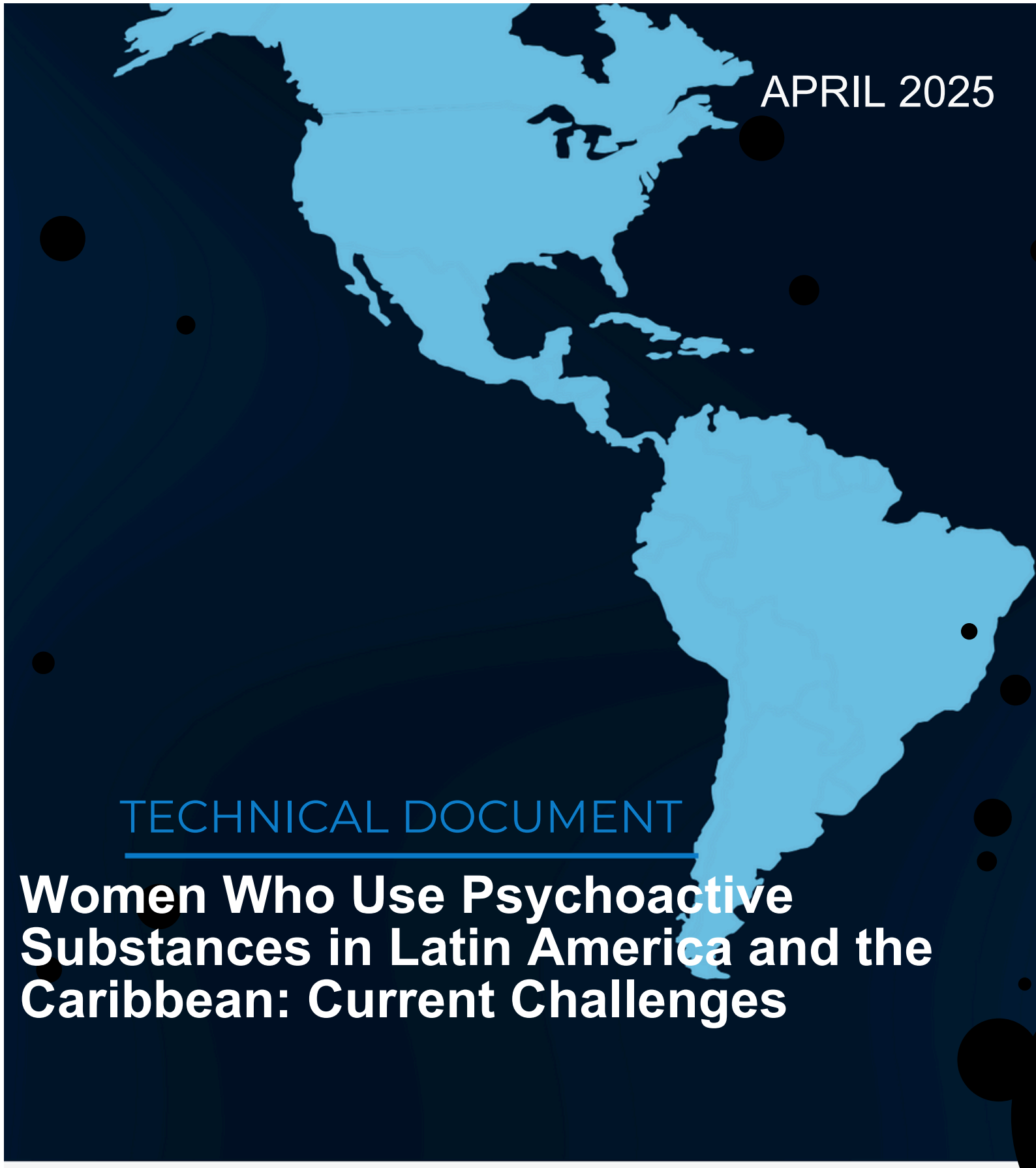

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TECHNICAL DOCUMENT

Women Who Use Psychoactive Substances in Latin America and the Caribbean: Current Challenges

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INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)

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Technical Document. Women who use psychoactive substances in Latin America and the Caribbean: Current challenges

1. Executive Summary

Over the past decade, there has been increased awareness of how drug use among women, including lesbian, gay, bisexual, transgender, and intersex (LGBTI) populations, is changing from an epidemiological perspective.

Women's drug use is lower than men's. However, consumption trends are changing especially in relation to legal substances such as alcohol and prescription drugs. Among secondary school students, gender differences tend to disappear or become irrelevant. In some countries, and for some substances, they are even reversed. There is limited information on women's access to services in the field of treatment, risk, and harm reduction, as well as comprehensive or coordinated services that address vulnerabilities faced by women who use substances.

Numerous studies show that women who use drugs suffer greater stigmatization from health, social protection, educational, and judicial institutions. The double discrimination,[1] due to being women and at the same time being drug users, is especially deepened when they use illegal substances. Stigmatization contributes to underreporting of the issue in epidemiological data by discouraging open discussion of consumption practices.

The relationship between drug use in women and exposure to situations of violence emerges consistently in research. Physical, psychological, and sexual violence from partners often leads to post-traumatic stress, which in turn can induce drug use or medication misuse as coping mechanisms.[2]

Women who use drugs in a situation of homelessness or on the street suffer a particular situation of exposure to physical, social, and symbolic violence, deepening isolation, and hostility, both at

[1] Lagunes Huerta, L. (1998) (n.d.)." Woman and Addict: Double Stigma." Mexico. In LiberAdictus.
[2] Lobos Palacios, M.A. (2016). Op. cit.

the social level and in health institutions. Studies warn that homeless female users have a higher prevalence of cardiovascular and infectious diseases, including HIV and hepatitis B and C. Additionally, the incarceration of women for drug offences is a growing problem, and Latin America is the region where the number of women in prison has grown the most in the last 20 years.

Both drug prevention programs and health services must be carefully designed to provide effective support for young and adult women who, along with other situations of vulnerability — gender violence, pregnancy, motherhood, homelessness, poverty, etc. — may use substances and develop dependency. It is crucial to develop community-based support programs that address the social and health issues of women who use drugs. Additionally, harm reduction strategies and trauma-informed care should also be included among these services. Clearly, more research is needed to increase the availability of evidence on this topic and more advocacy for policy reforms could help move the needle towards public health approaches over punitive measures for women who suffer from drug dependency.

