CIVIL SOCIETY FORUM ON DRUGS IN THE EU

CONTRIBUTION FROM THE CIVIL SOCIETY FORUM ON DRUGS TO ENHANCE THE GENDER PERSPECTIVE INTO EU DRUG POLICY

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EXECUTIVE SUMMARY

The gender-sensitive drug policies respond to the needs and interests of women, men and gender-non-conforming people in their structures, programs and work, removing barriers to access and adherence to drug services and increasing the efficacy of drug policies.

The European Union is a strong advocate for gender-sensitive drug policies at the international level. It is a referent and a prominent actor in this regard.

The Civil Society Forum on Drugs (CSFD), the expert committee of the European Commission in the field of drugs, has identified the enhancement of a gender perspective in EU drug policy as one of the emerging issues of drug policies. In its ambition to contribute to EU policymaking, the CSFD analysed the current EU Drug Strategy and Plan of Action to identify ways in which to strengthen a gender perspective.

The aim of this analysis is to suggest means to further strengthen the gender dimension at EU level in a way that can be used as a reference for the elaboration of EU national strategies. It could also have a significant impact as a reference for non-EU member states.

The EU has experienced an evolution itself considering how it incorporates a gender perspective within its drug policies. There is a clear progress in the inclusion of gender issues and perspectives from the EU when comparing the current EU Drugs Strategy and Action Plan 2021-2025 with the previous ones (2013-2020). In fact, the 2013-2020 EU Drug Strategy did not make any reference to gender issues or the specific needs of women and, in the previous Action Plan, the requirement to ensure a gender perspective was included only as an emerging need. In contrast, the current EU Drug Strategy and Action Plan seemingly incorporate a gender-sensitive approach to all aspects of EU drug policies, which is a significant advancement.

However, looking to upcoming documents from the EU, the CSFD has identified the following recommendations for enhancing the gender perspective in the EU drug policy documents:

1. **Mainstream gender** within the policy documents: include gender transversally and as an overarching principle for all policies and measures rather than as individual points. Gender mainstreaming should be understood as a long-term and transversal process. It will entail influencing the organisational structures, the economic and social contexts, and the political will. A gender perspective and gender-inclusive language should permeate all policy documents related to drug policy and drug services and be integrated into all programmes and services, regardless of whether they are mixed, for women and gender-non-confirming people, or men-only.

2. **Develop gender-sensitive interventions.** As existing structures and programmes are not gender neutral, it is key to develop more detailed recommendations that favour the implementation and incorporation of a gender perspective into the concrete design of structures, services and training programmes for professionals. As such, trauma-informed interventions and including the dimension of gender-based violence are important factors to be dealt with at the policy and implementation levels.

3. **Address institutional violence in drug policy.** This has been identified as an aspect that stands out, which opens the possibility of improving intervention strategies, in both mainstream and specialised services for women who use drugs. Particular attention should be devoted to preventing and addressing the gender-based violence exercised by law enforcement and criminal justice officials. This could translate into involving dedicated training sessions, professional development, and engagement with key professionals. This should also include measures that aim to minimise contacts between women who use drugs and law enforcement and criminal justice personnel, including alternatives to incarceration for drug use and related activities.

4. **Promote women- and gender-non-conforming people-only services and specialist care services**. Add concrete actions and interventions to promote women's and non-binary only services and specialist care services. While the EU Drug Strategy explicitly mention this initiative it does not further elaborate on it in the Plan of Action.

5. **Strengthen training and capacity building on gender perspective** for practitioners and civil society organisations that directly implement relevant policies and provide gender-specific interventions. The training must be broader towards gender equality, structurally included and adequately funded within policy formulations.

6. **Challenge stigma and discrimination** and address the many different needs and impacted areas in women's lives, including education, employment, childcare, access to housing, harm reduction services, treatment, and reintegration, social and economic issues in EU policy documents. Further include actions that challenge discrimination to eradicate barriers to accessing services.

7. **Reinforce the concept and perspective of intersectionality in policy formulations.** We recommend that upcoming policy documents reflect on intersecting axes of vulnerability such as elders, people living in homelessness, sex workers, etc.

