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EXECUTIVE SUMMARY

The working group on “Emerging issues in drug policy” of the Civil Society Forum on Drugs identified the enhancement of the gender perspective in EU drug policy as one of the overarching categories where the CSFD could further contribute.

The first step towards this objective has been to review the extent to which a gender perspective is included in the EU Drug policy. In this report, we aim to describe how a gender perspective and gender-related aspects are included in both documents and provide an evaluation to this regard. Secondly, a comparison with the previous Strategy and Plan of Action was carried out to assess the evolution of said documents in relation to the gender perspective. Thirdly, the document includes a section referring to the CSFDs previous recommendations on the Strategy and Action Plan specifically on gender. The fourth part of this report includes a list of recommendations on how to enhance gender perspectives in drug-policy related documents in the future. Finally, the document provided links from different jurisdictions to best practices on implementation of gender perspective in drug policy.

Summary of recommendations for enhancing gender perspective in EU drug policy documents

1. **Mainstream gender** within the policy documents: include gender transversally within all measures rather than as individual points. Gender mainstreaming should be understood as a long-term and transversal process as it will entail influencing the organizational structures, the economic and social contexts, and the political will. A gender perspective should permeate the policy documents.
2. Develop **more detailed recommendations** that favour the implementation and incorporation of a gender perspective into the concrete design of structures, services, training programs for professionals.
3. Promote a more **gender-inclusive language** throughout the documents.

4. Place a stronger focus on **training and capacity building** for practitioners and civil society organizations who directly implement relevant policies and gender specific services.
5. Continue reinforcing the priorities and actions to **challenge stigma** and address the many different needs and impacted areas in people's lives, including education, social and economic issues and the justice system.
6. Widen the scope of the policy formulations, to include persons from the **LGBTQIA+ community, children whose parents or primary caregivers use drugs** and reinforce the **concept of intersectionality** by considering people with intersecting axes of vulnerability such as **elder people, people living in homelessness, etc.**
7. Add concrete actions and interventions to **promote women and non-binary people specific services.**
8. Include the need for **trauma-informed interventions** and the **need for comprehensive quality care for women who use drugs, women in recovery and women in situations of gender-based violence and coercive control.** Add concrete actions and interventions to **address gender-based violence** involving dedicated training sessions and development and engagement with key professionals e.g law enforcement.
9. Further develop tools and mechanisms to **ensure** that the policies are **implemented on the ground.** We recommend to add a **reviewing mechanism** in the Action Plan that **mirror the references to women and gender in the strategy.**
10. Interventions should always be evaluated and monitored from a gender perspective, and measures indicated in the Strategy should be mirrored in the Action plan. To that end, they should ensure that **data and indicators accompanying the policy documents are disaggregated by gender.**

GENDER PERSPECTIVE IN DRUG POLICIES AND THE SDGS

The inclusion of a gender perspective should be viewed from a holistic perspective. Indeed, promoting and increasing the number, and the quality, of services using a gender perspective is strategic in order to reach the Sustainable Development Goals 2030. The following objectives and targets are relevant in this respect:

- SDG 5: Achieve gender equality and empower all women and girls
- SDG 2: End hunger, achieve food security and improved sustainable agriculture
 - 2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous people, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
- SDG 3 Ensure healthy lives and promote well-being for all at all ages and related targets
 - 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
 - 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
 - 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

ANALYSIS OF THE CURRENT INCLUSION OF GENDER PERSPECTIVE IN THE EU DRUG STRATEGY AND ACTION PLAN

EU Drug Strategy 2021-2025

The current Drug Strategy 2021-2025 sets out the framework for coordination at EU level in the field of drug policy and for the development of regulation at National level.

Taking a closer look on gender-related aspects in the document, the EU Drug Strategy explicitly states (see Annex I for excerpts of the Drug Strategy 2021 - 2025):

- Incorporate **gender equality perspective** (point 2, page 1).
- Respect of Human Rights and the **rights to health regardless of gender** (point 4, page 2).
- **Barriers to access treatment and to extend the coverage of treatment and care services:** Services need to be **sufficiently available and funded and appropriate** and they need to take into account the **gender perspective** (point 6.3, page 16).
- The document also includes the need to **reduce the barriers** to access, based on different intersectional factors. (point 6.3, page 16).
- There is an explicit reference to the need to widely **implement treatment and care addressing the specific needs of women, by identifying the barriers women** more specifically face: domestic violence, trauma, stigma, physical and mental health issues, pregnancy and childcare issues. **Life experiences of women with drug-use problems** is also highlighted, together with the need to be cognisant to the **different patterns of drug use for women**. Finally, the Strategy promotes the development of

women-only services, and other services such as those **accompanying children** and care providers that work with **vulnerable women and victims of domestic violence** (point 6.5, page 17).