2. Introduction

Over the last decade, the gender dimension of drug use in epidemiological terms — in other words, how drug use by women is changing and increasing — has gained heightened visibility in the international arena, while the particularities of lesbian, gay, bisexual, transgender, and intersex (LGBTI) populations are beginning to be made visible. Analyses have also been conducted of how gender-based structures and norms intersect with: (i) drug use patterns among women, (ii) the obstacles women face in accessing treatment, and (iii) health risks, including increased vulnerability to the human immunodeficiency virus (HIV) and sexually transmitted infections (STIs) compared to boys and men.[3]

The relationship between gender and drug policy is not a new issue in the region, although it has been primarily addressed in terms of the effects of drug supply control policies on women's incarceration rates.[4] Between 2020 and 2022, the number of women deprived of their freedom in Latin America rose by 151%, well above the already alarming global figure of 60%.[5] Incarceration is the most widely used sanction imposed in drug-related including crimes related to drug use, and is one of the main causes of this growth in the region.[6]

In contrast, women who use substances are less visible on the public agenda, especially those who are more vulnerable because they are poor, girls or adolescents, black, indigenous, or migrant women. This document aims to place women who use substances in a dependent manner on the Inter-American agenda, with the goal of generating a road map for the analysis and development

[3] Arpa, S. (2017). Women who use drugs: issues, needs, responses, challenges and implications for policy and practice. Background paper commissioned by the EMCDDA for Health and social responses to drug problems: a European guide. Lisbon: EMCDDA. https://www.emcdda.europa.eu/document-library/women-who-use-drugs-issues-needs-responses-challenges-and-implications-policy-and-practice_en.

[4] WOLA et al. (2016). Women, Drug Policies, and Incarceration: A Guide to Policy Reform in Latin America and the Caribbean. Washington D.C.: WOLA, IDPC, Dejusticia, CIM-OAS. https://www.wola.org/wp-content/uploads/2016/02/Women-Drug-Policies-and-Incarceration-Guide_Final.pdf.

[5] Fair, H. and Walmsley, R. (2021). World Prison Population List (thirtheenth edition). London: World Prison Brief, Institute for Crime & Justice Policy Research. https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_13th_edition.pdf.

[6] IACHR. 2023. Women Deprived of Liberty in the Americas. Washington D.C.: IACHR. https://www.oas.org/en/iachr/reports/pdfs/2023/Informe-Mujeres-privadas-libertad_ENG.pdf

of public policies that take women into account and provide comprehensive care in the region's countries.

In Latin America, fewer women than men are substance users. Nevertheless, that gap is closing among adolescents, and in the case of controlled drugs, the ratio is flipped.[7][8] In accessing treatment services, women face social, cultural, economic, and structural barriers; despite growing evidence of the situations of vulnerability that affect women who use substances, drug policies in general — and those related to substance use in particular — remain male-centered and provide few services exclusively targeting women.[9] In turn, women face greater stigma and discrimination in the family, the community, and, at times, when accessing services, and this is more pronounced among those who are pregnant, have children, or are in extremely vulnerable situations (homelessness, for example). Services for women survivors of gender-based violence generally do not accept women who use drugs — despite the frequent correlation that exists between those phenomena — thus reproducing forms of violence and symbolic and institutional discrimination that endanger the lives of women and their children.[10]

In the Hemispheric Drug Strategy 2020, CICAD-OAS states that drug policies are to take account of "gender, age, cultural context, and human rights, with the individual at the core."[11] It also incorporates the gender perspective into actions to control demand and supply. In turn, the Hemispheric Plan of Action on Drugs 2021-2025[12] includes the need for a crosscutting gender perspective and identifies women as a vulnerable population group.

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[7] CICAD (2019). Report on Drug Use in the Americas 2019. Washington, D.C.: CICAD.
[8] UNODC. (2023). World Drug Report 2023. Booklet 1. Special points of interest. Viena: UNODC. https://www.unodc.org/res/WDR-2023/Special_Points_WDR2023_web_DP.pdf.
[9] Mutatayi C. et al. (2022). Implementing a gender approach in drug policies: prevention, treatment and criminal justice. A handbook for practitioners and decision makers. Estrasburgo: Pompidou Group del Consejo de Europa. https://rm.coe.int/2022-ppg-implementing-a-gender-approach-in-drug-policies-a-pg-handbook/1680a66835

[10] Benoit, T. y Jauffret-Roustide, M. (2015). Improving the management of violence experienced by women who use psychoactive substances. Estrasburgo: Pompidou Group del Consejo de Europa. https://rm.coe.int/improving-the-management-of-violence-experienced-by-women-who-use-psyc/168075bf22,
[11] CICAD. Hemispheric Drug Strategy 2020. Washington, D.C.: CICAD. https://www.oas.org/fpdb/press/Estrategia_Hemisferica_sobre_Drogas_OEA_ESP.pdf2019
[12] CICAD. Hemispheric Action Plan on Drugs 2021-2025. Washington, D.C.: CICAD. https://www.oas.org/fpdb/press/Plan_de_Accion_Hemisferico_sobre_Drogas_2021-2025_ENG.pdf.

This document aims to contribute to promoting a debate in the region on the multiple experiences of women who use substances and the need for appropriate policies, and for that conversation to translate into studies and joint actions undertaken by CICAD-OAS, member states, civil society, academia, and women who use substances at the regional, national, and local levels.

The proposed first step is to highlight the intersections that exist between substance use and gender violence against women, the care economy, motherhood, and criminalization. Then, on that basis, specific proposals will be developed.

2.1 Conceptual framework and methodology

This document examines substance use among women in Latin America and the Caribbean from a perspective of gender and human rights, with a focus on intersectionality.

The intersectionality approach is a powerful tool for distinguishing the heterogeneity of experiences, knowledge, and resources available to women according to their social position. Intersectional analysis assists in understanding differences between women by considering the way in which belonging to certain social strata (social class, generation, gender identity, etc.) determines specific life conditions. The coexistence of different identities (poor, migrant, indigenous, disability, etc.) implies different vulnerabilities and privileges.

At the same time, for reasons of space and the objectives set for it, this document focuses solely on adult cisgender women; it does, however, acknowledge the relevance and importance of analyzing the situation of dependent use and access to services for different age groups and gender identities, according to the corresponding conceptual and legal framework.

