who use drugs who are also living with HIV;

**Women who use drugs and who are living with HIV are entitled to live free from violence, stigma, and discrimination. We recognize that community empowerment and leadership from women who use drugs is an integral component for effective responses to HIV. Self-determined efforts to ensure that inalienable human rights are upheld for women who use drugs and women living with HIV must be supported.**

## Endnotes

- 1 Advancing\_Sexual\_Reproductive\_Health\_Human\_Rights\_Injecting\_Drug\_Users\_Living\_with\_HIV\_2010 pg. 5.
- 2 See FN 1.
- 3 WHO. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. 2014. <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>
- 4 European Monitoring Centre for Drugs and Drug Addiction. (2006). Annual report 2006: the state of the drugs problem in Europe. <http://ar2006.emcdda.europa.eu/en/home-en.html>
- 5 Open Society Institute Public Health Program (2007), Women, harm reduction, and HIV, [http://www.soros.org/sites/default/files/women\\_20070920.pdf](http://www.soros.org/sites/default/files/women_20070920.pdf)
- 6 For instance in Senegal, a 21.1 per cent HIV prevalence was reported amongst women, versus 7.5% for men. In Tanzania this was 72% of women who injected heroin are HIV positive, compared to 45% of men (UN Women 2014).
- 7 UNWomen. (2014). Policy Brief: A gender perspective on the impact of drug use, the drug trade and drug control regimes, [http://www.unodc.org/documents/ungass2016/Contributions/UN/Gender\\_and\\_Drugs\\_-\\_UN\\_Women\\_Policy\\_Brief.pdf](http://www.unodc.org/documents/ungass2016/Contributions/UN/Gender_and_Drugs_-_UN_Women_Policy_Brief.pdf)
- 8 INPUD, UNODC, UNWomen, WHO (2014). Policy Brief: Women who inject drugs and HIV: Addressing Specific Needs, [http://www.unodc.org/documents/hiv-aids/publications/WOMEN\\_POLICY\\_BRIEF2014.pdf](http://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf)
- 9 Thorne C., Semenenko I., Pilipenko T., Malyuta R. and the Ukraine European Collaborative Study Group. 'Progress in prevention of mother-to-child transmission of HIV infection in Ukraine: results from a birth cohort study' (BMC Infectious Diseases, 2009), 9:40, doi: 10.1186/1471-2334-9-40.
- 10 GCWA Women who use drugs, harm reduction and HIV. 2012. <http://idhdp.com/media/1114/brief-women-drugs-hiv-harm-final.pdf>
- 11 **INPUD Position Statement on Language, Identity, Inclusivity and Discrimination.** <https://inpud.wordpress.com/position-papers/inpud-position-statement-on-language-identity-inclusivity-and-discrimination/>