8. **Include the LGBTQIA+ collective in the policy design and implementation.** The EU should put a greater focus on policy formulation towards persons from the LGBTQIA+ community.

9. **Address the needs of children whose parents or primary caregivers use drugs in policy design and implementation** in order to equip services and train staff so that the parents' needs can be met and allay their fears, and with the aim of studying, identifying and implementing effective interventions, respectful of their parents' and children's human rights.

10. **Strengthen peer-lead interventions.** We recommend further investing in research on peer-led interventions. That will provide an evidence base to inform public policies that reduce harm and support recovery. 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.

11. **Count gender-disaggregated data for monitoring and evaluating the EU Drugs Strategy and Plan of Action and develop a mechanism to ensure its implementation on the ground.** Interventions should always be evaluated and monitored from a gender perspective, and the measures indicated in the Strategy should be mirrored in the Action plan. To that end, the data and indicators used to evaluate EU policy documents should be disaggregated by gender, reflect some of the key considerations highlighted throughout this paper and be aligned with the targets and indicators of Sustainable Development Goal 5 on gender equality.

    Furthermore, the EU could further develop tools and mechanisms to ensure that policy documents are implemented on the ground. The CSFD recommends adding a review mechanism to the Action Plan that mirrors the references to women and gender in the strategy.

INTRODUCTION

The purpose of the CSFD is to provide a broad platform for a structured dialogue between the Commission and the European civil society which supports drug policy formulation and implementation through practical advice. In this capacity, 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 achieving this objective was to review the extent to which a gender perspective is included in the EU Drug policy. To that end, the CSFD has analysed how a gender perspective and gender-related aspects are included in the Strategy and Action plan. A comparison with the previous documents was carried out to assess the evolution of said documents in including gender perspective. Finally, the report identifies and elaborates on recommendations that could further strengthen the gender perspective in future EU drug policy documents.

The aim of this analysis is to suggest means to further strengthen the gender dimension at EU level, in a way that can be used as a reference for the elaboration of EU national strategies and can have a significant impact on non-EU countries.

EVALUATION ON THE INCLUSION OF GENDER PERSPECTIVE IN THE EU DRUG STRATEGY AND ACTION PLAN (2021-2025)

The CSFD Working group on emerging drug issues analysed the EU Drug Strategy and Action Plan 2021 – 2025 and concluded that:

- All in all, it is **positive** that both documents explicitly **refer to gender-related topics**, i.e., barriers to treatment and specific needs of women, and link these to broader aspects such as gender-based violence.

- The EU Drug Strategy and Action Plan **seemingly incorporate 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 it is directly added into 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, harm reduction and treatment, these should include gender-sensitive and trauma-informed interventions (including support for victims of gender-based violence) as well as specific targets that EU member states should aim towards.

- 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 accessing treatment and care services. This is certainly one of the main burdens faced by women who use drugs. We also note that the Action Plan 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.

- 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.

- **Little attention** is placed on **LGTBQIA+ communities, people with disabilities, the elder population, etc.**

- The concept of **intersectionality should be reinforced** throughout the document, not least at concrete points such as the barriers to accessing treatment. Intersectionality refers to the ways in which different aspects of a person's identity can expose them to

overlapping forms of discrimination. These may include colour of their skin, sex, ethnicity, vocation, mental health, gender identity, religion, age, socio-economic status, nationality, criminal record, and HIV status. 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 contextualized, person-centred, gender-sensitive and transformative.

- It is very positive that the current EU Strategy contains a particular priority area promoting **peer-led work.** It is recognised as a key component of the care plan for persons who use drugs (which was not contemplated in the previous EU Strategy) and further developed in concrete initiatives in the Plan of Action.

- Ensure that the data collected, as well as the monitoring and evaluation efforts, are **disaggregated by gender** to better understand and meet the needs and challenges of different groups and genders. Again, it would be important to incorporate **gender-non-conforming people**, their needs, available services, and the importance of ensuring evidence-based services with professionals who are adequately educated and equipped with the right tools.