The terms “drugs” and “substances” are used interchangeably to refer to controlled substances under the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, and the 1971 Convention on Psychotropic Substances of the United Nations. Also, although the focus is on substance dependence, some of the recommendations are also relevant to other forms of dependence, such as pathological gambling. The term “drug use” refers only to dependent use, not

to all forms of consumption, in accordance with the definition set out in the International Classification of Diseases, 11th revision (ICD-11).[13]

Regarding the services analyzed, this publication focuses on: (i) health services for pregnant women and new mothers; (ii) treatment and risk- and harm-reduction services for substance-dependent women and their families, particularly their children; and (iii) services for women who are victims or survivors of gender-based violence against women and girls.

The methodology is a qualitative and descriptive design of the documentary type, and it involves collecting and systematizing the theoretical and empirical knowledge that has been generated on the subject in the region in order to describe the specificities of drug-related problems among cis women in the regional context. Thus, the methodology is based on a systematic review of the state of the art in Latin America and the Caribbean and, as such, it includes three fundamental components that feed back into each other during the process: (i) definition of the dimensions on which the problem is focused, (ii) compilation of bibliography from recent years, and (iii) organization of the information, taking into account the inclusion of recognized studies endorsed by the scientific community.

2.2 Contents

The contents are structured as follows: First, a quantitative overview of women's substance use trends based on regional data collected by OID-CICAD is presented. The analysis includes the prevalence of consumption among females and males in secondary education, even though they are minors, since this is an important factor in designing public policies for the medium and long terms. Next, quantitative and qualitative information on treatment and risk- and harm-reduction services specifically for women in the community and in detention centers is presented. It is noted that information on this subject is scarce in the region and, accordingly, several recommendations are made in the corresponding section of the report. Finally, a quick review of the literature on the

[13] Clasificación Internacional de Enfermedades, Undécima Revisión (CIE-11). Ginebra: Organización Mundial de la Salud; 2022. Licencia: CC BY-ND 3.0 IGO.

subject is provided, highlighting the main issues faced by women who use substances and the obstacles they face in accessing services.

Then, the following issues — which the literature review indicates as being particularly relevant among substance-using women in Latin America and the Caribbean — are addressed from a quantitative and qualitative perspective: (i) motherhood, (ii) the care economy, (iii) gender violence against women, (iv) stigmatization, and (v) criminalization and incarceration for drug offenses. For each topic, a description of the problem, quantitative data, and specific recommendations for services are presented, along with testimonies from women collected from indirect sources.

The document concludes with some thoughts for countries regarding a road map for the development of research, studies, and comprehensive public policies for women who use substances.

3. Substance use trends by gender, age group, and drug types in Latin America and the Caribbean

Traditionally, women have used alcohol and other drugs less than men. Among younger generations, however, the gender gap is closing, and for certain substances it is flipping.[14] This section details substance use trends among women.

Data for 2023 data from the United Nations Office on Drugs and Crime (UNODC) estimate that around 296 million people have used substances controlled by the United Nations Drug Conventions. Those drugs listed from the highest to the lowest number of users are cannabis, opioids, amphetamines, and ecstasy. Women account for 47% of non-medical opioid drug users,

[14] OID-CICAD. (2019). Op. cit.

45% of amphetamine users, 38% of ecstasy users, 30% of cannabis users, 27% of cocaine users, and 25% of opiate users. Note that these data refer to any use. The number of people worldwide with dependent or problematic substance use is estimated at 39.5 million.[15]

Alcohol and tobacco remain the most widely used drugs worldwide, and they are the leading causes of disease, disability, and death.[16]

This section presents information on substance use among women in the countries of Latin America and the Caribbean, with emphasis on the substances used, gender, and age ranges. The data are taken from the CICAD/OAS *Report on Drug Use in the Americas 2019*.[17]

The evidence shows that, in the Americas, women are using certain drugs in equal or greater proportion than men. For example, the prevalence of tranquilizer use is higher among females than males in almost all countries with available data. This pattern holds true in the adult population, as well as among secondary and university students. Among secondary school students, the prevalence of drug use, for both alcohol and inhalants, is more similar among both sexes.

Given the significant differences in consumption patterns between countries, drawing regionwide conclusions can be problematic. The information must therefore be reviewed at the national level and used to inform the design of appropriate public policies. The following are just a few examples of data from the cited report that illustrate the changing trends in women's consumption patterns.

UNODC. (2023). Op. cit.[16] Degenhardt, L. et al. (2018). The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Psychiatry 2018;* 5: 987–1012, http://dx.doi.org/10.1016/ S2215-0366(18)30337-7; Siddiqi, K. et al. (2020). Global burden of disease due to smokeless tobacco consumption in adults: an updated analysis of data from 127 countries. *BMC Medicine* (2020) 18:222. https://doi.org/10.1186/s12916-020-01677-9. World Health Organization. (2017). WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies. Ginebra: World Health Organization. https://iris.who.int/bitstream/handle/10665/255874/9789241512824-eng.pdf?sequence=1.

[16] Degenhardt, L. et al. (2018). The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Psychiatry 2018;* 5: 987–1012, http://dx.doi.org/10.1016/ S2215-0366(18)30337-7; Siddiqi, K. et al. (2020). Global burden of disease due to smokeless tobacco consumption in adults: an updated analysis of data from 127 countries. *BMC Medicine* (2020) 18:222. https://doi.org/10.1186/s12916-020-01677-9. World Health Organization. (2017). WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies. Ginebra: World Health Organization. https://iris.who.int/bitstream/handle/10665/255874/9789241512824-eng.pdf?sequence=1.

[17] OID-CICAD. (2019). Op. cit.