- There is a particular mention of the need for **drug treatment services in male and female prisons** that include access to the opioid agonist treatment, rehabilitation and recovery as well as the measures to reduce stigma (8.1, page 21).
- Finally on international cooperation, reference is made to promote **alternative development measures** that need to commit to **gender equality** principles, when dealing with the **cultivation of illicit drugs in third countries** (point 9.6, page 27).

EU Drugs Action Plan 2021-2025

The EU Drug Action Plan 2021-2025 further develops the EU Drug Strategy with concrete actions, their timetable and responsible parties. It also describes the overarching indicators for the EU Drugs Action Plan 2021-2025.

Here is a list of the explicit references found in the Plan of Action (see Annex II for excerpts of the Drug Action Plan 2021 - 2025):

- When referring to the need to provide, implement and where necessary increase the availability of **evidence-based early intervention measures**, it is important to promote partnerships in the provision of such measures to prevent among others gender-based violence (Action 29, page 11).
- A statement is made that **treatment and care services should be gender-sensitive**. Reference is made to the WHO/UNODC International Standards for the Treatment of Drug Use Disorders, which include a reference to the needs of families of people who use drugs (Action 32, page 12).
- Again reference is made to the issue of the identification, addressing and reducing of **demographic and personal barriers** but this is not developed further (Action 36, page 13).
- The specific **needs of women in treatment and care services** are included later on, when dealing with the barriers to treatment and the need for drug-related services to respond to the needs of women. The same action aims to **reach women who use drugs** and **raise awareness of available women centered treatment and services for gender-based violence**. When referring to women who are victims of violence and drug use, it refers “to drug prevention and to support and treatment”. (Action 40, page 14).

14).

- Concerning the section on research, innovation and foresight, the EU Action Plan sets that **all data based on individuals should be disaggregated by sex** and the collection and presentation of data should consider the gender sensitive aspects of drug policy.
- The Action Plan also includes a description of the **overarching indicators**. In all, there are 11 indicators and none of them clearly target or include a specific reference to gender issues. At this point, from the CSFD point of view it is unclear if these indicators count gender-disaggregated data.

Evaluation on the inclusion of the gender perspective into the EU Drug Strategy and Action Plan

- All in all, it is **very positive** that both documents explicitly **refer to gender-related topics**, i.e. barriers to treatment and specific needs of women, and links these to broader aspects such as gender-based violence.
- The EU Drug Strategy and Action plan **seemingly incorporates gender through the documents but as individual points rather than through gender mainstreaming**; thus, at times a clear gender perspective is invisible apart from when directly added in the points specifically addressing gender and/or women as mentioned above.
- The documents need an **integrated gender sensitive approach throughout**, for example when stating the need for evidence-based interventions such as prevention, treatment and harm reduction these should include gender-sensitive and trauma-informed interventions (including support to victims of gender-based violence).
- A **gender inclusive language** could be strengthened throughout the Strategy and Action Plan.
- We welcome the **inclusion of stigma** as one of the main barriers to access treatment and care services, as this is certainly one of the biggest burdens faced by women who use drugs. We also note that the Plan of Action further develops actions for its implementation.
- The **absence of training on the inclusion of gender perspectives** in both documents is noted. This is key, particularly among service professionals, to ensure the comprehension of the gender perspective dimension and its correct implementation across all programs.

