



Women who use drugs and violence

Session

Gender and Drugs in Europe: issues, challenges and future perspectives in the drug field

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Pompidou Group (PG) and MedNET

Pompidou Group : Council of Europe co-operation platform in the field of drug abuse and illicit trafficking

39 countries open to non CoE member states: Morocco, Israel, Mexico

It **promotes a balanced, multidisciplinary approach on prevention, care and treatment, law enforcement to support human rights drug policy**

MedNET : 17 countries

10 PG countries: Cyprus, Croatia, France, Greece, Italy, Malta, Morocco, Portugal, Switzerland and Turkey

7 non PG countries: Algeria, Egypt, Jordan, Lebanon, Palestine, Tunisia, Spain

It promotes co-operation, exchange of knowledge between countries of the Mediterranean (North-South, South-North and South-South)

**The author of this presentation certifies having no conflict of interest*



PG, pioneer in supporting integration of a gender dimension into drug policies

First PG symposium on women and drugs: Switzerland, 1988

Under Italy's PG Vice Presidency, lots of activities 2015-2018:

• **Publications:**

"Gender dimension of non-medical use of prescription drugs" (2014 - 2015) ;

"**Women, drugs and violence: a review of scientific literature**" (2015) ;

"**Women, drugs and violence: consultation of professionals**" (2015)

Synthesis report

"**Violence, Women and Rape Drugs**" (2017)

• **Seminars:**

• "**Women, Drugs and Violence in Europe and Mediterranean**", Rome (2015)

• "Women and Drugs: from policy to good practice", Rome (2017)

• **Conference** "Mainstreaming a gender perspective in drug policy", Mexico (2018)



MedNET supports the integration of a gender dimension in the Mediterranean Region

Projects aim at improving access to health, prevention and treatment for women suffering from substance use disorders:

- **Algeria:** first awareness raising seminar on women and drugs in 2017
- **Egypt:** first specific care and treatment service for women in 2016
- **Lebanon:** women needs included in first national substance use strategy in 2016
- **Morocco and Tunisia:** training on gender within the addictology university courses in Rabat, Casablanca, Marrakech and Tunis

With gender activities, PG contributes to the **Council of Europe's Gender Equality Strategies 2014 – 2023** which does refer to women who use drugs

STEP 1 — A review of scientific literature 2015 (1)

Review of literature on violence (experienced or perpetrated) and psychoactive substance use among women Europe and Mediterranean Region. 63 articles on violence and use of psychotropic substances among women published in 12 countries establish :

- A higher lifetime prevalence of violence among persons who use psychoactive substances than in the general population
- A greater use of psychotropic substances among persons who have experienced violence in their lifetime than among those who have not
- Greater differences among women than among men concerning violence: eg in emergency services (i. e. moralizing discourse after a rape or an act of violence, putting the responsibility on women),

This **confirms a link between exposure to violence and psychoactive substance use among women**

STEP 1 — A review of scientific literature (2)

→ ... the **need to adopt a gendered approach** to the issue of violence in care and treatment provided for persons using psychoactive substances

This means among other things:

- **Systematic detection of violence experienced by women**, particularly among vulnerable groups such as women working as prostitutes
- **More knowledge of existing care systems** for abused women who suffer from substance use disorders, to adjust social and health responses
- **Development of tools** to enable health professionals to deal with the issue of violence and mitigate its effects on health

STEP 2 — Consultation of professionals (1)

Focus groups with addiction treatment and risk reduction professionals in 4 countries (France, Italy, Portugal, Spain), 2015 — Recommendations

Involve men in the violence prevention process

Unconditional access for women who use drugs to protection arrangements

Improve co-ordination between services through exchange of practice

Offer responses to women who use drugs and experience violence: treatment or referral to a facility specializing in such treatment

Failing to recognize a situation of violence/no response is a form of violence

STEP 3 — Presentation of research to professionals & policy-makers

RECOMMENDATIONS

• *Practice (1)*

- ◆ Offer treatment facilities that are women-only, or able to provide specialised and holistic care
- ◆ Offer **treatment programs responding to special needs of women: experience of violence** (past/present), **comorbidity with other mental disorders** (anxiety, depression, post-traumatic stress disorder, eating disorders), and **childcare responsibilities**
- ◆ Offer violence prevention programmes in treatment centres involving men who use drugs
- ◆ **Allow women direct and unconditional access to services in charge of the protection against violence** regardless of circumstances (**drug-using**, formal complaint filed, social and health coverage)

• *Practice (1.2)*

- ◆ During the first interview of a drug user with a medical or social carer: questions concerning neglect, physical and sexual abuse, violence in childhood
- ◆ The deprivation of liberty should be avoided but in cases of incarceration:
 - Access/continuation: psychological and medical treatment
 - Social, medical and educational services and facilities for pregnant women/women who have children
- ◆ Provide access to the same level and continuation of treatment and rehabilitation while incarcerated, as well as during reintegration (for both gender)

STEP 3 — Presentation of the research to professionals & policy- makers **RECOMMENDATIONS**

• *Policy 2*

- ◆ Integrate the question of addictions in the national strategies against violence and integrate the question of violence in the national drug strategies
- ◆ Associate women who use drugs in the drafting of strategies and projects tailored to their needs to give them responsibility and **not victimize them**
- ◆ Include gender in all policies related to family services, and law enforcement

Design policies that support and encourage the cooperation among different services in all phases of drug prevention, treatment and rehabilitation

- ◆ Train professionals working in care and treatment centers to address violence so that they can identify and reply to the risks that women face towards the development of substance use disorders

• *Collaboration with the different services 3*

- ◆ Ensure collaboration across services: health system, law enforcement, social services and services in charge of the protection of women against violence
- ◆ Bring together all actors: Risk reduction programmes, anti-violence centres, services providing legal assistance, social insertion, support for parenthood
- ◆ Provide a direct and unconditional access of women who use drugs to services in charge of the protection of women against violence
- ◆ Provide access to women who are victims of violence to all protection mechanisms: women who use drugs regularly or not, women who have formally complained or not, whether or not they have a social or health coverage, etc.