- Gender-disaggregated data are not available among **overarching indicators**, 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 the reducing harm dashboard that focuses on the measures of availability of evidence-based prevention, treatment, harm reduction services and alternatives to coercive sanctions.
    - Indicator 10 on the response to drug use in prisons.

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

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 perspectives.

The **EU Drugs Strategy 2013-2020 did not make any reference** to gender issues or specific women's 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 the 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 to addressing women's 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 very timid.** 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 harm reduction, 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 a gender perspective was included as an **emerging need** in the field of drug abuse.

In both of the two previous EU Action Plans, the gender topic was also mentioned 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 women's access to services or other gender-specific issues.

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

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

1. **Mainstream gender**

Mainstreaming gender within the policy documents refers to including gender transversally within all policies and measures as a core and overarching principle, rather than in individual points. This should be understood as a long-term and transversal process. It will entail influencing the organisational structures, the economic and social contexts, and the political will. A gender perspective should permeate all policy documents. Furthermore, gender-inclusive and rights-affirming language should be promoted throughout the Strategy and Action Plan, keeping a gender-sensitive approach that challenges existing gendered norms and thus functions to reduce stigma.

Gender needs to be implemented from the direction of the organisation, the conceptualisation, implementation, evaluation, and direction of the concrete services, at the team level and the beneficiary level. The measures may range from counting with an organisation equity plan, conciliation measures, ensuring there are no power-relations, language in the documents, eliminating barriers to accessing services, training of professionals, gender disaggregated data, etc.

Additionally, a gender perspective should be integrated into all programmes and services, regardless of whether they are mixed, for women and gender-non-conforming people, or men-only. While it is important to develop programmes for women and gender-non-confirming people, there are very few of them. It is therefore critical to transform all services so as to create safe spaces for everybody. For instance, it is important that a person that has been a victim of violence does not meet their perpetrator when accessing treatmtent services.

Promoting a gender perspective also has a place in men's services, particularly in terms of developing participants' understanding of gender equality, as well as deconstructing macho stereotypes that are harmful to effective care and support.

In this regard, a consideration could be made if to introduce gender proofing of policy documents to ensure that all policies and practices have equally beneficial effects on men and women.[1]

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

Furthermore, gender should be mainstreamed at all policy levels as well as within a broader economic context to ensure strengthened participation, financial literacy, and sustainability of other related policies.

Achieving gender mainstreaming will only be possible with the meaningful involvement of women and gender non-conforming people in the design, implementation, monitoring and evaluation of all drug policies and programmes that affect them, to ensure that their realities, needs and recommendations are fully reflected at all levels.

2. Develop gender-sensitive interventions

Developing interventions that incorporate a gender perspective 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.

Existing structures and programs are not gender neutral. Most of them are designed from an androcentric perspective – oriented towards the needs of men. Furthermore, in mixed programs, where the ratio of men to women is usually very unequal, services are not tailored to the women's and gender-non-confirming people needs, thus hindering the improvement of their health and well-being.

Trauma-informed interventions

The incorporation of gender specific measures in services could for instance include the need for trauma-informed interventions that recognise past traumatic experiences (this can include gender-based violence, but also childhood adverse experiences, accidents, experience of war and conflict for a broader approach). Trauma-informed interventions are important in therapeutic work and are yet of importance for all genders.

Trauma-informed care is particularly relevant when it comes to women, as a high percentage of women who use drugs often develop drug dependence to cope with trauma suffered in their childhood or later on. The six principles of trauma-informed-care described by SAMHSA[2] are clear about the elements that should be at the basis of any interventions based on the respect of human rights and on gender specificities: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural (gender, ethnic, religious, etc.) issues.

Gender-based violence (GBV)

Another key recommendation is to address gender-based violence at the policy and implementation levels.

[2] 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

Women who use drugs are two to five times more likely to have suffered gender-based violence than women who do not use drugs.[3] Indeed, gender-based violence can be understood as an initiating or aggravating factor in drug dependence. Violence and drug dependence form a complex relationship that needs to be addressed in a holistic, rather than fragmented, manner.