- **Little attention** is placed on **LGBTQIA+ communities, non-binary people, people with disabilities, the elder population and gender.**
- The importance of gender, and specifically **services targeting women** should be reinforced. For instance, no actions are documented to promote women-only services that are included in the Strategy.
- The concept of **intersectionality could be reinforced** throughout the document, not least in concrete points such as the barriers to access treatment. Intersectionality refers to the ways in which different aspects of a person's identity (such as colour, sex, ethnicity, vocation, mental health, gender identity, religion, age, wealth, nationality, criminal record and HIV status) can expose them to overlapping forms of discrimination. Thus it aims to reveal how the axes of vulnerability interact, expose the different types of discrimination and the disadvantages that occur as a consequence of the combination of identities of a person. This is crucial to understand and appropriately design programs and services that are gender-sensitive and transformative.
- The **perspectives of children whose parents or primary caregivers use drugs** is not included in the documents and should be further developed.
- Ensure that the data collected, as well as the monitoring and evaluation efforts, is **disaggregated by gender** to better understand and meet the needs and challenges of different groups and genders. Again, it would be good to incorporate **non-binary and transgendered people**, their needs, available services, and importance of ensuring evidence-based services with professionals adequately educated and equipped with the right tools.
- Gender-disaggregated data should also be available in **overarching indicators** and particularly in:
 - Indicator 5 on the health dashboard regarding the health impact of drug use
 - Indicator 6 on the prevalence and patterns of drug use
 - Indicator 7 on reducing harm dashboard that focuses on the measures of availability of evidence-based prevention, treatment, harm reduction services and alternative to coercive sanctions
 - Indicator 10 on the response to drug use in prisons.

It would also be important to know who is the responsible party for collecting this information and how the revision mechanisms for these indicators will work.

COMPARISON TO THE PREVIOUS STRATEGY AND ACTION PLAN: ASSESSING THE PROGRESS MADE

Comparing the EU Drugs Strategy and Action Plan 2021-2025 with the previous one, there is a **clear progress** in the inclusion of gender issues and perspective.

The **EU Drugs Strategy 2013-2020 did not make any reference** to gender issues and specific women needs, the terms ‘gender’ and ‘women’ are not present in the document at all. While the new EU Strategy explicitly refers to gender equality and right to health regardless of gender in the general principles and aims, the previous Strategy only referred to equality as one of the founding values of the EU and to the Universal Declaration on Human Rights as the international legal basis of the document.

In the field of drug demand reduction, the strategic priorities were to ‘Improve the availability, accessibility and coverage of effective and diversified drug demand reduction measures’ and to ‘Expand the availability, accessibility and coverage of effective and diversified drug treatment’. **No reference was made addressing women needs and improving gender-based services**, while the new Strategy clearly states the need to increase gender-sensitive treatment and care services.

Similarly, in the **EU Action Plan 2013-2016** and **EU Action Plan 2017-2020** **specific reference** to women’s needs and gender-specific issues **was almost absent**. The first Action Plan mentioned the topic only among prevention priorities (‘Improve the availability and effectiveness of **prevention measures** that take account of gender factors’), but not in relation to treatment and rehabilitation services. In the second Action Plan, reference to gender-specific issues was included also under **treatment and rehabilitation priorities** (‘Expand the provision of rehabilitation/reintegration and recovery services with an emphasis on services that take account of gender-specific needs’). It is worth noting that gender perspective was included as an **emerging need** in the field of drug abuse.

In both the two previous EU Action Plans, the gender topic was mentioned also under the field of **International Cooperation** (point 35. 'Contributing to initiatives that aim to reduce poverty, conflict and vulnerability by supporting sustainable, legal and gender sensitive livelihoods for people who were previously, or are currently, involved in illicit drug production').

However, among the 15 overarching Indicators for the two EU Action Plans, none referred to womens access to services or other gender specific issues.

PREVIOUS CSFD'S FEEDBACK FROM STRATEGY AND ACTION PLAN REGARDING GENDER PERSPECTIVE

The Civil Society Forum on Drugs produced the paper [Recommendations of the Civil Society Forum on Drugs on the implementation of the European Union Drug Strategy and Action Plan 2021-2025](#) in 2022. These recommendations result from the meeting “*Future of the EU Drug Policy: The implementation of the EU Drug Strategy and Action Plan 2021-2025*” organized by the Civil Society Forum on Drugs (CSFD) in Warsaw on 23-24th September 2021.

