

**Joint side event by the Commission on Narcotic Drugs and the Commission on the Status of Women, entitled "*Jointly supporting gender mainstreaming in the implementation of the 2030 Sustainable Development Agenda*"**

Friday, 2 December 2016, from 2:00 to 3:00 PM  
Conference Room C3, 7th floor, C-Building

***Remarks by Mr. Aldo Lale-Demoz, Deputy Executive Director, UNODC***

Let me shed light on some of the gaps we need to address, if we wish to make substantive progress on gender mainstreaming in the context of our drugs and crime mandates, which in turn will help achieve goals under the Sustainable Development Agenda. According to the UNODC World Drug Report, women are still a minority when it comes to using drugs. Only one in three individuals using drugs is female.

However, a more sophisticated analysis by substance reveals that the picture is quite different when we look at, for example, the non-medical use of tranquilisers (2 women use these substances for each man) or into prescription opioids (used slightly more by women than by men).

Equally important, if one in three individuals who use drugs is female, only one in FIVE individuals in treatment is a woman. This is because women face significant barriers accessing treatment and, when in treatment, are more likely to be dealing with trauma, to have child care responsibilities, to have a partner who uses drugs and to be poorer than their male counterparts.

Yet, on the basis of our work in the field with other partners, it is possible to effectively prevent drug use amongst girls and women, as well as boys and men, and to provide treatment, care and rehabilitation to women who suffer from drug use disorders, if we recognize and address gaps.

For example, only 5% of evidence-based drug prevention programmes have analysed data disaggregated by gender. How can we inform policy making when the

special needs of women are invisible?. There is also limited research on what the factors are that make girls vulnerable to drug use. The little we know indicates that there ARE different vulnerabilities: such as negative family dynamics which may weigh more, concerns with body image, low self-esteem, and the role of partners. In this context, family skills programmes appear to be the kind of intervention that more consistently result in positive outcomes for girls as well as for boys.

The literature on the provision of services to women who suffer from drug use disorders, including pregnant women, is more extensive and we DO know that women can recover as well as men when they are provided voluntary, evidence-based and gender-sensitive services.

Since 2010, UNODC has been piloting family-skills prevention programmes in more than 20 countries, ensuring that children, both boys and girls, are provided with the strongest protective factors to grow healthy and safe. Moreover, UNODC jointly with WHO, has been engaged globally in more than 40 countries to improve the treatment of drug use disorders, making it consistent with human rights and science, and publishing the International Standards for the Treatment of Drug Use Disorders, devoting an entire chapter on providing services for girls and women. We also partnered with WHO to develop the Guidelines On The Management Of Substance Use Disorders In Pregnant Women.

According to recent estimates, **women's share of people who inject drugs** ranges from **10-30 % in Europe**, and **20 % in EECA and LA**; **10-20 % in parts of Africa**; **20 % in China and Viet Nam**, and at least **10 % in other parts of Asia**.

In fact, **HIV prevalence is higher among women who use drugs** than men who use drugs in **many regions** of the world.

Similarly, women represent **5-10% of the global prison population**.

And this number **is rising in all continents**. An **increasing number** of women **are being incarcerated** for drug-related offences worldwide. These women are usually

minor players and often become involved in drug trafficking as a result of manipulation, coercion, poverty or their own drug addiction.

Women often face justice and prison systems that are neither designed nor able to meet the gender-specific needs of women or take into account their specific backgrounds and circumstances. For instance, specialized treatment programmes designed to address prior victimization, as well as the special needs of pregnant women and women with children are often unavailable.

Women in prison also have **a higher prevalence of HIV** than men in prison and **an even higher prevalence** than women in the general community. They are also **more at risk of contracting TB**.

The **road that lies ahead** for women who use drugs is **often bumpier** than that of men – as it is often marked by **poverty, violence including sexual violence, and fear of losing custody** of their children.

Similarly, **women are disproportionately at higher risk for drug use, HIV and sexual violence** during their **incarceration but also after their release**.

Still, **sexual and reproductive health, and harm reduction services** are generally **not provided** in women's prisons. Women are often **responsible for the household and children**, and their **incarceration can result** in a situation where the **children accompany their mothers to prison** or **face other health and social risks** in the community or they **might even be born in prisons and become infected with HIV**.

Yet, **essential services to prevent Mother-to-Child Transmission (MTCT) of HIV in prisons** are almost always lacking.

**To address some of these glaring facts, UNODC supports countries**

- **with the review of drugs & criminal justice laws, policies & practices and determining if they have a negative impact** on women.

- ensuring that **policies and programmes concerning criminal justice or regarding HIV are gender responsive**, and
- **considering effective & humane approaches**, e.g. **alternatives to imprisonment** for women including for drug use

Some of our recent technical assistance tools include a Handbook and Training Curriculum on Women and Imprisonment, as well as an E-learning module on non-custodial measures for women offenders (together with the Council of Europe).

We are providing targeted assistance to support countries in implementing the UN Bangkok Rules to improve the situation of women offenders and prisoners. [Last year, for example, UNODC organized vocational skills workshop for female prisoners (in Afghanistan), carried out assessments in women's prisons (Mexico and Nepal), and supported countries in the drafting of an action plan for women prisoners (Bolivia) and in raising awareness of the special needs of women deprived of liberty (Panama).]

A specific focus on women is also part of our joint initiative with WHO (launched in 2015) to identify experiences and best practices as regards of treatment and care for people with drug use disorders in contact with the criminal justice system, including alternatives to conviction or punishment. An expert consultation was held this year and we are currently developing a technical tool on this topic with examples of promising practices.

We also assist countries to **involve & support Civil Society Organizations (CSO) & Community Based Organizations (CBO)** representing **women who use drugs** in **policy and programme development, implementation, and monitoring & evaluation**. And finally, we advocate for the **implementation & enforcement of measures to prevent violence, including sexual violence**, both in community and in prisons.

In collaboration **with partners**, including **CBOs**, we develop **normative guidance, tools, policy briefs and technical papers** to address the **specific needs of women who use drugs and women in prisons**.

Likewise, we **implement tailored projects** addressing **the needs of women who use drugs** in their communities and **in prisons** in **Pakistan, Nepal, Afghanistan and Ukraine**.

Similarly, we **build capacity of national partners** including **CSOs and Law Enforcement agencies**, on the subject of **gender-responsive HIV services** for people who use drugs.

**In conclusion**, the situations of women and girls who use drugs, face related health risks or are in contact with the criminal justice system show gender specificities and require gender sensitive responses. Unless the need for gender mainstreaming is understood and reflected throughout our work, unless we make sure that women and men, boys and girls benefit equally from what we do, our work will not be fully effective. Both Commissions, as well as UNODC, are well placed to contribute to the SDGs, especially SDG 3 on health, SDG 5 on gender and SDG 16 on peace and justice. We are therefore also in a good position to mainstream gender in the implementation of these goals and contribute to gender equality in all areas of our work, from normative development to data collection and the provision of technical assistance.

Thank you.