

**DRUG POLICIES IN THE
AMERICAS AND GENDER
PERSPECTIVE:**

**FINDINGS FROM
THE SEVENTH ROUND
MULTILATERAL EVALUATION
MECHANISM (MEM)
NATIONAL REPORTS**



OAS | CICAD



Canada

“RECOGNIZING THAT DRUG POLICIES HAVE A DIFFERENTIAL IMPACT ON WOMEN AND MEN, AND, IF THESE DIFFERENCES ARE NOT SPECIFICALLY ADDRESSED, THEY TEND TO AMPLIFY AND DEEPEN THE EXISTING INEQUALITIES IN HUMAN DEVELOPMENT, PRODUCT OF AN ANDROCENTRIC AND PATRIARCHAL SOCIETY. INCLUSION OF GENDER PERSPECTIVE ENTAILS THE ACTIONS UNDERTAKEN WITHIN THE DRUG POLICIES FRAMEWORK CONTRIBUTING TO CLOSING THE GENDER GAP.”

-MEM SEVENTH ROUND EVALUATION QUESTIONNAIRE

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AND GENDER PERSPECTIVE:
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MULTILATERAL EVALUATION
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2019

OAS Cataloging-in-Publication Data

Inter-American Drug Abuse Control Commission. Multilateral Evaluation Mechanism (MEM).

Drug policies in the Americas and gender perspective: Findings from the seventh round Multilateral Evaluation Mechanism (MEM) national reports.

v. ; cm. (OAS. Official records ; OEA/Ser.L/XIV.6.73)

ISBN 978-0-8270-6970-1

1. Drug abuse--America. 2. Women's rights--America. 3. Drug control--America. I. Title. II. Series.

OEA/Ser.L/XIV.6.73

ACKNOWLEDGEMENTS

Drug Policies in the Americas and Gender Perspective: Findings from the Seventh Round Multilateral Evaluation Mechanism (MEM) National Reports was prepared by the MEM Unit of the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES-CICAD), Secretariat for Multidimensional Security (SMS) of the Organization of American States (OAS).

ES-CICAD would like to acknowledge the OAS member states that contributed information for the MEM seventh round reports, which serve as the basis for this report.

ES-CICAD is also grateful to the Inter-American Commission of Women (CIM) for its contributions.

This publication was made possible by the financial contribution of the Government of Canada, through Global Affairs Canada's Anti-Crime Capacity Building Program (ACCBP).

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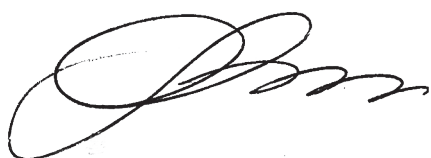
FOREWORD

Drug policies have different impacts on women and men. If these differences are not addressed, existing inequalities can deepen. This report, *Drug Policies in the Americas and Gender Perspective: Findings from the Seventh Round Multilateral Evaluation Mechanism (MEM) National Reports*, generously funded by the Government of Canada, discusses how member states of the Organization of American States (OAS) are incorporating gender perspective in their drug policies and conducting activities to help close the gender gap. (The MEM national reports were published on July 1, 2019.) This report also draws on other country-specific and international sources of information.

The thematic areas of drug policy outlined in the OAS Inter-American Drug Abuse Control Commission (CICAD) *Hemispheric Drug Strategy* and the *Plan of Action on Drugs 2016-2020* are found in the *Outcome Document of the Special Session of the United Nations General Assembly on the World Drug Problem* (commonly known as UNGASS 2016). The MEM seventh round considers recommendations within the *Outcome Document* and the Sustainable Development Goals (SDGs) of the United Nations *2030 Agenda on Sustainable Development*.

Within the OAS Secretariat for Multidimensional Security, confronting the drug problem is a key component of promoting hemispheric security, along with countering terrorism, transnational organized crime, money laundering, and other threats. Gender equality is a high priority for the OAS. Moreover, promoting gender equality is a crucial tool as OAS member states address the drug problem and other challenges, since equality contributes to strengthening countries' capacities to effectively address security threats in the Western Hemisphere.