Below are the excerpts that are recommendations on gender perspective and gender-related matters:

- Page 4: human rights related issues are mentioned for the first time in the context of specific populations, e.g. gender-based violence, **gender-specific services**. At the same time, unfortunately, there are no indicators for monitoring these aspects of drug policy in the Action Plan. This means that there will not be any measurable indicators or any kind of assessment on how this strategic priority is implemented.
- Page 8: Finally, several general recommendations that may help address the shortcomings of the Strategy during the harm reduction implementation process include:
 - Taking into consideration the needs of specific populations while developing services (e.g. **gender-specific** or youth-oriented services, men having sex with men);
- Treatment: Peers should be equal partners in a multidisciplinary approach to service provision. Indeed, sometimes one can see peers working in various organisations. However, they primarily work voluntarily, without remuneration. However, the work they accomplish is no different than the work of service's permanent staff, and as such, should be paid. In addition, specific target groups/communities should be represented among peers working in services, e.g. youth peers working with youth, **women peers working with women**, etc.

- Treatment: Accessibility of various services for **women (operating with a gender approach)** should be stipulated in policy and implemented in practice. Implementing such services in practice means that necessary funding should be secured for service providers to maintain women-oriented programmes.

CONCRETE RECOMMENDATIONS FOR ENHANCING GENDER PERSPECTIVE IN THE UPCOMING PLAN OF ACTION AND STRATEGIES AND OTHER EU DRUG POLICY DOCUMENTS

In order to improve the existing and future documents and enhance the gender perspective, the following points should be noted:

- **Strengthen the gender perspective within Strategy and Plan of Action.** Gender perspective is included in some paragraphs and specific actions: explicit references to it are present in the previous Action Plan and Strategy as described in the introduction of this document. However, gender mainstreaming in drug policy is a process that might require a long time as it will entail influencing the organizational structures, the economic and social context and the political will.
- Furthermore, it will require the development of more detailed **recommendations that favour the implementation and incorporation of a specific gender perspective into the concrete design of structures, services, training programs for professionals.** A useful tool for assessing the implementation of a gender perspectives in strategy or policy documents and enhance it as appropriate is the UNOV and UNODC “Checklist for Gender Mainstreaming in Project/Programmes¹” and the Pompidou Group. 2022 paper on “Implementing a gender approach in drug policies - A handbook for practitioners and decision makers”².

¹ UNOV and UNODC. “*Checklist for Gender Mainstreaming in Project/Programmes*”. Available at: https://www.unodc.org/documents/Gender/Gender_Mainstreaming_Checklist_2021.pdf

² Pompidou Group. 2022. “*Implementing a gender approach in drug policies - A handbook for practitioners and decision makers*”. Available at: <https://rm.coe.int/2022-ppg-implementing-a-gender-approach-in-drug-policies-a-pg-handbook/1680a66835>

- Promote a more **gender-inclusive language** throughout the Strategy and Action Plan, keeping a **gender sensitive approach** that challenging existing gendered norms and thus functions to reduce stigma. For instance, reference is made to women only in particular points rather than the language consistently incorporating gender, no reference is made to trauma-informed interventions, nor is gender referred to in a transformative language, encompassing a broader definition of gender.
- Consider the inclusion of more **training and capacity building** for practitioners and civil society organizations who directly implement drug policies and services and are in contact with relevant populations. The exchange of expertise in the area of gender-specific interventions within organizations and professionals in the drug field has to be **structurally included and adequately funded within policy**. Professionals should be equipped with tools to best meet the needs of the beneficiaries, including but not limited to, gender, trauma and gender-based violence.
- Continue reinforcing the priorities and actions to **challenge stigma** by addressing the many different needs and impacted areas in people's lives, including education, social and economic issues and the criminal justice system. Stigma and social exclusion can be addressed and combated with concrete **actions, offering real and accessible, available, and affordable** treatment and harm reduction services to those who have no access to them. The upcoming documents produced by the EU should give an important push in this direction.
- Drug policy should be able to address the specific needs of women, while also including persons from the **LGBTQIA+ community** who experience significant discrimination and also have limited access to adequate and specified services.
- Equally, it is necessary that the **concept of intersectionality** is taken into account in policy and service design and implementation. Addressing the different layers of discrimination that women and non-binary people experience would increase the effectiveness of the interventions. To this end, it is essential to include would other communities that are vulnerable such as **people living in homelessness, older population, etc.** with complex needs including drug use.
- **Children whose parents or primary caregivers use drugs** are often invisible to policy makers, undetected and unrefereed to services which are not designed to provide gender specific intervention. Parents, in many cases, single-parent families, the single parent is often the mother, are reluctant to disclose information regarding their parental role when they access services, fearing that they might loose custody of their children.