With respect to **alcohol**, Argentina, Barbados, Jamaica, Paraguay, and Uruguay are among the countries with the highest consumption levels among the general population (12 to 64 years of age), and male use is more prevalent than female use, with significant percentage differences. Consumption levels are higher among the adult population. At the secondary school level, however, gender differences are practically non-existent, and secondary students of both sexes report almost equal levels of past-month alcohol consumption. For harmful levels of consumption, the data for women are slightly lower. In those countries for which trend data are available, the increase in alcohol consumption among women is higher than among men: in Mexico, for example, alcohol consumption among males rose from 33.6% in 2002 to 48.1% in 2016, while among females it increased from 7.4% to 24.4% over the same period. As noted in the study, "the closing of the gender gap in alcohol consumption — a trend observed for many years — points to changing social norms that are already starting to be reflected in similar changes in other substance use across countries."[18]

Consumption levels for **tobacco** are lower than for alcohol: for example, Chile is the country with the highest percentage of the general population reporting last-month tobacco use at 33.4%, which contrasts with the 52% of the general population in Argentina reporting last-month alcohol consumption. In addition, like other countries (such as Costa Rica, Uruguay, and others), Chile has reported a drop in the use of this drug. As noted by the *Report on Drug Use in the Americas 2019* (p. 43), "while Argentina, Chile, and Uruguay have the highest rates of tobacco use, the differences in use by sex are slightly lower when compared to the other countries. A similar situation is also seen in Belize, Canada, and the United States. In the rest of the countries, the differences in the rates of tobacco use by sex are greater."

As for young people in secondary education, Antigua and Barbuda, Argentina, Chile and Uruguay report higher levels of tobacco use among females. In the other countries, in contrast, consumption

[18] OID-CICAD. (2019). Op. cit., p. vi.

is considerably higher among males. Among university students, the rate of consumption is also higher among men than among women, with Uruguay the sole exception.

The use of **cannabis** has increased among both the general population and secondary school students; in addition, the forms of its use have diversified. It should be noted that the data in the *Report on Drug Use in the Americas 2019* refer to prevalence in the past year, not in the past month. Canada, Chile, the United States, and Jamaica have levels close to or above 14%, while the other countries report prevalence levels ranging from 1% or less up to 9%. Use is higher among males than females in the 12-17 and 18-34 age ranges, with the latter group reporting higher rates. However, variations in usage trends change according to gender: in Uruguay, for example, consumption among men rose from 2.4% in 2001 to 12.5% in 2014, while among women it increased from 0.4% to 6.4% over the same period. The highest levels of marijuana use among secondary school students are found in Canada, Chile, and the United States, followed by Barbados, Grenada, Jamaica, Saint Kitts and Nevis, and Uruguay. Past-year prevalence of marijuana use among secondary school students is higher among males in almost all countries. The exceptions are Canada, Chile, the United States, and Haiti, where the rates are almost equal.

With respect to **inhalants**,[19] the prevalence of use in the last year among the general population is equal to or less than 1%. In all countries, except Guyana and Jamaica, consumption is higher among males. The highest levels of past-year use among secondary school students are found in Caribbean countries, where prevalence ranges from 7.5% to 10%, while the lowest prevalence (between 0.5% and 1.39%) is found in Peru, the Dominican Republic and some Central American countries. In some countries the use of inhalants among women is higher than among men, while in others the prevalence by sex is practically the same. The greatest differences by sex are found in two countries with low rates of use — Panama and the Dominican Republic — where three men used inhalants in the past year for every woman who did so. Prevalence of inhalant use is higher among women in most countries of the Caribbean subregion, with the exception of Grenada, Haiti, the Dominican Republic, and Saint Kitts and Nevis. In South America, female secondary school

[19] The 2019 Report on Drug Use in the Americas defines inhalants as psychoactive substances that produce chemical gases whose consumption produces mind-altering effects. Four classes of inhalants are identified: solvents, aerosols, gases, and nitrites, and inhalants generally contain various combinations of these.

students use inhalants more than their male peers in Paraguay and Uruguay, while the rates in Chile are almost the same. In Central America, Belize is the country with the highest levels of consumption, with similar rates of prevalence among men and women. The same is true in Mexico.

The data show that changes in consumption trends vary from one country to the next: some report moderate increases, while in others, such as Chile, Grenada and Paraguay, consumption has practically doubled. Other countries have experienced gradual declines (Colombia, the United States, and Peru) or have remained stable (Argentina and El Salvador). In Chile, between 2001 and 2015, consumption among males rose from 2.5% to 5.4% and, among females, it increased from 1.3% to 5.3%. Inhalant use in Colombia is falling, from 3.5% in 2003 to 2% in 2016, with an increase among women towards the end of the period under study.

The *Report on Drug Use in the Americas 2019* also presents information on **cocaine and its derivatives**. In other words, "those substances that contain the cocaine alkaloid that is extracted from the leaves of the coca bush of the genus Erythroxylon. These substances include cocaine hydrochloride (referred to as cocaine), cocaine base paste (CBP), freebase, and crack."[20] The Americas are home to half of the world's population that uses these substances, in addition to being the region where coca leaf is produced[21]. Likewise, in most of Latin America and the Caribbean, the demand for treatment for problems derived from cocaine use is ranked in second place.

According to the report, cocaine use is present throughout the Hemisphere, while use of CBP — known by a variety of names from one country to the next — is a South American phenomenon. Crack use is present in the Caribbean and North America. Past-year prevalence of cocaine use in the general population in South and Central America is highest in Argentina and Uruguay, followed by Costa Rica and Chile. With the exception of Paraguay, Guyana, and Belize, prevalence is higher among males in all countries, albeit with some significant differences: in Mexico, for example, for every woman who consumes, seven men do so, and in El Salvador and Venezuela the figure is almost eight men for every woman. In Argentina and Uruguay, in contrast, there are about three male users for every female consumer.

[20] OID-CICAD. (2019). Op. cit., p. 139.
[21] UNODC. (2024). World Drug Report 2024.

As regards age, consumption levels among people aged 18 to 34 years exceed the total national rates in all countries. In Uruguay, the prevalence of past-year consumption among people aged 12 to 17 is notable.

The highest rates for crack use are seen in Costa Rica and the United States, with 2% and 3.3% respectively, followed by El Salvador and The Bahamas.

Among the secondary school population, the highest prevalence of cocaine use is found in Chile, followed by other South American nations, Mexico, and some Caribbean countries. All countries report higher rates of cocaine use by male students. The exception is Saint Vincent and the Grenadines, where the gender prevalence is both similar and low (0.6% in men and 0.7% in women). In the university population, the prevalence of cocaine use also tends to be higher among males than among females.