In general, the findings of this report show that, although the incorporation of gender perspective has increased in the Hemisphere, much still needs to be achieved. My hope is that this report will contribute to further discussion of incorporating gender perspective, and, moreover, actions by OAS member states to meet that objective.

A handwritten signature in black ink, appearing to read 'F. Urrutia', with a large, stylized initial 'F'.

Dr. Farah Urrutia

Secretary for Multidimensional Security
Organization of American States

INTRODUCTION

The Inter-American Drug Abuse Control Commission (CICAD, by its Spanish language acronym) is the consultative and advisory body of the Organization of American States (OAS) on the drug issue. It serves as a forum for OAS member states to discuss the drug problem, and provides them technical assistance to increase their capacity to find relevant solutions. Since its establishment in 1986, CICAD and its Executive Secretariat have responded to the ever-changing challenges of drug control, expanding efforts to promote regional cooperation and coordination with and among its member states.

In 2010, OAS member states decided to include gender¹ equality, human rights, and public health as fundamental cross-cutting issues in the *OAS Hemispheric Drug Strategy*,² an approach confirmed in CICAD's two *Hemispheric Plans of Action on Drugs*, the first covering 2011-2015 and the second covering 2016-2020.³ Several documents published subsequent to the issuance of the *Hemispheric Drug Strategy* also incorporated the aforementioned cross-cutting themes, thus solidifying their importance. These include CICAD's 2013 report, *The Drug Problem in Americas*;⁴ the OAS General Assembly-adopted 2013 Declaration of Antigua, Guatemala, entitled *For a Comprehensive Policy against the World Drug Problem in the Americas*;⁵ and the 2014 resolution, *Reflections and Guidelines to Formulate and Follow up on Comprehensive Policies to Address the World*

1 For the purposes of this report, “gender” is understood as referring to the socially constructed characteristics of men and women; however, it is important to note that constructs, usage, and understanding of gender identity and sexual orientation are evolving and do not necessarily fit into binary male or female sex categories. See, for example, the World Health Organization’s discussion of gender, equity and human rights at <https://www.who.int/gender-equity-rights/understanding/gender-definition/en/>

2 OAS/SMS/CICAD *Hemispheric Drug Strategy 2010* at http://www.cicad.oas.org/main/aboutcicad/basicdocuments/hemispheric/HemisphericDrugStrategy_2010_ENG.pdf

3 OAS/SMS/CICAD *Plan of Action 2016-2020* at http://www.cicad.oas.org/main/aboutcicad/basicdocuments/hemispheric/PoA-Version_Final-ENG.pdf

4 *The Drug Problem in the Americas 2013* at http://www.cicad.oas.org/Main/Template.asp?File=/drogas/elinforme/default_ENG.asp

5 OAS General Assembly, AG/DEC. 73 (XLIII-O/13) corr. 1.

Drug Problem in the Americas,⁶ adopted by a special session of the OAS General Assembly.

The Multilateral Evaluation Mechanism (MEM) was created by a Summit of the Americas mandate in 1998. As the only peer review evaluation of its kind in the world, the MEM publishes national reports and a hemispheric report that highlight strengths and weaknesses in drug policies and practices, fostering national and regional dialogue among policymakers. The MEM thus measures progress made by OAS member states to address the world drug problem, and fosters implementation of the *OAS Hemispheric Drug Strategy* and *Hemispheric Plan of Action on Drugs*.

The *Plan of Action on Drugs* covers five thematic areas: Institutional Strengthening, Demand Reduction, Supply Reduction, Control Measures, and International Cooperation. In the MEM seventh round, the MEM took into account the goals and objectives of the *Outcome Document of the Special Session of the United Nations General Assembly on the World Drug Problem* (UNGASS 2016)⁷ and the goals of the *United Nations 2030 Agenda on Sustainable Development*.⁸ Both of these UN documents include the themes of human rights, gender perspective,⁹ and development with social inclusion, themes shared by CICAD's *Plan of Action on Drugs*.