Actually, one of the few actions implemented to address the issue is the removal of the child from the family unit in the event of a report to child protection services, without further interventions to accompany and favour the family reunification, or quality evaluation of the effectiveness of this intervention on parents' and children's lives. There is no reliable data on the numbers or studies undertaken into the circumstances of these families/children and the most appropriate interventions. It is **necessary to include them** in the upcoming drug-related documents not only in order to equip services and to train staff so that the parents' needs can be met and allay their fears, but also with the aim of studying, identifying and implementing effective interventions, respectful of human rights of the parents and of children as well (in particular the Convention on the Rights of the Child art. 33). Families should be taken care of in their entirety, offering treatment and pathways to recovery from substance use disorders-related problems on the one hand, supporting their parenting skills on the other, and guaranteeing children a nurturing environment, whenever possible within their own family unit, with the support of a network of appropriate services and working closely with other stakeholders (schools, family associations, volunteers, etc.). Specific programs should be implemented to take care of these children, addressing their needs and breaking the barriers of invisibility and isolation they suffer. They are often marginalized together with their families who self-isolate in an attempt to avoid further stigma, which severely impacts the children's social life. On this topic, a study was carried out by the Pompidou Group³ with the aim of contributing to the discussions on the themes which should appear in the new Council of Europe Strategy on the Rights of the Child (2022-27).

- Add concrete actions and interventions to **promote women and non-binary only services**.
- Include the need for **trauma-informed interventions**. Trauma-informed care is particularly relevant when it comes to women, as a high percentage of them often develop substance use disorder as a consequence of trauma suffered in their childhood. The six principles of the trauma-informed-care described by SAMHSA⁴ are very clear about the elements that should be at the basis of any interventions based on the respect of human rights and of gender specificities: **safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural (gender, ethnic, religious, etc.) issues**.

³ Pompidou Group. "Children whose parents use drugs". Available at: <https://www.coe.int/en/web/pompidou/children#:~:text=In%202021%2C%20the%20Pompidou%20Group,and%20in%20their%20daily%20lives>

⁴ SAMHSA's Trauma and Justice Strategic Initiative. July 2014. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach". Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

- Include the **need for comprehensive quality care for women who use drugs in situations of gender-based violence**. The following principles should be applied while delivering essential services to women who use drugs: 1) rights-based approach; 2) advancing gender equality and women’s empowerment; 3) cultural and age appropriate, and sensitive; 4) survivor-centered approach; 5) safety is paramount; 6) perpetrator accountability. Unfortunately, most of these principles are not applied or fully applied in the essential services, when it comes to women who use drugs.
- The quality standards for essential services for women in situations of gender-based violence should meet the standards set by international instruments (Council of Europe Convention on preventing and combating violence against women and domestic violence⁵, Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines⁶ and the Convention on the Elimination of All Forms of Discrimination against Women⁷ and take into account the specific needs of women who use drugs.
- Add **concrete actions and interventions to address gender-based violence**, which is “carried out” by law enforcement such as involving dedicated training sessions and development and engagement with key professionals e.g law enforcement. Women who use drugs are not only exposed to high levels of violence by intimate partners, but also regularly subjected to sexualized violence, torture, and abuse by police. In 2013, the UN Special Rapporteur on Violence against Women, Rashida Manjoo, called on the UN Human Rights Council to recognize that “there is a strong link between violence against women and the incarceration of women, whether before, during, or after incarceration”⁸ and that “national and international drug policies are one of the main reasons for the increasing proportion of women in prisons around the world.”). The UN Office on Drugs and Crime also noted that **women in prison are particularly vulnerable to violence**⁹.

