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Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem

Statement submitted by Dianova International, a non-governmental organization in special 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.

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In 2016, United Nations Commission on Narcotic Drugs resolution 59/5 called upon Member States to develop and implement national drug policies and programmes that take into account the specific needs of women and girls, including the need for access to health services developed specifically for their needs, and the needs of women who are the sole or primary caretakers of minors and others.

Yet, over the years, effective gender mainstreaming in drug policies and programmes has been somewhat hampered by the development of a number of uncertainties and misconceptions, particularly among staff in many organizations, about what gender mainstreaming entails in operational terms.

Before clarifying this issue, let us recall why gender mainstreaming is essential to the development of more effective drug policies and programmes. Research and available data have shown that women and men are affected differently by the global drug issue:

- While the prevalence of drug use is much higher among men, women are more likely to increase their use more rapidly and thus progress more quickly to substance use disorders than men.
- The reasons for engaging in problem drug use are different for men and women; in addition, men and women use drugs differently and respond to drugs differently, for example, men who use drugs are more likely to display externalizing behavioural problems such as conduct disorders, while women tend to have internalizing problems, such as depression and anxiety.

  Women who use drugs are two to three times more likely to be diagnosed with post-traumatic stress disorder, usually due to a history of repeated physical and/or sexual abuse in childhood.
- Women who use drugs face a double stigma: for their drug use, and because they are seen as not fulfilling social expectations vis-à-vis gender roles and stereotypes.
- The different aspects related to women's identities are likely to expose them to intersecting forms of discrimination and marginalization, including survivors of violence and trauma, women with concurrent addictive and psychiatric disorders, women in prison, and those from ethnic minority backgrounds.
- Women are under-represented in addiction treatment programmes due to the existence of barriers to accessing treatment including fear of legal sanctions, social stigma, lack of childcare services, fear of losing custody of their children, family expectations and responsibilities, etc. As a result, women tend to enter treatment programmes later than men, usually after the onset of serious disorders.

Mainstreaming the gender perspective into drug policies

Over the years, there has been rapid progress in the recognition of the need to implement gender-sensitive approaches and strategies. Much has been done in terms of guidelines, manuals or recommendations, yet this has not necessarily translated into policy change.

The question that is usually asked about gender mainstreaming in any field is: "How can it be done?", as if it were a purely technical issue. However, successful gender mainstreaming does not only depend on the existence of guides and checklists. Any sector wishing to make serious progress towards this goal should at first pay more attention to the "why", i.e. to the aims, rationales and links between the gender perspective, the goal of gender equality, and the field in question.

From the outset, it is important to make clear that gender mainstreaming is not an end in itself but a means, a strategy to achieve the goal of gender equality. Gender mainstreaming requires attention to both the links between gender and the sectoral issues or areas being addressed, and to the objective of promoting gender equality,

i.e. the actions that need to be taken to develop policies and programmes that support gender equality.

In drug policy, it is therefore necessary to start with a thorough, gender-based analysis of the reality and specific needs of those who are most at risk, or most affected by some of the implications of the global drug issue – who generally are women.

For example, such a gender analysis can focus on the many structural barriers – including poverty, unequal access to education and health services, and lack of opportunities – that hamper the empowerment of women and girls and contribute to the vulnerability factors that may lead to their involvement in the various links of the illicit drug trafficking chain.

Therefore, the implementation of an effective gender-sensitive policy should not only take into account these vulnerabilities, but also consider these women as possible agents of change, by involving them in the definition, implementation and evaluation of the policy in question.

How can a gender perspective be integrated into services?

No service or programme in the field of addiction care, whether in treatment or harm reduction services, is gender-neutral. Actually, most are designed from an androcentric perspective, i.e. focusing primarily on the needs of men. Therefore, in mixed programmes, where the gender ratio is often heavily unbalanced, women find it especially difficult to improve their health and well-being.

It is therefore important to develop general practice, interventions and training grounded in a gender perspective, with the ultimate goal of achieving gender equality. This is a comprehensive and cross-cutting process that should involve all levels of an organization: top management, departments, management teams and beneficiaries themselves. Here are some of the key points to be addressed or implemented.

At the intervention level, one of the key aspects is the work on gender violence issues. As highlighted earlier, gender violence can often trigger or worsen substance use disorders, so it should be recommended that specific interventions be designed and implemented for women and non-binary persons, enabling them to deal with trauma in spaces where they feel both understood and physically and emotionally safe.

A second important aspect, which most programmes and services lack, is the care of children. The lack of childcare or kindergarten services is one of the main obstacles for women who wish to treatment. The provision of childcare services within programmes, as well as more flexible working hours and admission arrangements, can therefore be a real advantage for women with dependent children.

The training of professionals is also crucial to the effective mainstreaming of the gender perspective in drug-related services. Prejudices against women are still widespread among addiction service providers. Among other biases, women are supposedly less motivated than men, less compliant, and more prone to engage in manipulation. As a result of these preconceived ideas, professionals tend to adopt a double standard depending on whether the beneficiaries are men or women, for example by penalizing the latter more (e.g. expulsion from the programme) when they display anger or impulsiveness during treatment.

It is also important to note that successful gender mainstreaming within a given sector or service should not only include all staff members, but also specifically target the ultimate goal of gender equality. For example, there is no point in running a workshop on gender-based violence if two hours later a counsellor deems it acceptable to laugh at a male beneficiary's sexist joke.

The gender perspective should be integrated into all programmes and services, regardless of whether they are mixed, for women and non-binary people, or men-only. Actually, while it is important to develop programmes for women/non-binary people, there are very few of them. It is therefore critical to transform all services so as to create safe spaces for women and non-binary people.

Lastly, the gender perspective also has a place in men's services, particularly in terms of developing participants' understanding of the benefits of gender equality, as well as reinforcing a positive masculinity that focuses on deconstructing macho stereotypes that are harmful to effective care.

In conclusion, we call on the United Nations Commission on Narcotic Drugs to play a greater role in promoting gender equality through gender mainstreaming. Firstly, through a political commitment to investigate the differences and disparities between women and men; secondly, by implementing gender-informed policies that give women access to decision-making; and thirdly, by encouraging Member States to initiate or support the process of transforming the services concerned in order to provide equal care for both women and men