The information derived from the seventh MEM evaluation round covers information from 2014-2018 and groups information

6 OAS General Assembly, AG/RES. 1 (XLVI-E/14) rev.1.

7 *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem* http://www.cicad.oas.org/main/ungass/Outcome_Doc_UNGASS_2016.pdf

8 *United Nations Sustainable Development Goals of the 2030 Agenda for Sustainable Development* <https://sustainabledevelopment.un.org/sdgs>

9 The UN Women Training Center's Glossary on Gender Equality states, "the term 'gender perspective' is a way of seeing or analyzing which looks at the impact of gender on people's opportunities, social roles and interactions." This way of seeing is what enables one to carry out gender analysis, and subsequently to mainstream gender perspective into any proposed program, policy, or organization. See <https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=letter&hook=G&sortkey&sortorder=asc&fullsearch=0&page=1>

by four sub-regions.¹⁰ This report also includes data that OAS member states have collected through CICAD's Inter-American Observatory on Drugs (OID, by its Spanish language acronym) and published in CICAD's *Report on Drug Use in the Americas 2019*.¹¹ Of particular importance is member states' need to break down drug-related data by sex. Without such data, countries' adherence to gender perspective in their policies and programs cannot be assessed.

10 The Caribbean sub-region consists of Antigua and Barbuda; The Bahamas; Barbados; Belize; Dominica; Dominican Republic; Grenada; Guyana; Haiti; Jamaica; the Federation of Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; and Trinidad and Tobago. The Central America sub-region consists of Costa Rica; El Salvador; Guatemala; Honduras; Nicaragua; and Panama. The South America sub-region consists of Argentina; Bolivia; Brazil; Chile; Colombia; Ecuador; Paraguay; Peru; and Uruguay. The North America sub-region consists of Canada; Mexico; and the United States.

11 OAS/CICAD *Report on Drug Use in the Americas 2019* <http://www.cicad.oas.org/main/pubs/Report%20on%20Drug%20Use%20in%20the%20Americas%202019.pdf>

CHAPTER ONE:
THE IMPORTANCE OF
GENDER PERSPECTIVE



Photo by Delaney Turner on Unsplash

Incorporation of gender perspective is, according to the OAS' Inter-American Commission of Women (CIM), "a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic and societal spheres, so that women and men benefit equally and inequality is not perpetuated."¹² Furthermore, the CIM defines gender equality to mean that "women and men enjoy the same status and have equal opportunities to realize their full human rights and their potential to contribute to political, economic, social and cultural development and benefit from the results."¹³

The MEM seventh round questionnaire contains the following reference to gender perspective:

Recognizing that drug policies have a differential impact on women and men, and, if these differences are not specifically addressed, they tend to amplify and deepen the existing inequalities in human development, product of an androcentric and patriarchal society. Inclusion of gender perspective entails the actions undertaken within the drug policies framework contributing to closing the gender gap.¹⁴

¹² United Nations Economic and Social Council, *Agreed Conclusions*, 1997/2, July 18, 1997.

¹³ OAS/CIM, *Gender, Rights and Diversity in the General Secretariat of the OAS*, Washington, D.C., 2018. www.oas.org/en/cim/docs/GPAP-EN.pdf

¹⁴ OAS Multilateral Evaluation Mechanism, Evaluation Questionnaire, seventh evaluation round 2014-2018, Objective 2 under Institutional Strengthening, Footnote <http://www.cicad.oas.org/mem/Questionnaires/Seventh%20Round/MEM%20-%20Questionnaire%20-%207th%20Round%20-%20ENG.pdf>

CHAPTER TWO:
GENDER PERSPECTIVE
IN THE INTERNATIONAL
FRAMEWORK



The first principle of the OAS *Hemispheric Drug Strategy*, adopted in May 2010, encourages observance of the Universal Declaration of Human Rights and respect for inherent human dignity. The *Strategy* was the first international instrument of its kind on drugs to consider human rights, and its human rights approach was echoed six years later in the UNGASS 2016 *Outcome Document*.