Gender-based violence should therefore be addressed as a public health issue, including through the provision of additional services to counteract gender-based violence whilst supporting those who face such violence. Such services should be fully integrated with gender-sensitive drug prevention, treatment, harm reduction, care and recovery services. Indeed, there is a dire 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) a rights-based approach; 2) advancing gender equality and women's empowerment; 3) cultural, age-appropriate and sensitive; 4) a survivor-centered approach; 5) safety is paramount; 6) perpetrator accountability. Unfortunately, most of these principles are not applied or are not fully applied in the essential services, when it comes to women who use drugs. For instance, gender-based violence could be addressed through interventions in women- and gender-non-conforming people-only settings that deal with gender-based violence (group therapies), whilst working with non-violent coping mechanisms in harm reduction, treatment, care and recovery settings.

The quality standards for essential services for women in situations of gender-based violence should meet the standards set by international instruments (in particular, the Council of Europe Convention on preventing and combating violence against women and domestic violence[4], the Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines[5] and the Convention on the Elimination of All Forms of Discrimination against Women[6]) and take into account the specific requests, needs and recommendations of women and gender-non-conforming people who use drugs themselves.

3. Address institutional violence in drug policy

Women who use drugs are not only exposed to high levels of violence by intimate partners but are also regularly subjected to institutional violence. Institutional violence can take many forms, including sexual and other forms of violence, torture, abuse and intimidation against women and gender-non-conforming people who use drugs, as well as when a state's laws, policies and programmes create barriers that hamper access to or use of health and social services for women and gender-non-conforming people who use drugs. Institutional violence against women who use drugs has been identified as an aspect that stands out by recent studies[7], and addressing it will result in improved intervention

[3] UNODC. World Drug Report 2022. Available at: https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2022.html
[4] Available at: https://rm.coe.int/168008482e
[5] Available at: https://www.unodc.org/documents/justice-and-prison-reform/EN-Modules-AllnOne.pdf
[6] Available at: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms- discrimination-against-women
[7] INTERLEAVE Research Report. Women Who Use Drugs facing Gender-Based Violence in Europe. July 2022. Available at: https://interleave.org/wp-content/uploads/2022/09/INTERLEAVE-RESEARCH-REPORT_FINAL_30_08_2022.pdf

strategies in both mainstream and specialized services for women who use drugs and women in recovery.

The high frequency of institutional violence opens the possibility of improving intervention strategies in both mainstream and specialised services for women who use drugs, according to the many international declarations and conventions that suggest addressing this type of violence as gender-based violence.

More broadly, women engaged in illegal drug activities are particularly vulnerable to disproportionate prison sentences, driving prison overcrowding and exacerbating vulnerabilities. Worldwide, 35% of women in prison are incarcerated for a drug offence.[8] Civil society research has shown how those women targeted by the criminal justice system are generally living in a situation of poverty, engaging in the illegal drug trade as a means of survival for themselves and their families.[9]

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"[10]. The UN Office on Drugs and Crime also noted that women in prison are particularly vulnerable to violence[11].

For this reason, we recommend adding concrete actions and interventions to address the violence "carried out" by law enforcement, criminal justice and other public services. This could translate into involving dedicated training sessions, development and engagement with key professionals. This should also include measures that aim to minimise contacts between women and the criminal justice apparatus, including with gender-sensitive alternatives to incarceration for drug offences, in line with the UN System Common Position on drugs[12] (which is explicitly mentioned in the EU Drug Strategy 2021-2025) and the UN System Common Position on incarceration.[13]

[8] UNODC (2018), Women and drugs: Drug use, drug supply and their consequences, p. 9, https://www.unodc.org/ wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf
[9] See, for instance: IDPC (2021), Punitive drug laws: Ten years undermining the Bangkok Rules, https://idpc.net/publications/2021/02/punitive-drug-laws-10-years-undermining-the-bangkok-rules
[10] 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
[11] 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/hivaids/publications/WOMEN_POLICY_BRIEF2014.pdf
[12] https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf
[13] https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf

4. **Promote women- and gender-non-conforming people-only services and specialist care services**

The EU Drug Strategy explicitly mentions that "*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 services working with vulnerable women and victims of domestic violence (priority 6.5).* However, the Drug Action Plan does not further indicate initiatives to develop specific services. It would be positive to take specific actions to promote the development of these services. Particularly, providing childcare and family support, ensuring flexible opening hours, offering sexual and reproductive services (including services specifically tailored to pregnant and parenting women who use drugs, obstetric and gynaecological care) and services focusing on tackling gender-based violence and trauma within drug services should also be promoted and monitored across the EU, as well as called for in upcoming policy guidance documents of the EU.