With regards to CBP use among the secondary school population, the data shows that although consumption is higher among males, the differences are not great. In Bolivia, Ecuador, and Peru, for every woman who consumes CBP, there are two men who do so. The difference is smaller in other countries. Data from Uruguay indicate that the difference between the sexes is not statistically significant. Crack use in this population group is highest in six Caribbean countries, while the lowest prevalence, with rates below 0.5%, is found in Brazil, Suriname, and Venezuela in South America, in Costa Rica and Honduras in Central America, and in the Dominican Republic in the Caribbean. In almost all countries, consumption is higher among men; the exceptions are Saint Vincent and the Grenadines, where use is higher among women, and Panama, where there is practically no difference.

Amphetamine type stimulants (ATS), which include methylenedioxy-methamphetamine (MDMA), amphetamine, and methamphetamine, report a lower prevalence than other substances. The figures contained in the *Report on Drug Use in the Americas 2019* refer to the prevalence of lifetime use, which is not relevant to the focus of this document. Even so, it should be noted that although consumption by secondary school students is higher among males, the differences are

not large and, in the case of Uruguay, use is higher among females. Similarly, among university students, the available data show that differences between the sexes are not significant and that, in Panama and Uruguay, prevalence is higher among women.

However, it is predominantly in the non-medical consumption of **controlled prescription drugs** where higher consumption rates are recorded among women. These are the controlled substances most commonly used by secondary school students, after alcohol and marijuana. The classification encompasses several medications, such as stimulants, barbiturates, benzodiazepines, and sleeping medications, together with non-medical substances such as new psychoactive substances. Information from 14 countries shows that the past-year prevalence of nonprescription use of tranquilizers among the general population is higher among women, except for Bolivia and Colombia; in Mexico, there is no difference between the sexes and the prevalence is very low. Consumption is higher in the 18-34 age group. Among secondary school students, tranquilizer use is higher among females in almost all countries, with particularly pronounced differences in Chile, Bolivia, Dominica, Haiti, the Dominican Republic, and Suriname.

At the university level, the use of tranquilizers without a medical prescription is higher among women students in all countries for which information is available, except for Panama. As for stimulants, in 15 of the 28 countries that provided information, consumption was higher among women. In Panama and El Salvador there is no difference between male and female consumption rates. In 11 countries, seven of which are in the Caribbean, past-year prevalence of male use exceeds that of female use.

Finally, the region reports the use of **new psychoactive substances (NPSs)**, particularly those with stimulant or hallucinogenic effects and synthetic cannabinoid receptor agonists. Prevalence tends to be low, with lower levels of consumption among women. Even so, increases have been seen, particularly in the use of ketamine and plant-derived NPSs.

This brief overview shows that drug use is lower among women than men, but that consumption trends are changing, especially regarding non-criminalized substances, particularly alcohol and

controlled prescription drugs. Among secondary school students, gender differences tend to be non-existent or negligible. In some countries, and for some substances, they are even reversed.

This means that both prevention programs and health services must be designed and prepared to attend to young and adult women who — in conjunction with other situations of vulnerability, such as gender violence, pregnancy, motherhood, homelessness, poverty, etc. — might become substance users and develop dependence.

The following section focuses on women's access to treatment, with emphasis on the availability, or otherwise, of women-only services.

4. Access to women-specific services

This section analyzes the information available on services for treatment and risk- and harm-reduction. Such studies remain insufficient in the region, as indicated below.

According to the UNODC World Drug Report 2023,[22,23] there are no studies for Latin America and the Caribbean that examine public and private treatment services or the availability of treatment and risk- and harm-reduction services in prisons in the region, nor are there any regional analyses that take on board the gender and age perspectives or other conditions of vulnerability. However, publications do exist that provide directories of the services offered in the Caribbean in the areas of prevention, treatment, and rehabilitation.[24] Information from national observatories is scarce. For example, the Colombian Drugs Observatory's gender page[25] provides information on women in conflict with the law, including information on their socioeconomic level, ethnicity, age range, and crimes. In the case of women who use substances, the focus is mainly on the drugs

[22] UNODC. (2023). Op. cit.

[23] UNODC. (2023). Op. cit., p. 9.

[24] CICAD. (2022). Directory of Caribbean Substance Use Prevention, Treatment, and Rehabilitation-Focused Institutions: Results of an Institutional Mapping Exercise of the OAS Caribbean English–, French–, and Dutch–Speaking Member States for the CICAD/OAS. https://www.oas.org/ext/DesktopModules/MVC/OASDnnModules/Views/Item/Download.aspx?type=1&id=327&lang=2.

[25] Ministry of Justice and Law. (n.d). Drugs Observatory of Colombia. Gender: Technical evidence on women and drugs. https://www.minjusticia.gov.co/programas-co/ODC/Paginas/genero.aspx.

consumed and consumption trends by sex. Data are included for women in the adolescent criminal justice system and female students in secondary education, but not for adult women. The National Commission for Development and Life without Drugs (DEVIDA)[26] mainly provides information on actions related to supply control and alternative development, in line with the region's traditional priorities.

The study *Women and drug policies. Report on the situation in Latin America and the Caribbean, progress and priorities for the future*[27] by the Cooperation Program between Latin America, the Caribbean, and the European Union on Drugs Policies (COPOLAD II and III) and the International and Ibero-American Foundation for Public Administration and Policies (FIIAPP) includes contributions from 27 Latin American and Caribbean countries. Of the 27 participating countries, eleven reported including specific prevention programs for women among the measures adopted for demand reduction (p. 118) and slightly more than one-third of the countries reported having implemented specific risk- and harm-reduction programs for women, through which users are offered different types of services, mainly distribution of contraceptives (available in 80% of the countries), psychological support for pregnant women and mothers (40%), and pregnancy screening and follow-up (30%).

In addition, just under two-thirds of the countries reported having specific services for women at their care and treatment centers. The highest number of centers offering specific services for women was recorded in Mexico (101), followed by Argentina (35), Costa Rica (18), Peru (12), and the Dominican Republic (6). Barbados, Guatemala, Honduras, and Uruguay had three centers with services for women, Brazil and Nicaragua had two, and Chile, Paraguay, Portugal, Suriname, and Trinidad and Tobago had one single center (p. 147). The services provided were identified as including the following: (i) dual diagnosis, (ii) specific areas for women: childcare services, medical attention for women, etc.

[26] Gobierno de Perú. (n.d). Comisión Nacional para el Desarrollo y Vida sin Drogas. https://www.gob.pe/devida.