The recommendations outlined in the UNGASS 2016 *Outcome Document* cover drug policy issues ranging from drug prevention to international cooperation, topics that are reflected in the MEM seventh round reports. Particular topics addressed include access to controlled substances solely for medical and scientific purposes, money laundering, new psychoactive substances (NPS), and proportionate sentencing. Within the realm of gender issues, the seventh round reports also address the UNGASS recommendation related to human rights, youth, children, women, and communities.

The UNGASS 2016 *Outcome Document* calls for countries to, “Mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women.”¹⁵

In 2015, the United Nations adopted the *2030 Agenda for Sustainable Development*, which has seventeen Sustainable Development Goals (SDGs). Twenty OAS member states that have national drug plans or strategies reported in the MEM seventh round that they considered the SDGs in the formulation of their national drug plans or strategies.

According to the UN, the SDGs are the “blueprint to achieve a better and more sustainable future for all...and address global

¹⁵ United Nations, *Outcome Document of the Special Session of the United Nations General Assembly on the World Drug Problem: Our Joint Commitment to Effectively Addressing and Countering the World Drug Problem* (New York, 2016).

challenges, including those related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice.”¹⁶ Some SDGs are related directly or indirectly to the drug issue.¹⁷ For example, Goal 3 urges countries to “ensure healthy lives and promote well-being for all ages,” and Goal 5 aims to “achieve gender equality and empower all women and girls.” Both of these SDG goals bolster the inclusion of gender perspective in drug policies.

16 United Nations, Sustainable Development Goals, <https://www.un.org/sustainabledevelopment/monitoring-and-progress-hlpf/>

17 The related SDG goals are: Goal 1: “End poverty in all its forms everywhere;” Goal 2: “End hunger, achieve food security and improved nutrition and promote sustainable agriculture;” Goal 15: “Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss;” Goal 16: “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels;” and Goal 17: “Strengthen the means of implementation and revitalize the global partnership for sustainable development.”

CHAPTER THREE:
GENDER PERSPECTIVE
IN INSTITUTIONAL
STRENGTHENING



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National drug plans and strategies

The MEM seventh round national reports¹⁸ provided information on whether countries had adopted gender and human rights perspectives in their national drug plans and policies, as outlined in Objective 2 of the Institutional Strengthening area of the *Hemispheric Plan of Action on Drugs 2016-2020*.¹⁹ The following table shows the means by which most OAS member states have responded to this challenge:

	National Drug Plans or Strategies Covering Human Rights, Gender, and/or Development with Social Inclusion
 Argentina	<ul style="list-style-type: none"> • National Drug Demand Reduction Plan 2016-2020 • Argentina without Drug Trafficking Plan 2016-2019 • National Program for Education and Prevention of Addictions and Drug Abuse
 The Bahamas	National Anti-Drug Strategy 2017-2021
 Bolivia	Strategy against Drug Trafficking and the Control of Excess Coca Crops 2016-2020
 Brazil	National Drug Policy of 2018
 Canada	Canadian Drugs and Substances Strategy of 2016
 Colombia	<ul style="list-style-type: none"> • Plan for National Health Promotion and Substance Use Prevention and Treatment 2014-2021 • Document 3669 of the National Council on Economic and Social Policy, which includes the National Policy on Manual Eradication of Illicit Crops and Alternative Development for Territorial Consolidation