⁵ Available at: <https://rm.coe.int/168008482e>

⁶ Available at: <https://www.unodc.org/documents/justice-and-prison-reform/EN-Modules-AllInOne.pdf>

⁷ Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

⁸ UN Human Rights Council (2013). Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, Pathways to, conditions and consequences of incarceration for women, 21 August 2013, A/68/340, pp. 23-27. The document is available in English at the link (19/04/2022) <https://digitallibrary.un.org/record/758207?ln=en>

⁹ UNODC (2014). Women who inject drugs and HIV: Addressing specific needs. Policy brief.) The publication is available in English at the link (19/04/2022) https://www.unodc.org/documents/hiv/aids/publications/WOMEN_POLICY_BRIEF2014.pdf

- Further develop tools and mechanisms to **ensure** that policy documents are **implemented on the ground**. We recommend to add a **reviewing mechanism** in the Action Plan that **mirror the references to women and gender in the strategy**.
- The interventions should always be **evaluated and monitored from a gender perspective**. In light of the gender mainstreaming in drug policy, the evaluation instrument and the indicators should be designed considering the intersection of substance related problems with gender norms influence and structural inequalities, of those who access services with complex needs. The outcome evaluations of intervention programmes should also include the improvement of the well-being, stability and psychosocial functioning as well as the social and labour integration of treated individuals. To this end, it is necessary **that data and indicators accompanying the policy documents are disaggregated by gender**.

LINK TO CONCRETE BEST PRACTICES ON THE IMPLEMENTATION OF GENDER PERSPECTIVE AT EU LEVEL

Below is a list of EU countries that incorporates at different levels, a gender perspective in their national drug strategies:

- **German National Strategy:** draws attention to particular issues such as the need for a gender-sensitive approach.
- **Portuguese National Strategy:** includes emphasis on concerns regarding drug-using pregnant women and mothers with young children, and the potential of therapeutic communities that specialize in specific circumstances and care needs. It has established a prevention system completely based on the principle of humanism and designed around the individual and the different life cycle stages (pregnancy and postpartum period, children from 28 days to 9 years, children from 10 to 24 years, adults from 25 to 64 years, and adults over 65). For each stage, high-risk groups have been identified and their needs have been considered in the design of specific objectives set out by the national strategy.
- **French National Strategy:** it explicitly identifies women as key ‘vulnerable’ target groups.
- **Lithuanian National Agenda** on drugs, tobacco and alcohol control, consumption prevention and harm reduction by 2035, indicates that there is a lack of treatment, social care, social services and social psychological rehabilitation services for vulnerable groups of people with drug dependence (for minors, for specialized programs for women) and insufficiently developed and lack of availability of community psychosocial rehabilitation services for women with drug dependence and women with children. National agenda emphasizes, that there is a need to provide more targeted and gender-sensitive services for women who use drugs. In Lithuania, there is a lack of treatment program components adapted to the needs of women with drug dependence (e.g., in treatment programs, group sessions specifically for women or departments where only women and/or women with their underage children could receive help related to the use of psychoactive substance could be organized).

- **Spanish National Strategy:** it places an emphasis on ‘a transversal vision with a gender approach, incorporating the specific needs of women in all the actions and interventions proposed’. The availability of treatment is very high. In recent years, the offer of services has been expanded in the areas of dual pathology, female drug users and minors.
- **Swedish National Strategy:** The Swedish National Drug Strategy 2021-2025 has a clear gender dimension throughout the strategy and makes connections to other strategies relating to equality and gender-based violence. Furthermore, it is strongly grounded within the Convention on the Rights of the child and provides a clear child centred focus. A particular focus is given to women who inject drugs, identified as one of the most vulnerable groups. Women who inject drugs are often exposed to prostitution, violence and sexual violence to a greater extent than men, which is why both treatment and support efforts need to be designed to be able to meet women’s specific needs. In addition, personnel who meet women with abuse or addiction need a broad knowledge and competence to be able to provide good treatment and support. Experiences of selling sexual services must be taken into account as well as exposure to violence because it can be of great importance for further treatment planning. Overall, it meets many of the recommendations provided by this document, including that of better linking the policy to other policy documents, and incorporating intersectionality and children.
- **Italian National Plan:** The new Italian National Plan is at present a work in progress and the old one, which dated back to 2009 - 2012 is no longer available on the website of the Department for Anti-Drug Policy. However, since 2010 the Department for Anti-Drug Policy of the Government of Italy requested the assistance of UNICRI - United Nations Interregional Crime and Justice Research Institute, in promoting and managing a working group composed by professionals of public services and private not-for-profit sector (the so called Third Sector). The Pompidou Group was also involved in the study. The project was called DAWN - Drugs and Alcohol Women Network and the output of these two/three years project was a book titled: Promoting a Gender Responsive Approach to Addiction¹⁰.