[27] Jordán Ramos, P. et al. (2022). Mujeres y políticas de drogas. Informe de situación en América Latina y el Caribe, avances y prioridades a futuro. Madrid: COPOLAD-FIIAPP. https://copolad.eu/wp-content/uploads/2022/06/MUJERES_Y_POLITICAS_DROGAS.pdf.

Data for 2021 from the National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA) and the Chilean Ministry of Health[28] indicate that out of 17,174 people served, 32% were women. Only 13.5% of these women received attention through women-specific programs. In 2021 the network comprised 351 treatment centers, offering a range of treatment plans and programs: 35% provided basic outpatient care, 40% provided intensive outpatient care, 9% offered residential services, 11% offered intensive women-specific outpatient care, and 5% provided women-specific residential care. The report also reveals that 45.8% of the men were identified with associated psychiatric disorders, compared to 61.7% of the women, which highlights the greater vulnerability of the female population.

However, the existence of services or centers solely for women or that have dedicated areas or schedules for them says nothing about their quality or their provision of professional, comprehensive care for all the situations faced by women who use substances: life histories marked by gender-based violence, including sexual violence, caregiving responsibilities, stigmatization, poverty, etc. Treatment services for women must ensure that they can attend or live with their children and that professional services are also available for their offspring; that the economic, social, structural and cultural barriers that women face in seeking and accessing treatment are eliminated, through free services also available in rural areas; and that women with disabilities are not excluded either directly (as an explicit part of the eligibility criteria) or indirectly (for example, by the lack of ramps, Braille materials, specialized personnel, etc.).

They must also have people trained to care for female victims of gender-based violence who can refer them to services or shelters, and those facilities must accept women who use substances. One key issue is that the services should not repeat stigmatizing and discriminatory discourse or practices against women but rather reinforce their self-esteem and help them rebuild their strengths and self-confidence.

[28] Servicio Nacional de Prevención y Rehabilitación de Drogas y Alcohol (SENDA) / Ministerio de Salud (MINSAL). 2021. Informe Anual 2021. Informe de Evaluación Técnica. Programa Planes de Tratamiento y Rehabilitación de Personas con Problemas Derivados del Consumo de Drogas Ilícitas u otras Sustancias Estupefacientes o Psicotrópicas. Santiago: SENDA and MINISAL.

Qualitative studies show that this is not always the case. In Mexico, for example, there are 335 Primary Addiction Care Centers and 120 Juvenile Integration Center units, a non-profit organization that provides outpatient, residential, and risk- and harm-reduction services. It should nevertheless be noted that in several Latin American countries, treatment standards are not yet fully regulated, and many centers tend to operate irregularly or do not abide by specific recommendations from national and international health agencies regarding treatment for drug use disorders.

Similarly, regarding services for women victims and survivors of gender violence, the report *Justice Centers for Women: National Report 2018-2021* by the organization Equis Justicia para las Mujeres, states that the rules for transitional stays in Justice Centers provide that "users who self-administer controlled psychiatric medication and those who use drugs" are excluded from their services.[29]

The 2023 report by the National Drugs Board of Uruguay, *Situation and characteristics of the care and treatment supply for people with problem drug use in Uruguay,*[30] notes that although most of the centers and institutions serve both men and women, including trans women and men, this does not mean that their treatments are differentiated or that they consider the gender perspective and different needs in their design. It is worth noting that 96.8% of the facilities said they had no restrictions on providing care to pregnant women or women with children.

The study *Between invisibility and stigma: Psychoactive substance use in pregnant and postpartum women in three general hospitals in Argentina*, based on interviews with 62 women attending general hospitals in Bariloche, Concordia, and La Matanza,[31] indicates that half of the

[29] Equis Justicia para las Mujeres. (2023). Centros de Justicia para las Mujeres. Informe nacional 2018-2021. Mexico City: Equis Justicia para las Mujeres. https://equis.org.mx/wp-content/uploads/2023/10/CEJUM-Informe-Nacional.pdf.

[30] Junta Nacional de Drogas / Observatorio Uruguayo de Drogas. (2023). Situación y características de la oferta de Atención y Tratamiento para personas con uso problemático de drogas en Uruguay. Montevideo: Junta Nacional de Drogas. https://www.gub.uy/junta-nacional-drogas/sites/junta-nacional-drogas/files/documentos/publicaciones/Situaci%C3%B3n%20y%20caracter%C3%ADsiticas%20oferta%20de%20atenci%C3%B3n%20y%20tratamiento_Uruguay%202022_versi%C3%B3n_final.pdf.

[31] Diez, M., Pawlowicz, M., Vissicchio, F., Amendolaro, R., Barla, J., Muñiz, A., and Arrúa, L. (2020). Entre la invisibilidad y el estigma: consumo de sustancias psicoactivas en mujeres embarazadas y puérperas de tres hospitales generales de Argentina. *Salud colectiva*, 16, e2509. https://dx.doi.org/10.18294/sc.2020.2509.

women interviewed reported feeling discriminated against (treated differently and negatively because of their personal characteristics). Health services were the most frequently mentioned setting for those perceptions of discrimination, even more than "on the street, in the neighborhood, or at nightclubs." They also reported that on occasions, health workers placed their own value judgments above their professional responsibility in relation to the care provided and the right of the women to receive quality attention.

Finally, treatment and risk- and harm-reduction services for women must also be available in prisons that house women. The COPOLAD-FIIAPP study cited above[32] states that 50% of the participating countries reported having prevention programs for incarcerated women. With respect to access to risk- and harm-reduction services, however, the *Global Status of Harm Reduction 2022*[33] reveals that the region's countries — with a few exceptions, including Mexico and Puerto Rico — do not provide risk reduction services. None of the region's countries offers harm reduction services in prison.

The scant information available regionally does not allow conclusions to be drawn about women's access to treatment and risk- and harm-reduction services or to services that address the different vulnerabilities faced by women who use substances in a comprehensive and coordinated manner. It is clear that more research in this area is needed at the regional and national levels.

The analysis of treatment and risk- and harm-reduction services with a gender perspective requires exhaustive studies that gather quantitative and qualitative information: not only on the existence of services that include women, but also on their quality and on the effective incorporation of the gender perspective into their design, implementation, inclusion, and ethical, scientific, and practical operational guidelines. It is also important that information be available on other issues of importance to women who use substances: (i) the availability and accessibility of services for women who are victims of gender-based violence and who use drugs, with their children, (ii) care services for members of the homeless population, (iii) health services for pregnant women and

[32] Jordán Ramos, P. et al. (2022). Op. cit.