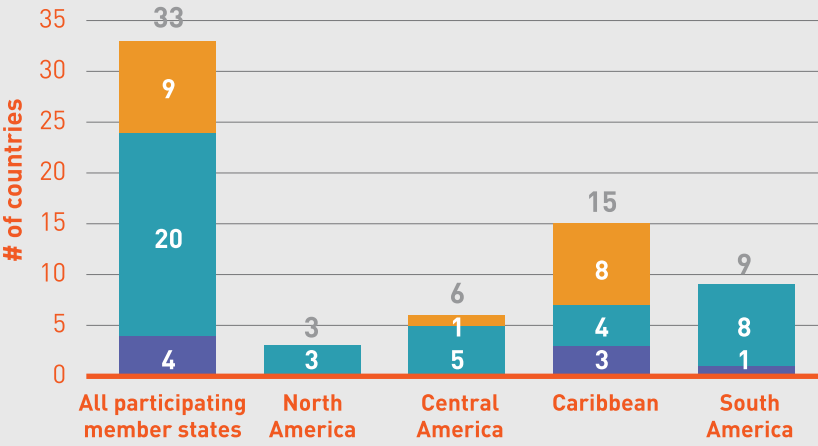
¹⁸ OAS/CICAD Multilateral Evaluation Mechanism (MEM) seventh evaluation round reports, http://www.cicad.oas.org/Main/Template.asp?File=/mem/reports/7/ronda_7_eval_eng.asp

¹⁹ *Objective 2:* Formulate, implement, evaluate and update national drug policies and/or strategies that will be comprehensive and balanced, based on evidence that include a crosscutting human rights perspective, consistent with obligations of parties under international law with a focus on gender and emphasizing development with social inclusion.

	National Drug Plans or Strategies Covering Human Rights, Gender, and/or Development with Social Inclusion
 Costa Rica	National Drug Strategy 2018-2022
 Chile	National Drug Strategy 2009-2018
 Dominican Republic	National Strategic Drug Plan 2016-2020
 Ecuador	National Plan for Comprehensive Prevention and Control of the Socioeconomic Drug Phenomenon 2017-2021
 El Salvador	National Anti-Drug Strategy 2016-2021
 Grenada	National Anti-Drug Strategy 2013-2018
 Guyana	National Drug Strategy Master Plan 2016-2020
 Mexico	National Drug Policy Program 2016-2018
 Nicaragua	Nicaraguan National Anti-Drug Strategy 2018-2021
 Panama	National Drug Strategy 2012-2017
 Peru	National Drug Control Strategy 2017-2021
 Paraguay	National Drug Policy 2017-2022
 United States	National Drug Control Strategy 2019
 Uruguay	National Strategy to Address the Drug Problem 2016-2020

The following chart illustrates by sub-region those countries that have included gender perspective in their national drug plans or strategies:

National Drug Plans or Strategies with Gender Perspective



- No Drug Plan/Strategy
- Drug Plan/Strategy with Gender Perspective
- Drug Plan/Strategy without Gender Perspective

Alternatives to incarceration for low-level drug offenses





As reported in the MEM seventh round, 25 OAS member states²⁰ have laws that provide for alternatives to incarceration for low-level drug offenses;²¹ eight did not provide sufficient information for an evaluation. Among those countries with alternative measures, the following table lists the laws of nine countries that provided the specific laws that take into account gender perspective for such alternatives. The remaining 16 countries indicated their laws do not include gender perspective.








CICAD facilitates sensitization session on gender in the Criminal Justice System project with officials from the Half-Way-Tree Court in Kingston, Jamaica – October 2019

20 Antigua and Barbuda; Argentina; Barbados; Bolivia; Brazil; Canada; Chile; Costa Rica; Ecuador; El Salvador; Grenada; Haiti; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; the Federation of Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; United States; and Uruguay.

21 The MEM defines “low-level offenses” as “crimes punishable with a maximum sentencing up to a year of incarceration/imprisonment, or crimes punishable with a minimum sentencing of less than six months of incarceration/imprisonment, notwithstanding those established by the respective legal systems of member states.”

