

## The intolerable impact of misinformation on women who use drugs.

Globally, accurate reproductive and sexual health (SRH) information and support tailored for and of relevance to women who use drugs, are largely absent. It is increasingly understood that misleading and inaccurate information from health workers delivered to women who use drugs is driven by criminalization of drug use with associated stigma, discrimination and/or capacity shortfalls.

This year, with the 25<sup>th</sup> anniversary of the Beijing Declaration, we remember the aim that all women (including those who use drugs) can have "... the possibility of realizing their full potential in society and shaping their lives in accordance with their own aspirations". Further, we were prompted to "Promote and protect all human rights of women ...". Governments agreed and committed to "...uphold the human rights of all women and to protect and preserve their sexual and reproductive health and rights".

Research has shown that heath workers may be motivated to provide misleading and incorrect information to women who use drugs and others, in order to dissuade what they judge to be *'unhealthy'* or illegal practices. It is also understood that in medical and para-medical student curricula, the non-medical circumstances of people who use drugs are usually under-addressed, if addressed at all.

Without attempting to comprehensively list the types and range of such misinformation in this statement, it is with this backdrop that many cases occur where women are told that they must have contraception in order to avoid 'unhealthy' outcomes. Women who use drugs are (with everyone else) subject to sensationalised media about 'crack babies' and ' neo-natal abstinence syndrome" – where, in reality, babies that are born with any degree of dependency can be readily treated with no longstanding mark on their lives.

There are also numerous accounts where women have been sexually harassed once their physician understands them to be drug dependent. A recent indicative and odious example from a doctor in Ukraine who said, in a public training, "*I can tolerate patients who are women who use drugs, but they must come to me in clean underwear*".

In some jurisdictions, women who use drugs are coerced (with misinformation and even financial 'incentives") into irreversible decisions that bring limitations in their long term reproductive options - with distinct and unacceptable parallels to be drawn with eugenics!



• Women who use drugs demand the right to autonomy over our bodies (including the choice of drug use), to decide whether to have children, the number and spacing of children, the right to reproductive autonomy and the right to access quality services to support sexual and reproductive health choices, based on informed, safe and voluntary consent.

• We require a stop to misrepresentation of facts related to drug use, pregnancy, abortion and sterilization campaigns, and loss of child custody based on the baseless myth that drug use equates with bad parenting.

• Meaningful involvement of women who use drugs in policy and programme developments impacting our community is indispensable.

• Every woman who uses drugs has the right to accurate and relevant information impacting on health and health choices.

• These are fundamental human rights that belong to all women, regardless of drug user status.

#WHRINetwork