[33] Harm Reduction International. (2022). The Global State of Harm Reduction 2022. London: Harm Reduction International. https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final.pdf.

new mothers that provide comprehensive and non-stigmatizing care for women who use drugs, (iv) social services for vulnerable families that can provide care for substance-using women, and (v) services for the family members of people with substance use: particularly, for the purposes of this document, the daughters and sons of women with substance dependence.

5. Key issues identified in the relevant literature

The literature on women's consumption patterns shows that their situations and histories are **differentiated** with respect to those of men, on account of the ways in which gender is socialized.[34] The meanings and motivations, the intersubjective rules of drug use in public and private venues, the techniques for providing individual and collective care, and the relationship with health services vary markedly between drug-using women and men.

Numerous studies show that women who use drugs suffer greater stigmatization at the hands of health, social protection, education, and judicial institutions. **Double discrimination**[35] — by reason of being both women and, at the same time, drug users — is heightened when illegal substances are used.

Stigmatization is connected to silence surrounding consumption practices, which leads to the epidemiological underreporting of the problem. The subjective impacts or experiences reported by women in different studies emphasize feelings of shame and guilt[36] arising from the experience of moving away from the socially idealized stereotype of motherhood.[37]

This situation is exacerbated when women are **pregnant** or have recently given birth. They report feelings of guilt and fear of being punished, reported, losing their children, or not receiving health

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34 Lobos Palacios, M.A. (2016). El enfoque de género en el tratamiento de las adicciones. Web page of Dianova Chile. https://www.dianova.org/es/advocacy-articles/el-enfoque-de-genero-en-el-tratamiento-de-las-adicciones/.

35 Lagunes Huerta, L. (1998) (n/d). "Mujer y adicta: doble estigma." Mexico City. In LiberAdictus.

36 Arana, X. and Germán, I. (2005). Las personas usuarias de drogas especialmente vulnerables y los derechos humanos: personas usuarias con patología dual y mujeres usuarias de drogas. *Eguzkilore: Cuaderno del Instituto Vasco de Criminología,* ISSN 0210-9700, No. 19, 2005, pp. 169-215. San Sebastián.

37 Trigo, A. (2022). "Mulher é muito difícil" O (des)amparo público e religioso das dependentes químicas na cracolândia de São Paulo. Doutorado em Ciência da Religião. Pontifícia Universidade Católica de São Paulo (PUC-SP). Brazil.

service and care. In the Argentine multicenter study cited above, 80.7% of the interviewees agreed with the idea that *"pregnant women often hide their consumption out of fear of being judged and discriminated against."* Discrimination and institutional violence are related to late consultations during pregnancy that prevent the early detection of pathologies, entail greater exposure to risks, and curtail the right to health.[38]

In the region, the lion's share of **care responsibilities** for dependents, children, the sick, and the elderly falls on women, and this is also the case among drug users. Tasks related to health, food, and education entail time and mental burdens.[39]

When drug users are mothers, **self-care** is often subordinated to the care required by their children.[40] Similarly, the postponement of self-care, stigma, and the scant supply of care centers relate to difficulties in obtaining treatment. According to data from Argentina's Secretariat for Comprehensive Drug Policies (SEDRONAR), in 2018 the profile of those receiving attention at its Guidance and Consultation Center was predominantly male (86.4%). In contrast, 70.5% of the calls to the toll-free hotline were made by women, mainly requesting help for another person (only 3% of the consultations were from women with consumption problems).[41]

The importance of women's personal relationships can be seen in the fact that living with other substance users seems to be a factor related to consumption patterns. The existence of consumption patterns in women that are similar to those of their partners has even been studied (with respect to the types, modes, meanings, and spatiotemporal contexts of drug use).[42]

The relationship between drug use in women and exposure to **situations of violence** is addressed by numerous research projects. Physical, psychological, and sexual violence by partners can be

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38 Diez et al. (2020). Op. cit.

39 The mental burden refers to the intellectual work of managing, organizing, and harmonizing activities within the domestic realm, which falls mostly on females and requires time and space for its execution. Aguirre, R. (2008). "La necesaria redefinición de la noción de trabajo. Problemas conceptuales y metodológicos." In *Aportes para el Estado y la Administración Gubernamental*, 25, 35-51.

40 Diez et al. (2020). Op. cit.

41 SEDRONAR-OAD. (2018). Boletín estadístico del perfil de pacientes asistidos, transferencias por becas a tratamiento y llamadas al servicio de atención de la línea 141. Coordinación de Análisis Territorial y Estadísticas, Dirección Nacional del Observatorio Argentino de Drogas.

42 Rossi, D., Weissenbacher, M., and Pawlowicz, M.P. (2003). Informe final de la Evaluación Rápida y Desarrollo de Respuestas en el Uso de Cocaína Inhalable y la Conducta de Riesgo Sexual en Buenos Aires. Ministerio de Salud de la Nación, Facultad de Medicina de la UBA and Intercambios AC. With the support of WHO-UNAIDS and the Centre for Drug Research and Health Behaviour at Imperial College, University of London.

seen to produce subjective impacts, such as post-traumatic stress, which in turn can be linked to the use of pharmacological drugs as a way of coping with violent situations[43] and a series of obstacles such as revictimization in the "critical route" they follow in search of political and institutional responses.

In 2023, the Pompidou Group of the Council of Europe published the book *We are warriors. Women who use drugs reflect on parental drug use, their paths of consumption and access to services* as part of a project, launched in 2020 and still ongoing, on families and children impacted by drug dependence. The publication is based on interviews with 110 substance-using women from nine countries. Elisa, a young woman interviewed in Mexico, shared her experience of the sexual violence suffered by women who use substances:[44] *"The women I have met in rehabilitation centers ... they all come for the same reasons: they all come for abuse, for mistreatment, because their father is on drugs. They come for different stories of connection, but I think we all go through rape."*

Sexual risks are more frequent for women, such as "higher participation in transactional sex for shelter, protection, economic sustenance, or drugs."[45] Sexual violence in nighttime situations is often normalized by social discourse that stigmatizes women for consuming, while tending to justify men's actions or not hold them accountable.

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43 Lobos Palacios, M.A. (2016). Op. cit.

