YOUNG WOMEN AND DRUG USE

ISSUES AND RECOMMENDATIONS

A Position Paper by Youth RISE and Women and Harm Reduction International Network

Young Women and Drug Use

Joint position paper

Youth RISE and Women and Harm Reduction International Network

This position paper and recommendations were developed by a working group of 10 women drawn from the membership of YouthRISE and WHRIN, based in 10 different countries across the Americas, Africa, Europe, Asia and Oceania.

This paper sets out the core issues and recommendations relating specifically to young women who use drugs. Young women and girls who are affected by punitive drug policy face unique age-related as well as gender-specific risks, barriers and rights violations that are not well recognized or responded to by policymakers or service providers. These intersectional inequities are particularly evident when facing societal expectations, when accessing harm reduction and health care services including sexual and reproductive health services, when navigating the illicit drug market and when in contact with the criminal justice system.

Globally, evidence shows that a major barrier to young women's access to health, including harm reduction services, sexual and reproductive health care services and HIV testing and care, is associated with age-restrictions and informed consent in service provision. While age restrictions impact all young people who use drugs, women are particularly affected by any limited access to sexual and reproductive health (SRH) services.

The right to health, including the right to sexual and reproductive health entails that individuals exercise their right to independent and informed decision-making, free of coercion, violence and discrimination. In most settings, however, adolescents' rights are limited, although the exact nature of this limitation and regulatory reinforcement varies from country to country. In some countries, women who use drugs under the age of 18 cannot access harm reduction services including HIV testing services and SRHR services, without the consent of a parent or guardian. While such restrictions are intended to protect young people, in reality they create barriers to access, elevating risks of overdose, violence, blood-borne viruses (BBVs). For example, research examining national age of consent laws for HIV testing in Sub-Saharan Africa shows a 74% increased likelihood of HIV testing among adolescents between 15 to 18 years in instances where the age of consent for testing is reduced to under 16 years.

The arbitrary nature of age restricting criteria is also demonstrated by how, in many countries, the minimum age for consent to medical treatment is inconsistent with the minimum age of criminal responsibility, with criminal justice systems maintaining policies that qualify and charge adolescents and children with adult responsibilities and harsh punitive judgements.For young women who use drugs, this means that while they can receive life-altering criminal sentences for their drug use, restricting access to assistance and resources to manage their drug use in a safe and responsible way.

Additionally, confidentiality in receiving services related to drug use is a major factor, as young women who use drugs may be discouraged or fearful of seeking harm reduction services, HIV testing services, and sexual and reproductive health interventions because they are concerned about facing stigma, discrimination, judgement, rejection, loss of child custody and criminalization as a result of accessing services to assist with challenges they might face related to their drug use.

Young women are underrepresented in health research on drug use, which leads to their specific needs going unrecognized or not being well understood by medical professionals, service providers and policymakers. Even though this gap is not well documented, young women and adolescent girls interact with drugs in multiple contexts, and face all of the same risks and challenges that adults who use drugs, only exacerbated by age and gender-related factors.

Most women who use drugs begin doing so at a young age where the risk of BBV transmission and other harm is greatest, including the risk of overdose as a result of unknown quality of substances and lack of experience with dosage. Recreational drug use such as the use of MDMA and LSD and stimulants in

nightlife and music festival contexts, occurs at a similar rate among young women as with their male counterparts. Drug checking as a tool for harm reduction to determine the purity of the sample, avoid adulterants and allow for safer usage and overdose prevention is offered, to varied extents, in certain cities throughout Europe, the USA, and Australia. Young women are among the most likely to make use of these services whenever they are available, and are also the most willing to discard or opt out of taking substances that prove to be adulterated or of unknown purity and quality. Drug checking is accordingly a very effective harm reduction approach for young women who use drugs in nightlife and festival contexts. It is highly recommended to provide /drug sample/pill-testing services in such contexts to help young women make more informed choices about their substance use.

It is also imperative that the staffing structure of harm reduction services strive for a gender and age balance, as young women may feel better able to discuss their drug use with their peer young women. This is especially important in instances when young women report experiencing sexual harassment and violence in contexts as women's drug use is often used to justify, minimize or normalize the violence they face.

While young women and transgender and gender non-conforming people use drugs at the same rate as their male counterparts, their use remains hidden as they may be more concerned about being exposed as people who use drugs, because they face compounding stigmatization. Many young women, especially when they first start injecting, rely on their (often male) partners to provide injecting equipment and to assist with injecting, and they are less likely than young men to access harm-reduction services. This leads to young women facing exacerbated risk while being underrepresented in surveys of injecting drug use developed by service providers, so the need to cater to and expand services focused on their specific health needs can go overlooked. Young women may also lack the skills or socioeconomic security for negotiating safer drug use and/or safer sexual practices with their partners. Young women who use drugs are noted to be at an elevated risk of gender-based violence, of HIV infection, of sexually transmitted infections and unplanned pregnancies. Further, women who use drugs face increased stigma, discrimination and rejection from medical care professionals, and are subject to high rates of sexual violence from law enforcement officials, which discourages accessing health care and harm reduction services and/or disclosure of their drug use when using health services due to fear of prosecution, harassment and assault. For trans women, this can be further exacerbated by lack of access to trans friendly health services.