The publication contains a very good analysis of the situation, highlights the shortage of gender specific services and proposes advanced recommendations, which also constituted the basis of the Resolution 55/5 proposed by the Government of Italy at the United Nations Economic and Social Council Commission on Narcotic Drugs Fifty-Fifth Session on 12-16 March 2012: Promoting strategies and measures addressing specific needs

¹⁰ UNICRI and the Italian Department for Anti-Drug Policy. “Promoting a Gender Responsive Approach to Addiction” Available at https://www.politicheantidroga.gov.it/media/2108/unicri_dawn_new.pdf

of women in the context of comprehensive and integrated drug demand reduction programmes and strategies¹¹.

In line with these recommendations, the new National Plan of Action on Drugs 2022-2025 which will be approved shortly, includes gender perspective as a specific transversal objective of all the three strategic lines of the plan: demand reduction, supply reduction, harm reduction.

- **Irish National Strategy (Reducing Harm, Supporting Recovery¹²)** recognizes that women can experience barriers to engaging and sustaining involvement with treatment and rehabilitation services and identifies the need to improve access to services for women, children and young people. The Strategy contain the following strategic actions:
 - Expand Addiction services for pregnant and postnatal women
 - Respond to the needs of women who are using drugs and/or alcohol in a harmful manner
 - Improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless
 - Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people.

A mid-term review of the Irish National Drug Strategy was completed and within this document it states:

‘The strategy recognises the diversity evident among drug users and the steps required in providing services that can accommodate this diversity and address the needs of particular groups in relation to problem drug and alcohol use.

The issue of gender and the specific needs of women were raised by stakeholders. The current strategy’s gender focus has tended to be mostly in the area of pregnancy and motherhood, which is in line with many other jurisdictions. Going forward actions could be considered that are gender specific, gender sensitive and gender transformative’

¹¹ CND Resolution 55/5 “Promoting strategies and measures addressing specific needs of women in the context of comprehensive and integrated drug demand reduction programmes and strategies“. Available at:

https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2012/CND_Res-55-5.pdf

¹² www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

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ANNEX I - EXCERPTS OF THE EU DRUG STRATEGY 2021-2025

Inclusion of “gender perspective”, “gender equality” and “women” concepts:

- Strategy is stated to incorporate gender equality perspective (point 2, page 1).
- Point 4, Page 2: *The Strategy fully respects the European Convention on Human Rights and the Charter of Fundamental Rights of the EU and is guided by the **human right to health**, which should apply to everyone regardless of, for example, age or gender. All women, men and children, including people with drug-use disorders, have the right to enjoy the highest attainable standard of physical and mental health, including freedom from violence.*
- Main references of gender perspective are in “Strategic priority 6: Ensure access to and strengthen treatment and care services” referring to:
 - 6.3. Identify and remedy the **barriers to accessing treatment** and ensure and, where needed, **extend coverage of treatment and care services** based on individual needs.
 - *6.3. Barriers to accessing support services and treatment need to be addressed and it must be ensured that healthcare and social services are both **sufficiently available, sufficiently funded and appropriate** to the needs of their client groups, and that they take into account the **gender perspective**. This may also include e-health offers, especially in the context of the COVID-19 pandemic. Barriers to access should also be reduced with respect to the key characteristics of the target group, such as demographic factors (e.g. age, **gender**, education, cultural background), situational factors (e.g. poverty, family circumstances, social circle, homelessness, migration, imprisonment), and personal factors (e.g. physical and mental health, disabilities, psychological well-being).*
 - 6.5. Widely implement treatment and care **addressing the specific needs of women**.
 - *Measures need to be taken to better identify and address the **barriers that women face** in engaging with and pursuing counselling, treatment and rehabilitation services. These*

barriers include domestic violence, trauma, stigma, physical and mental health issues, pregnancy and childcare issues, all of which may be aggravated by demographic, socioeconomic, situational and personal factors. Effective service delivery should be sensitive to the specific needs and life experiences of women with drug-use problems and should recognize that patterns of drug use and problems may differ from those experienced by men. Women-only service options should be developed, as should services that take care of accompanying children and that offer other forms of specialist care, such as close working partnerships with care providers and with services working with vulnerable women and victims of domestic violence.