44 In late 2020, the Council of Europe's Pompidou Group began a groundbreaking study on children and adolescents in families with substance dependent use, which remains ongoing and is included in its work program for 2023-2025. Full information about the project can be found on the website: https://www.coe.int/en/web/pompidou/children.
Almost 20 countries have participated in the project, including Mexico, the only country from the Americas to have joined the Pompidou Group. Elisa was interviewed by the Primary Addiction Care Center in Guanajuato. Giacomello, C. (2023). We are warriors. Women who use drugs reflect on parental drug use, their paths of consumption and access to services. Strasbourg: Pompidou Group of the Council of Europe. https://rm.coe.int/we-are-warriors-en/1680ab8cd2.

45 Di Iorio, J. and Pawlowicz, M.P. (2021). "Violencias hacia mujeres y comunidades LGTBIQ+ que usan drogas. Hacia la construcción de políticas de drogas con perspectiva de género." In Rev. *Infonova*. No 38. pp. 48-57.

In **marginalized contexts** of substance use, such as injectable heroin[46] or cocaine base paste or crack, when life is organized around substance consumption, women are more exposed to different forms of violence and to situations that endanger their health[47] and integrity.

Women drug users **living on the streets** suffer particularly from exposure to physical, social, and symbolic violence, which deepens their isolation and the hostility against them, both socially and at health services. Studies report that users living on the streets have a higher prevalence of cardiovascular and infectious diseases, including HIV and hepatitis B and C. Compared to men, women living on the streets tend to make more use of institutional resources and have a greater facility for forging social ties and "asserting their agency in the face of the devastation of what they have lost."[48]

Another context marked by overexposure to sexual violence, as described in a study conducted in Mexico by Ospina-Escobar, is the use of injectable drugs alongside sex work in territories of "high population mobility and in the structural framework of a borderland economy characterized by low-skilled and low-wage jobs, widespread violence, and the stigma of being an illegal substance user."[49]

The **incarceration of women for drug offenses** is a growing problem in the region: as noted above, Latin America is the region of the world where the number of women in prison has grown the most over the past 20 years. The enforcement of punitive drug policies has had a particular impact on the upward trend in female incarceration and has also led to an increase in the number of children and adolescents with incarcerated mothers or fathers.[50] It is estimated that there are

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46 Osuna Díaz, M. (2013). Estigma social en madres puertorriqueñas usuarias de heroína: Una exploración de las voces femeninas y su entorno social. In: *Revista Puertorriqueña de Psicología*. ISSN 1946-2026. Vol. 24. San Juan, Puerto Rico.

47 Camarotti, A.C. and Touris, C. (2009). In "Consumo/uso de pasta base en mujeres de zonas marginalizadas del sur de la Ciudad de Buenos Aires." CD publication in: *VIII Jornadas Nacionales de Debate Interdisciplinario en Salud y Población del Instituto de Investigaciones Gino Germani*, ISSN: 1360-0443. Fac. Ciencias Sociales, UBA, Buenos Aires.

48 Tortosa, P.I. (2020). *Mujeres en situación de calle. Trayectorias de salud y de lucha*. ISBN 9789878654287. Buenos Aires: Teseo. https://www.teseopress.com/mujeres/.

49 Ospina-Escobar, A. (2020). Violencia sexual y reproductiva hacia mujeres que se inyectan drogas en la frontera norte de México. ¿La frontera de los derechos? Revista *Cultura y Droga*, 25(30), 114-143. https://doi.org/10.17151/culdr.2020.25.30.6.

50 Giacomello, C. (2019). Niñez que cuenta: El impacto de las políticas de drogas sobre niñas, niños y adolescentes con madres y padres encarcelados en América Latina y el Caribe. Buenos Aires: Church World Service.

more than 22 million children and adolescents with incarcerated parents worldwide and, of that total, more than 3 million live in Latin America and the Caribbean.[51] The issue of women incarcerated for drug offenses has gained increasing visibility in the region, particularly thanks to the work of organized civil society. However, the judicial proceedings and detention conditions of women, including those who live with their children in prison, remain precarious and plagued with human rights violations.[52] Despite international calls for the adoption of alternatives to incarceration and a gender-sensitive review of drug policies, the trend continues to point to the use of imprisonment as the main response.

6. Conclusions

The following conclusions offer a list of considerations for improving access to health services by women who use drugs.

Gender-sensitive health services: Install health services that respond to the needs of women who use drugs, including prenatal and postnatal care that provides non-judgmental and non-stigmatizing support. This may involve training providers to recognize and address the specific issues women face, such as fear of prosecution or legal repercussions.

Accessible treatment options for women: Increase access to treatment options specifically tailored to women who use drugs. This includes both the treatment of substance use disorders and the treatment of related mental health issues. Increasing access to treatment could involve the creation of more treatment centers, with services designed for women, such as daycare centers and services for pregnant women and mothers.

Community-based support programs: Consider the importance of developing community-based support programs that address the social and health problems of women who use drugs: for example, poverty, homelessness, and domestic violence. Such programs could provide resources for housing, employment, legal support and assistance, and the support of peer groups.

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https://www.cwslac.org/nnapes-pdd/docs/Estudio-Regional-Ninez-que-cuenta-web.pdf. Youngers, C. et al. (2020). Women behind bars for drug offenses in Latin America: What the numbers make clear. Washington D.C.: WOLA, https://www.wola.org/wp-content/uploads/2020/11/Final-Women-Behind-Bars-Report.pdf.

51 Information available at https://inccip.org/statistics/.

52 IACHR. (2023). Op. cit.

Harm reduction strategies: Design strategies that minimize the risk associated with drug use with input from women who use drugs, ensuring that they are gender-sensitive and address barriers to access.

Informed trauma care: Provide care for women who have experienced violence or trauma, recognizing the impact of past experiences on their substance use and mental health. For example, one good first step could be integrating trauma-informed approaches into substance use treatment programs and training health care professionals to recognize and respond to trauma-related symptoms.

Research and data collection: Increase research and data collection on the experiences and needs of women who use drugs to inform evidence-based interventions and policy development. This includes collecting data on drug use patterns, barriers to treatment access, and the effectiveness of gender-sensitive interventions.

Policy reformulation: Advocate for policy reforms that prioritize public health approaches over punitive measures for drug use, particularly for women. This could involve creating alternatives to incarceration, expanding community-based support services, decriminalizing drug use, and investing in evidence-based prevention and treatment programs.