The creation and allocation of adequate funding for more women- and gender-non-conforming people-only centres would contribute significantly to enhancing their access and adherence to these programs.

5. **Strengthen training and capacity building on gender perspective**

Consider the inclusion of more training and capacity building for practitioners and civil society organisations that directly implement drug policies and services and are in contact with women who use drugs and women in recovery. The exchange of expertise in the area of gender-specific interventions within organisations and professionals in the field of drug policy, as well as with women and gender non-conforming people who use drugs or are in recovery, 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.

Furthermore, prejudices against women are still widespread among service providers and training is key to overcoming them. Training should involve the revision of professionals' own gender stereotypes and myths and should have continuity through gender-sensitive supervision of daily professional practice.[14]

Finally, meaningful involvement of affected women and gender non-conforming people is essential to addressing such stigma and prejudice.

6. **Challenge stigma and discrimination**

Continue reinforcing the priorities and actions to **challenge stigma** by addressing the many different needs and consequences on people's lives, including education, employment, childcare, access to housing, treatment and harm reduction services, and social and economic issues. Stigma and social exclusion can be prevented and addressed with concrete **actions, offering quality, accessible, available, and affordable** treatment and

[14] INTERLEAVE Research Report. Women Who Use Drugs facing Gender-Based Violence in Europe. July 2022. Available at: https://interleave.org/wp-content/uploads/2022/09/INTERLEAVE-RESEARCH-REPORT_FINAL_30_08_2022.pdf

harm reduction services to those who have no access to them. EU drug policy documents should give an important push in this direction.

Further include actions that challenge discrimination to dismantle barriers to accessing services. For instance, regarding the design of programs and their implementation, it is essential to guarantee emotionally and physically safe spaces for women and the LGBTQ+ collective. In that regard, the establishment of protocols that prevent situations of discrimination based on sex, sexual orientation and gender identity, and violence are important mechanisms to guarantee the fundamental rights of the beneficiaries.

7. **Reinforce the concept and perspective of intersectionality in policy formulations**

It is equally necessary for the concept of intersectionality to be integrated into policy and service design and implementation. Addressing the different layers of discrimination that women and gender-non-conforming people experience would increase the effectiveness of the interventions and lead to improved health and human rights outcomes.

To this end, it is essential to connect with other communities that are in situations of vulnerability and marginalisation and may also be particularly affected by drug policies, such as people living in homelessness, the elderly, migrants, etc.

8. **Include the LGBTQIA+ collective in the policy design and implementation**

Gender-sensitive drug policies aim to address the specific needs of both women and of the **LGBTQIA+ community**, who experience significant discrimination and have limited access to adequate and tailored services.

Such services may, for instance, offer a broad range of advice, support, and information services for the promotion of mental and sexual health, and overall wellbeing. This includes interventions for the prevention and treatment of HIV and other STIs (for instance, the distribution of condoms and lubricant, screening tests, vaccination for HPV, provision of PrEP and PEP, etc.); information, training and support in relation to managing challenges and reducing risks related to drug use (ex., self-support groups for people who engage in sexualised drug use and chemsex); and the provision of harm reduction advice and sterile equipment for the use of drugs and gender-affirming hormonal therapies.[15]

9. **Address the needs of children whose parents or primary caregivers use drugs in policy design and implementation**

Children whose parents or primary caregivers use drugs are often invisible to policymakers, undetected and unreferred to services that are not designed to provide gender-specific interventions.

