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peace for the twenty-first century”**

**Statement submitted by Centro de Estudios Legales y Sociales
(CELS) Asociación Civil, IDPC Consortium, and Washington
Office on Latin America, non-governmental organizations in
consultative status with the Economic and Social Council***

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

The sixty fourth session of the Commission on the Status of Women marks the twenty fifth anniversary of the Beijing Declaration and Platform for Action. In parallel, the international community committed to the implementation of the United Nations General Assembly Special Session on Drugs outcome document featuring recommendations to advance the rights of women in drug policy. This submission demonstrates how current drug policies undermine key rights and commitments included in the Beijing Declaration and Platform for Action's strategic objectives and offers concrete recommendations to address these damaging inconsistencies.

Women and poverty (strategic objective A)

The Beijing Declaration and Platform for Action calls for the eradication of poverty, including through social development, social justice and equal opportunities. Yet generally women become involved in the illicit drug trade because they are among the poorest and most vulnerable sectors of society worldwide, and drug policies further exacerbate their poverty and marginalisation.

Poverty and social exclusion make women who use drugs and those engaged in the illicit drug trade particularly vulnerable to drug-related and drug policy harms. Due to repressive drug policies, women are the fastest growing prison population. Most women are arrested for non-violent, low-level yet high-risk activities, such as small-scale drug dealing or transporting drugs, or even drug use or possession for personal use. These women often have limited schooling, live in conditions of poverty, and are heads of household responsible for the care of dependents. Women in situations of socio-economic vulnerability are particularly targeted for recruitment by traffickers, and also bear the brunt of severe prison sentences that do not reduce the scale of the illicit drug market, but have devastating consequences on women and their families, pushing them further into cycles of poverty. The incarceration of women for drug offences has contributed to prison overcrowding in a number of countries, with serious human rights consequences.

Women living in areas where crops destined for the illicit drug market are cultivated are among the most marginalised and poorest sectors of society. Conflict and violence often constitute a facet of daily life, yet they continue to be left behind in alternative development programmes. Women often lack access to property rights, credit and economic opportunities, limiting their social mobility. Their role in the family and community is rarely taken into account.

Women and health (strategic objective C)

The Beijing Declaration and Platform for Action reaffirms the right of all women to control all aspects of their health, in particular their own fertility. Women are particularly at risk of drug-related health harms because of criminalisation and social exclusion, which impede access to evidence-based health care. Women who use drugs and have children are often afraid to seek out services for fear of losing custody rights. Pregnant women who use drugs may also face forced or coerced sterilisation, or forced abortion or criminal penalties for using drugs during pregnancy. The Special Rapporteur on the right to health found that the criminalisation of drug use during pregnancy infringes on the right to health.

In various European Union countries, average HIV prevalence can be up to 50 per cent higher among women who use drugs than among their male counterparts. Risk factors include the fact that women are more likely than men to inject after, and are often injected by, a male partner; the high level of gender stereotyping and stigma associated with their use, which deters them from accessing health services; and the

severe lack of gender-sensitive drug services. Sex workers who use drugs face additional criminalisation, which further increases the risk of sexually-transmitted or blood-borne infections.

Various harm reduction services, such as *metzineres* in Spain and *sheway* in Canada, are now focusing on addressing the specific risks and harms associated with drug use among women, as well as empowering them to claim their rights and design services that truly fit their needs.

Violence against women (strategic object D)

The Beijing Declaration and Platform for Action calls for the prevention and elimination of all forms of violence against women and girls, yet overly repressive drug policies have exacerbated the levels of violence faced by women in contact with the illicit drug market, rather than protecting them from it. The World Health Organization estimates that approximately one in three women worldwide experience physical and/or sexual violence in their lifetime; though there are few studies of gender-based violence against women who use drugs, some studies reveal that women who use drugs are two to five times more likely to face gender-based violence.

This violence includes, but is not limited to, rape, intimate partner violence, sexual harassment and extortion, extrajudicial killings and capital punishment. Cases of women being coerced into the illicit drug trade through violence, threats and intimidation against themselves or members of their family are also common. Most women are the victims of sexual abuse or violence prior to their coming into conflict with the law, during their arrest and/or while incarcerated. They may be faced with intimidation and pressure to confess and are often in prison facilities that either promote or ignore mental and physical abuse by prison guards. The UN Special Rapporteur on violence against women has called upon States to develop gender-sensitive alternatives to incarceration, and promote a paradigm shift away from incarceration. Today, 26 countries around the world have moved towards decriminalisation, keeping those who use drugs out of the criminal justice system and providing them with access to the health and social services they may need without fear of violence.

Recommendations

- Develop economic alternatives for women who are particularly at risk of exploitation in the illicit drug economy, including women who use drugs, poor women, trans-women and women from indigenous and ethnic minority communities.
- Take all necessary measures to ensure that women's specific needs and circumstances are taken into account in efforts to address dependence on illicit drug economies.
- Review drug laws and policies to ensure more proportionate sentencing for drug offences, in order to avoid the imposition of lengthy sentences for women who have committed non-violent drug offences, such as possession of small quantities of drugs, small-scale dealing or engagement in the drug trade as drug couriers. Incarceration should be used only as a measure of last resort.
- Implement alternatives to incarceration, in particular for women who are pregnant or responsible for dependents.
- Ensure full implementation of the United Nations Bangkok Rules, particularly with regards to treating women humanely and protecting them from violence.

- Commit to a rights- and gender-based harm reduction approach to women who use drugs, and end the criminalisation, stigmatisation and incarceration of those women. Towards that end, the cultivation and possession of drugs for personal use should be decriminalised.
 - End any practice amounting to criminalisation, involuntary or coerced sterilisation or abortion on the grounds of drug use.
 - Ensure the availability of, and non-discriminatory access to, good-quality gender-sensitive harm reduction, drug dependence treatment and other health care services for women who use drugs, including opioid substitution treatment for women, including pregnant women. Expand the availability and access to specific services and counselling to address gender-based violence, and to sexual and reproductive health services. Ensure that these services take into account the needs of primary caregivers of children and other family members.
 - Take all necessary legislative measures to ensure that voluntary, informed consent is a precondition for any medical service for women and that drug use or dependence alone are not grounds for detention or loss of child custody.
 - Ensure women's participation in the development, implementation, evaluation and monitoring of drug policies and programmes, especially those women who are directly impacted by drug use, the drug trade or drug policies.
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