Limited access to sexual and reproductive health services can have negative effects on pregnant young women and young mothers. Ready and affordable access to pregnancy testing is crucial, as without access to testing, signs of pregnancy are often missed which could lead to being 'caught' for drug use during pregnancy or to delayed pre-natal support. Drug use during pregnancy is criminalized in some jurisdictions, and women could face prosecution for using drugs while they did not know they were pregnant. Women who are aware of their pregnancy are also discouraged from seeking comprehensive medical care by punitive legal measures, stigma and discrimination, or because they are afraid of being judged as young mothers; they may expect a lower level of care due to their substance use; they have a lack of knowledge about local services; they are experiencing domestic and family violence and their partner does not allow them to attend or they do not attend to protect themselves from further abuse. It has been reported that doctors often do not provide comprehensive care or accurate information to pregnant women who use drugs, and focus entirely on the (often exaggerated) risks of drug use during pregnancy rather than providing holistic support or accurate information. For example, the evidence base demonstrates that other factors – such as smoking, alcohol consumption, poor nutrition, stress and homelessness - can be more significant than illicit drug use in maternal health and foetal development.

Drug using women who are young mothers face additional challenges. The likelihood of losing child custody is related to low socioeconomic status and involvement in the criminal justice system. Stigma, shame, and fear of having their children removed may prevent some young women from seeking required health and social care. Young women may be hesitant or unable to obtain the support because of family and other responsibilities. Young women may also be rejected by their families and in some jurisdictions, imprisonment can lead to loss of parental and housing rights. The loss of housing can make regaining custody of their children more difficult. Because of these punitive consequences of prohibition, young mothers can be discouraged from seeking health care and harm reduction services and discussing their drug use with health professionals.

The evidence of elevated risks and lack of health care access that effects young women who use drugs in all contexts suggest that a comprehensive suite of gender- and age-appropriate services should be offered when presenting to harm reduction services. While harm-reduction has proven effective in improving health goals among people who use drugs, current programmes are generally not designed to respond to the needs of young women or the specific legal challenges and ethical concerns in working with them.

Young women who use drugs are often subjected to stigma and discrimination by health care professionals causing them to navigate away from harm reduction and other essential health services. This especially impacts young women who use drugs and particularly pregnant young women, who lack access to antenatal care and prevention of perinatal transmission services, leading to an increased risk of HIV transmission.

Environments of criminalization often include harsher punishments for the sale of drugs to minors. In many contexts, this also extends to restrictions on supplying harm reduction commodities including needles and syringes which are criminalized as drug paraphernalia. In those countries, needle and syringe programmes and other harm reduction services not only operate in a legal grey zone, but also attract additional, severe legal repercussions for providing minors with safe injecting or safe smoking kits.

Young people often face particular scrutiny in punitive drug policy policing, resulting in extreme harassment and associated risks for young women. While the war on drugs has devastating effects on all people who use drugs, young women can be disproportionately affected as a result of intersectional factors that further discriminate against them based on their age and gender. Young women who are arrested for drug offences often face life long repercussions in terms of limited job and other opportunities, shattered family relations and entrenched hardship.

Young women who use drugs involved in the sex industry face heightened risks both in contexts where sex work is legal and where it is criminalized. Under multiple international conventions, sex workers under the age of 18 are rigidly categorised as commercially sexually exploited, and their participation in sex work is considered a contravention of human rights law. As a direct consequence of this, programmes intended to improve sex work safety, including HIV prevention, exclude young women and girls under the age of 18. Young people involved in selling sex may be compelled to give inaccurate information about their age to health care service providers or disengage from accessing services completely for fear of arrest, removal and so-called “rescue” operations, as well as potential drug charges. These structural factors lead young people who sell sex and use drugs to becoming an invisible population in research and program design, which further compounds marginalization. Young trans women and gender non-conforming people who sell sex and young people of colour and members of ethnic and religious minorities are especially affected by intersectional barriers to health care and justice in contexts where their identities are criminalized, oppressed and/or discriminated against.

Prohibition, negative experiences with health services, judgmental attitudes of providers, the inability to treat young women respectfully and/or perceived lack of privacy and confidentiality discourage young women who use drugs from seeking the services they need. In some countries, a conservative social climate makes it very difficult for young women to access SRH services. Services for young women who use drugs should be integrated with all harm reduction programmes. Research and clinical experience has shown that women and girls respond well to programmes that are women-centred and feature meaningful involvement of women who use drugs, while in populations of young people there is evidence of the greater efficiency of programmes that are peer-led or involve peer support. In order to create a safer environment for young women who use drugs, intersectional factors related to their gender, age, drug use and socioeconomic status, as well as identities as women of colour and members of ethnic and religious groups should all be addressed and accounted for through holistic and comprehensive harm reduction and health care service design, along with accessible, age-appropriate, and evidence-based information and sexual and reproductive health services.

Recommendations

- End the criminalisation of drug use
- Institute strengths-based client-led support programmes for young women who use drugs in need to replace punitive approaches to drug use
- Remove policies and laws related on age restrictions that affect access to harm reduction services and commodities, SRH and health care
- Remove parental consent requirements on health care services, including SRH services, and establish effective confidentiality guarantees
- Promote gender equality and gender transformative programmes in harm reduction

RECOMMENDATIONS

- Increase the use of alternatives to imprisonment (in line with the Bangkok Rules)
- Expand provision of youth friendly, gender sensitive harm reduction services for women who use drugs (incorporating comprehensive SRHR, GBV and counselling services attuned to the needs of young women)
- Ensure the capacity of harm reduction staff and other healthcare workers to provide youth and gender friendly services
- Support community-based organizations that are inclusive of young women who use drugs
- Support youth-led organizations to produce advocacy and action research highlighting the needs, priorities, and voices of young women who use drugs
- Create frameworks for acknowledging young women under-18 who use drugs and are involved in the sex industry to recognise and protect their rights and needs
- Support widespread drug testing to enable safer use

For related references or more information please contact :
ruth@whrin.site - whrin.site
beatrix@youthrise.org - youthrise.org