Parents (in many cases, single-parent families, with the single parent often being the mother) are often reluctant to disclose information regarding their parental role when they access services, fearing that they might lose custody of their children. One of the few actions implemented to address the issue is the removal of the child from the family unit

[15] IDPC, Mainline, Health[e]Foundation (2022), Drug Decriminalisation [e]Course, Module 6, https://idpc.healthefoundation.eu/

in the event of a report to child protection services, without further interventions to accompany and favour family reunification or a 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 and children and the most appropriate interventions, and they are certainly questionable in terms of human rights protection, both for the child and their parent or caregiver.

Future EU drug-related documents should consider discussing this issue, not only in order to equip services and train staff so that the parents' needs can be met, and their fears are allayed, but also with the aim of studying, identifying and implementing effective interventions, respectful of their parents' and children's human rights (in particular, the Convention on the Rights of the Child art. 33).

Furthermore, specific programs should be tailored to children, addressing their needs, and breaking the barriers of invisibility and isolation they may suffer. They are often marginalized together with their families, who may choose to self-isolate in an attempt to avoid further stigma, criminalisation and separation, which have severe impacts on the children's lives. It is also important to take into account that drug use does not automatically result into "bad parenting" or harms to the child, and thus policies and measures taken should be very careful to avoid stigma and criminalisation.

All in all, families should be supported as a whole, with the provision of prevention, harm reduction, treatment and recovery services, as well as support for their parenting skills, with the aim of guaranteeing a nurturing environment for their children within their own family unit, whenever possible, and with the help of a comprehensive network of appropriate services, working closely with key stakeholders (such as schools, family associations, volunteers, etc.).

A study carried out by the Pompidou Group[16] with the aim of contributing to this important issue includes a set of key recommendations that should be considered in the new Council of Europe Strategy on the Rights of the Child (2022-27).

10. **Strengthen peer-lead interventions**

As part of a multidisciplinary approach to service provision, peers are considered to be equal partners in treatment and harm reduction services. Indeed, sometimes one can see peers working in various organisations. However, they primarily work voluntarily, without remuneration. This is despite the fact that the work they accomplish is no different from the work of a service's permanent staff, and as such, should be adequately remunerated. Hence, we welcome the action of supporting opportunities for peer workers to be included in the multidisciplinary workforce and would recommend to further invest in research on peer-lead interventions (including research conducted by peers themselves) to provide an evidence-base that would inform public policies aimed at reducing harm and supporting recovery.

[16] 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

11. **Count with gender-disaggregated data for monitoring and evaluating the EU Drugs Strategy and Plan of Action and develop a mechanism to ensure its implementation on the ground.**

The interventions should always be **evaluated and monitored from a gender perspective**. The evaluation instrument and indicators used should be designed considering the intersection of drugs, drug policy and gender norms and structural inequalities, bearing in mind the concept of intersectionality mentioned above. The evaluations of policies, programmes and services should focus on improved outcomes in terms of physical and mental well-being, stability and rights protection, as well as socio-economic inclusion. To this end, the data and indicators used to evaluate EU policy documents should be disaggregated by gender, as well as reflect some of the key considerations highlighted throughout this paper (i.e., assess the progress made in tackling gender-based violence, reducing the incarceration rates for women, ensuring access to gender-sensitive services for women and gender-non-conforming people, reducing the health harms associated with drug use with the provision of harm reduction and treatment services, etc.). Whenever possible, indicators should be closely aligned with the targets and indicators of Sustainable Development Goal 5 on gender equality.

Additionally, to ensure that policy documents are implemented on the ground, further develop tools and mechanisms. We recommend adding a review mechanism in the Action Plan that mirrors the references to women and gender in the strategy.