• *Research (4)*

◆ **Better data collection** on drug-related offences, including gender, age, type of drug, profile of offenders, type of offence (use, traffic, organised crime, and money laundering)

◆ Further research on link between violence, traumatic experiences and use of drugs (e.g. understand behaviour that leads to drug-related offences, e.g. the cycle of dependence and coping between prostitution and drug-use)

Communication (5)

◆ Communication impacts research, policy, and practice, public opinion,

◆ **Sufficient information** must be provided regularly (TV, street ads, street campaigns) with respect to the available **treatment facilities that must be free of charge**



Violence, Women & Rape Drugs

2017 Synthesis Report

Session

Gender and Drugs in Europe: issues, challenges and future perspectives in the drug field

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Lisbon Addictions , 23 October 2019



Introducing a gender dimension into drug policy

Synthesis Report on Violence, Women and Rape Drugs

P-PG/Gender (2017)
2E_final

- Croatia
- France
- Greece
- Israel
- Italy
- Lebanon
- Malta
- Mexico
- Morocco
- Portugal
- Serbia
- Slovenia
- Spain
- Tunisia
- Turkey
- European Monitoring Centre for
Drugs & Drug Addiction (EMCDDA)

DEFINITION

Drug-facilitated sexual assaults: 'all forms of non-consensual penetrative sexual activity whether it involves the forcible or covert administration of an incapacitating or disinhibiting substance by an assailant, for the purposes of serious sexual assault; as well as sexual activity by an assailant with a victim who is profoundly intoxicated by his or her own actions to the point of near or actual unconsciousness' (ACDM,2007)



AIM & OBJECTIVES

- ❖ Data collection for drug related sexual violence with focus on rape drugs
- ❖ Assessing the prevalence of the phenomenon
- ❖ Understanding the relationship between violence and rape drugs

FACTS

- 90% victims are **young women**
- Most common substances: alcohol , benzodiazepines, cannabis, GBL, GHB, MDMA, Cocaine, Ketamine, Rohypnol

LIMITATIONS

Very low reporting rate



Lack of evidence data

Registered DFSA cases: 5/15 countries

Croatia, France, Greece, Italy & Spain



RECOMMENDATIONS

1. Prevention
2. Research & Data Collection
3. Forensic Analysis

FOLLOW UP

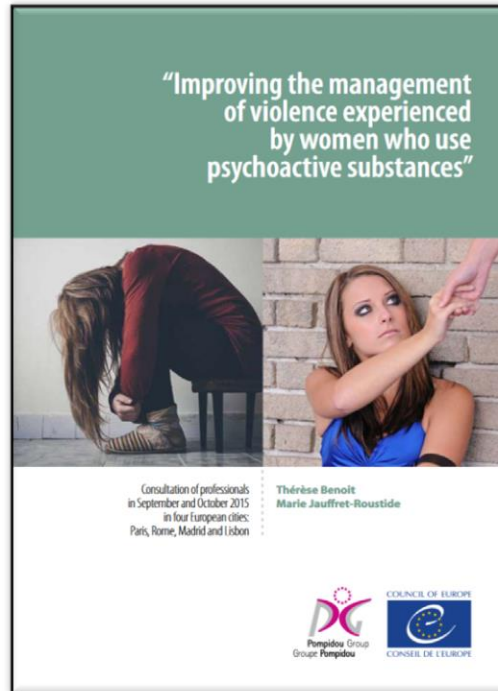
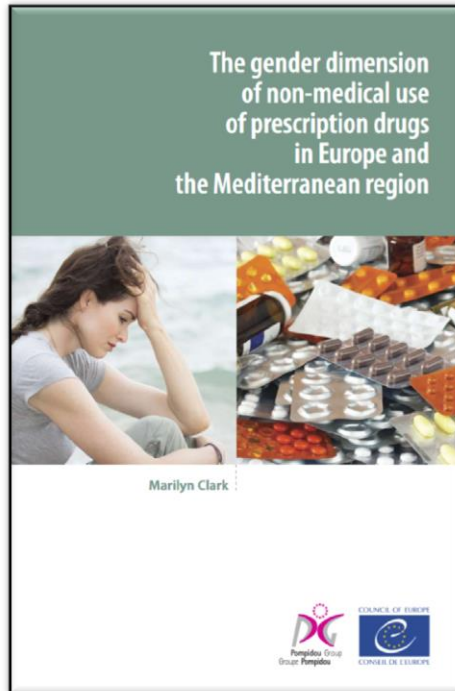
FRA Survey “**Survey on Gender based violence**” – Pilot survey for 11 EU countries- coordinated by Eurostat & ISTAT :

“E28: Apart from the episodes we already mentioned, since you were 15 years old until now, has someone else than your partner, male or female, **MADE YOU TO HAVE SEXUAL INTERCOURSE** when YOU WERE **UNABLE TO REFUSE because under the influence of alcohol or drugs?**”

Conclusion

- The link between women, violence and drugs must be considered for both women victims of violence and women whose personal situation leads them to carry out violent acts
- The **promotion of a gender perspective** and a human rights approach in all policies, including, drug policy, is **fundamental to achieve gender equality**...
- ... **And to respond more effectively to the drug phenomenon**

Thank you for your attention



More information on

<https://www.coe.int/en/web/pompidou/activities/gender>