Women's Health and Harm Reduction: Communities Working Together to Save Lives

Many women who inject drugs face discrimination on the basis of both drug use and gender, increasing their vulnerability to HIV, violence, and other harms. Punitive policies and practices from governments, health care systems, and law enforcement, among others, drive women drug users away from life-saving care, and have a particularly negative impact on pregnant and parenting drug users and their children. When women drug users do reach services—whether at a site offering needle exchange and other services to reduce the harms associated with drug use, a drug treatment center, a women's health clinic, or a women's shelter—they often find them unwelcoming and poorly suited to their needs.

Women Drug Users and HIV

Some researchers have found that for women who inject drugs, sexual behavior is a greater predictor of HIV risk than injecting practices such as sharing syringes.[1] Women are more vulnerable to HIV during vaginal sex, and women who inject drugs are more likely to experience HIV risk factors such as:

- having a sexual partner who injects drugs;[2]
- using drugs and sharing syringes with sexual partners;[3]
- experiencing sexual violence, including sexual abuse from the police;[4,5]
- exchanging sex for money, drugs, protection, food, or shelter.[6]

Despite the clear link between drug use and sexual risk behaviors, few women's health services worldwide incorporate harm reduction, and women who inject drugs are shut out of mainstream health and social services that can directly or indirectly help them with the challenges they face.

Pregnancy, Motherhood, and Drug Use: A Need for Care, Not Prosecution

Pregnancy is a powerful motivator to reduce or cease drug use and risky behaviors. Yet pregnant and parenting drug users are often punished rather than given the medical and social support they need. Punitive, stigmatizing policies and practices violate women drug users' reproductive and human rights, drive women away from life-saving services, and endanger the safety and survival of their children.

- In some countries, including parts of Eastern Europe, pregnant drug users are rejected by obstetricians, denied accurate information about prevention of mother-to-child transmission of HIV (PMTCT) and the effects of drug use during

pregnancy, and pressured or coerced to have abortions or give their children up for adoption.[7]

- Throughout the world, few drug treatment programs provide child care or other accommodation for women with children. Many women cannot leave their children and families to enter inpatient drug treatment, and domestic responsibilities can make it difficult for women to adhere to the rigid schedules and requirements of treatment programs.[8]
- In Russia, treatment with methadone or buprenorphine is unavailable, and in Eastern Europe and Asia it is available to only a tiny fraction of those who need it.[9] Opiate-dependent women in these countries are denied a highly effective outpatient treatment that helps prevent drug-related harm to themselves and, if they are pregnant, to their fetuses.
- In the United States, pregnant drug users have been criminally prosecuted for drug use during pregnancy.[10,11] Drug charges often result in loss of parental rights, though many women do not have access to affordable treatment on demand.[12]
- Confidentiality is of particular concern to women drug users, who risk losing custody of their children if their drug use is disclosed. In some countries of Eastern Europe and Central Asia, entry into drug treatment can be accompanied by government registration as a drug user, and patient lists are sometimes shared with the police.[13] In Russia, a diagnosis of drug addiction can be legal grounds for loss of custody.[14]

Protecting the Health and Rights of Women Who Use Drugs

Advocates for harm reduction and women's health can help women who inject drugs receive the care they need by acting upon the following recommendations:

1. Build alliances between the women's health community and the harm reduction community to ensure that women drug users have easy access to the services they need, including PMTCT, informed reproductive choice, and methadone or buprenorphine treatment and other forms of effective drug treatment that accommodate mothers

2. Train and support harm reduction programs to incorporate sexual and reproductive health services into their programs, including
   - counseling on PMTCT and harm reduction during pregnancy
   - domestic violence and rape prevention
   - social support to help women fulfill basic needs and avoid survival sex
   - couples counseling to help women negotiate safer sex and drug use practices

3. Work with policymakers and service providers to ensure the confidentiality of women drug users who seek care

Women and Harm Reduction at IHRD

With the support of the Canadian International Development Agency, the Open Society Institute's International Harm Reduction Development Program (IHRD) launched a new project in 2007 on women and harm reduction in Georgia, Russia, and Ukraine. The project's primary goals are to increase understanding of the gender dynamics of drug use and access to appropriate services in the three countries; to identify the particular challenges faced by women in seeking harm reduction and reproductive health services, and health care in general; and to engage in regulatory reform and professional education to remove these obstacles.

For an in-depth discussion of these topics, please read IHRD's publication *Women, Harm Reduction, and HIV*, which is available with a footnoted version of this fact sheet at www.soros.org/harm-reduction

Notes

1 Strathdee S, Galai N, Safaiean M et al. (2001). Sex differences in risk factors for HIV seroconversion among injecting drug users: A 10-year perspective. *Arch Intern Med*, 161.