RELEVANT BIBLIOGRAPHY ON GENDER PERSPECTIVE IN DRUG POLICY

Center for Disease Control and Prevention. "*Infographic: 6 Guiding Principles To A Trauma-Informed Approach". Available at:* https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Covington, S. 2008. "*Women and Addiction: A Trauma-Informed Approach* ". Available at: https://www.researchgate.net/publication/24143064_Women_and_Addiction_A_Trauma-Informed_Approach

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

Dianova International. 2022. "Addiction Stigma from an Intersectional Perspective". Available at: https://www.dianova.org/opinion/addiction-stigma-from-an-intersectional-perspective/

Dianova International. 2021. Infography. *"Protecting the rights of children affected by parental drug use. A guide for addiction services."* Available at: https://www.dianova.org/wp-content/uploads/2022/01/Infographic-EN-Protecting-the-Rights-of-Children.pdf

Drug Policy Network South East Europe. DPNSEE concepts brief on gender equality. Available at: http://dpnsee.org/document/dpnsee-concepts-brief-on-gender-equality/

Drug Policy Network South East Europe. Gender equality handout. Available at: http://dpnsee.org/document/gender-equality-handout/

EMCDDA. 2012. "*Pregnancy, childcare and the family: key issues for Europe's response to drugs*". Available at: Pregnancy, childcare and the family: key issues for Europe's response to drugs | www.emcdda.europa.eu

EMCDDA. "*Pregnancy and opioid use: strategies for treatment*". Available at: Pregnancy and opioid use: strategies for treatment | www.emcdda.europa.eu

EMCDDA. 2017. "*Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice*." Available at: Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice | www.emcdda.europa.eu

Eurasian Harm Reduction Association (EHRA). Halyna Korniienko. 2021 *"Help Impossivle to Ignore". A guide to ensure shelter, psychosocial and legal services for women who use drugs and experience violence*. Vilnius, Lithuania. Available at https://harmreductioneurasia.org/wp-content/uploads/2021/05/Help-Impossible-to-Ignore_ENG.pdf

Eurasian Harm Reduction Association (EHRA). Sarang A., Ofitserova E. 2022. "Integrating Assistance to Women Affected by Violence into Harm Reduction Programs". Vilnius,

Lithuania. Available at: https://harmreductioneurasia.org/wp-content/uploads/2022/08/2022-07-11_GenderBasedViolence_EHRA-ENG.pdf

Interleave Research Report. "Women Who Use Drugs Facing Gender-Based Violence in Europe". July 2022. Available at: https://interleave.org/wp-content/uploads/2022/09/INTERLEAVE-RESEARCH-REPORT_FINAL_30_08_2022.pdf

IDPC. 'Punitive drug laws: Ten years undermining the Bangkok Rules. February 2021. Available at: https://idpc.net/publications/2021/02/punitive-drug-laws-10-years-undermining-the-bangkok-rules

Merchants Quay Ireland. "*A Space of Her Own: The Need for Gender Specific Services for Women Experiencing Homelessness and Addiction*". Available at: https://www.mqi.ie/women-services-briefing-paper/

Merchants Quay Ireland. "*Responding to women with complex needs who use substances*". Available at: https://www.mqi.ie/women-in-homelessness-facing-complex-challenges-and-need-the-right-supports-merchants-quay-ireland/

NIDA. 2022. "*Research Report: Substance Use in Women Research Report Sex and Gender Differences in Substance Use*". Available at: https://nida.nih.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use

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

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

Psych Alive. *"Why Trauma-Informed Care Matters in Addiction Recovery"*. Available at: https://www.psychalive.org/why-trauma-informed-care-matters-in-addiction-recovery/

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

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

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*

UNODC. 2021 "*Checklist for Gender Mainstreaming in Project/Programmes*". Available at: https://www.unodc.org/documents/Gender/Gender_Mainstreaming_Checklist_2021.pdf

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/hivaids/publications/WOMEN_POLICY_BRIEF2014.pdf

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

UN Women, UNFPA, WHO, UNDP & UNODC. 2015 "E*ssential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines."* Available at: https://www.unodc.org/documents/justice-and-prison-reform/EN-Modules-AllnOne.pdf

Women and Harm Reduction International Network (WHRIN). 2021. "Intersectionality and women who use drugs. WHRIN statement International Women's Day 2021". Available at: https://idpc.net/news/2021/03/intersectionality-and-women-who-use-drugs-whrin-statement-on-international-women-s-day-2021

World Drug Report 2018. *"Women and drugs"*. Available at: The drug problem and organized crime, illicit financial flows, corruption and terrorism (unodc.org)