- Ensuring equal access to treatment and care for men and women is stated also under “Strategic priority 8: Address the health and social needs of people who use drugs in prison settings and after release”:
 - *Point 8.1: Drug treatment services, including opioid agonist treatment, rehabilitation and recovery for drug using offenders as well as provisions to reduce stigma need to be provided in male and female prisons.*

- In the chapter of “international cooperation”
 - *9.6. The cultivation of illicit drugs in third countries with possible implications for the EU, in particular opium poppies for heroin production and coca plants for cocaine production as well as cannabis, should also be addressed by a renewed and strong commitment to alternative development measures (12): tackling the root causes of illicit drug economies through an integrated approach combining efforts on rural development, poverty alleviation, socio-economic development, the promotion of access to land and land rights, environmental protection and climate change, the promotion of the rule of law, security and good governance, within the framework of the 2030 Agenda for Sustainable Development and in full compliance with international human rights obligations and a commitment to gender equality. These development cooperation efforts should adhere to the OECD-Development Assistance Committee’s (DAC) guidelines and standards.*

ANNEX II - EXCERPTS OF THE EU DRUG ACTION PLAN 2021-2025

- 5.3. Provide, implement and, where needed, increase the availability of evidence-based early intervention measures.
 - Action 29 Provide for and increase the partnership approach in the provision of effective evidence-based selective and indicated prevention measures to prevent the development of risk behaviours and reduce progression into severe drug use disorders, among those experiencing multiple disadvantages, such as homelessness, dual diagnosis, migrants, refugees and victims of violence, including **gender-based violence**. Also for young people in multiple settings, including schools, families and community, in recreational and workplace settings, as well as people in high-risk environments Collaboration efforts should be enabled between all stakeholders, including parents and families, those working in education or family support networks, youth services, student unions, sporting organizations and networks of people who use drugs. Implementation of these measures may rely on trained professionals, in particular from primary healthcare, to better identify substance use issues and include the use of brief and early interventions, and utilize novel digital health communication and the social media channels.

- 6.1. Ensure voluntary access to treatment and care services that work in close coordination and collaboration with other health and social support services.
 - Action 32 Develop and ensure voluntary, non-discriminatory and **gender-sensitive access to effective evidence-based drug treatment, including person-centred opioid maintenance therapy**, risk and harm reduction, rehabilitation services, social reintegration and recovery support including comprehensive services for people with co-morbidity. Ensure that these services are well-coordinated at service level on the case management principle to provide the full continuum of care and be both as effective as possible and focused on life stages, with a particular focus on homeless and vulnerable people. These measures, based on the WHO/UNODC International Standards for the Treatment of Drug Use Disorders, should also address poly drug use, ageing drug

users, **needs of families of people who use drugs** and patients with coexistent drug addiction and other physiological or behavioral addictions.

- 6.5. Widely implement treatment and care addressing the specific needs of women.
 - Action 40 **Identify and reduce barriers to treatment** and other services utilization for women who use drugs, and ensure that **drug-related services respond to the needs of women e.g. including childcare support**. Launch outreach efforts to **reach women who use drugs** and raise awareness of **available women centred treatment and also tackle gender-based violence** towards women who use drugs. Ensure that women who are victims of violence and use drugs have access both to drug prevention and to support and treatment in order to break the cycle of drug use and the vulnerability to violence.

- 10.1. Strengthen and broaden research capacities and encourage the greater sharing and use of results.
 - Action 70 Strengthen and broaden research, information, monitoring, evaluation and modelling capacities of the EU and its Member States, including by making use of new technologies, by i) identifying and prioritising knowledge gaps and testing capacities; ii) supporting coordination, networking and other activities necessary to create synergies across the European research community and iii) ensuring the efficient and accurate collation and presentation of European data needed for international reporting and assessment purposes, mindful of profiting of synergies and avoiding duplications. **All data** based on individuals should be **disaggregated by sex** and the collection and presentation of data should **consider the gender sensitive aspects of drug policy**.