2 Among the many studies documenting this are: Bronzan RN, Zhussupov B, Favorov M, Kryukova V, Muratbayeva G, Kuznetsov N, Shakarishvili A, Ryan CA (2004). *Risk factors for HIV infection among injection drug users in Kazakhstan: implications for prevention intervention*. XV International AIDS Conference. Bangkok, 2004. Gore-Felton C, Somlai AM, Benotsch E, Kelly JA, Ostovski D, Kozlov A (2003). The influence of gender factors associated with HIV transmission risk among young Russian injection drug users. *The American Journal of Drug and Alcohol Abuse,* 29(4), 881-894; Rhodes T, Platt L, Filatova K, Sarang A, Davis M, Renton A (2002). *Behaviour factors in HIV transmission in Eastern Europe and Central Asia*. Geneva: UNAIDS; Davies AG, Dominy NJ, Peters AD, Richardson AM (1996). Gender differences in HIV risk behaviour of injecting drug users in Edinburgh, AIDS CARE, 8(5). Personal communication, Faranak Chamanyzadeh, Rangin Kaman, Persepolis, 2007; Evans, JL, Hahn, JA, Page-Shafer, K, Lum, PJ, Stein, ES, Davidson, PJ, & Moss, AR (2003). Gender differences in sexual and injection risk behavior among active young injection drug users in San Francisco (the UFO Study). *J Urban Health*, 80(1), 137-146.

3 Rhodes T (2002) *Behaviour factors in HIV transmission in Eastern Europe and Central Asia*; Berezhnova I et al. (2006). HIV/AIDS behavioral risk among women using drugs. XVII International conference on the reduction of drug related harm. Vancouver, Canada. Gore-Felton C et al (2003). The influence of gender factors associated with HIV transmission risk among young Russian injection drug users, pp. 881-894.

4 Braitstein, P, Li, K, Tyndall, M, et al (2003). Sexual violence among a cohort of injection drug users. *Social Science & Medicine*; 57(3):561-9. UNODC (2004). Substance abuse treatment and care for women: case studies and lessons learned. New York; UN.

5 Charitable Foundation "Kolodets" (2006). Narkopolitika v Rossii. Moscow: International Harm Reduction Development Program of the Open Society Institute. Human Rights Watch (2003). *Fanning the flames: how human rights abuses are fueling the AIDS epidemic in Kazakhstan.* New York, www.hrw.org.

6 Maher L (1997). *Sexed work: gender, race, and resistance in a Brooklyn drug market.* New York: Oxford University Press. Taylor A (1993). Women drug users: An ethnography of a female injecting community. Oxford: Clarendon Press.

7 Babakian G (2005). *Positively abandoned: stigma and discrimination against HIV-positive mothers and their children in Russia*. Human Rights Watch, New York, 2005: 17:4(D), 21. Personal communication, Olga Belyaeva, Charitable Foundation Virtus, Ukraine, 2007.

8 UNODC (2004). Substance abuse treatment and care for women. Xinhua News Agency. (June 25, 2004) Female IDUs, key population for fighting AIDS in China: experts. In UNODC (2005), World drug report. Vienna, UN.

9 IHRD (2006). *Harm reduction developments 2005: Countries with injection-driven HIV epidemics*. New York: International Harm Reduction Development Program (IHRD) of the Open Society Institute.

10 Paltrow LA (1999). "Punishment and Prejudice: Judging Drug-Using Pregnant Women," in Julia E. Hanigsberg and Sara Riddick, eds., *Mother troubles*. Beacon Press

11 Lester BM, Andreozzi L, Appiah L (2004). Substance use during pregnancy: time for policy to catch up with research. *Harm Reduction Journal*, 1(5), 6. South Carolina is the only state to have upheld this approach.

12 The Rebecca Project. Family treatment fact sheet accessed 8/1/07. http://www.rebeccaproject.org/index.php?option=com_content&task=blogcategory&id=31&Itemid=106.

13 Bobrova N, Rhodes T, Power R, Alcorn R, Neifeld E, Krasiukov N, Latyshevskaia N, Maksimova S. Barriers to accessing drug treatment in Russia: A qualitative study among injecting drug users in two cities. *Drug and Alcohol Dependence* 82 Suppl. 1 (2006) S57-S63. Personal communication, Yury Ivanov, Russia, Lev Levinson, Russia.

14 Lev Levinson, personal communication. 2007.