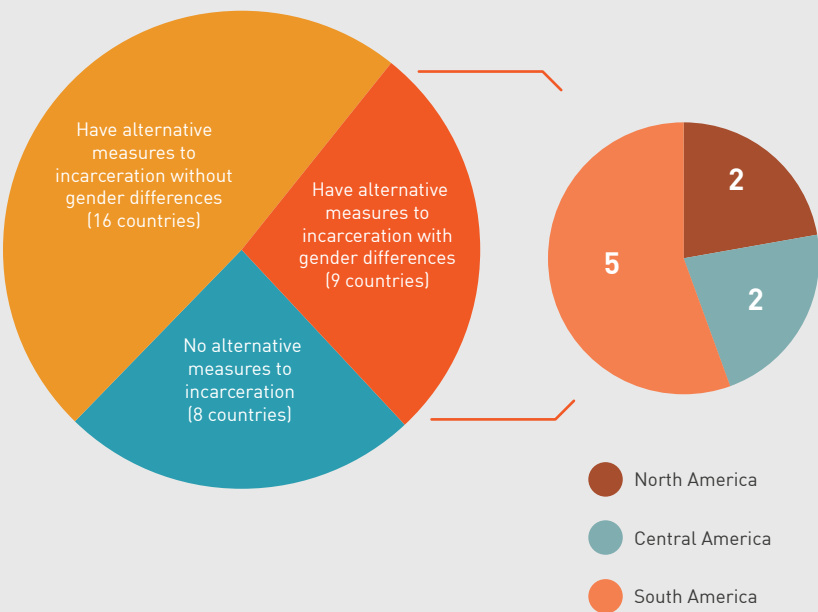
Country	Laws
 Argentina	<p>Law 23.737 of 1989 and the Argentine Criminal Code of 1984 provides for alternatives to incarceration for low-level drug offenses. In the case of pregnant women, women with children under the age of five, and persons with disabilities, the Criminal Code (as amended by the Law on Enforcement of the Sentence, Law 24.660 of 2008) includes two special conditions that allow for house arrest.</p>
 Bolivia	<p>The Code of Criminal Procedure (Law 1970 of 1999) includes precautionary measures, and Law 1008 of 1988 references offenses of drug supply and use. These measures take into account gender differences. Law 518 of 2014 establishes a criminal system for adolescents, ages 15 to 17 in which the penalties consist of mandatory social and educational measures applied under an open system, or in the context of restricted freedom, or in adolescent incarceration. The last option is the exception and is applied under conditions and in places conducive to rehabilitation and reintegration into society.</p>
 Canada	<p>The Drug Treatment Court Funding Program provides for alternatives to incarceration by facilitating treatment for eligible adult offenders for low-level drug-related offenses. The Department of Justice Canada monitors and evaluates the impact of implementing alternative measures to incarceration for low-level drug offenses.</p>
 Costa Rica	<p>The 2017 Public Policy on Restorative Juvenile Justice provides alternative measures to incarceration for low-level drug offenses. These measures are governed by the Law 7576 on Juvenile Criminal Justice of 1996 and provide for conciliation and suspension of the trial proceedings. The inclusion of restorative justice in all areas of the juvenile criminal process is part of an overall strategic initiative, including the penalty enforcement stage, and involves alternatives to incarceration, and social reintegration. The restorative justice approach in juvenile criminal proceedings takes into account drug problems and their relationship to crimes among children and adolescents. The community (health component) also is involved as part of the structure and enforcement of alternative measures for resolving juvenile criminal cases.</p>

Country	Laws
 Chile	<p>Under Chilean legislation, the alternative measure of referral to a drug treatment court may be applied in the context of offenders who suffer from a disorder due to abuse of or dependence on psychoactive substances. This specialized program is part of the criminal justice system. Its purpose is to identify offenders with drug and/or alcohol abuse related crimes, and refer them to treatment under close judicial supervision. The conditional suspension of the proceedings, contained in the Code of Criminal Procedure, oversees the program's legal framework.</p>
 Mexico	<p>The General Health Law of 2018, the National Criminal Enforcement Law of 2018, and the National Law on the Comprehensive System of Criminal Justice for Adolescents of 2016 provide for alternative measures to incarceration for low-level drug offenses. The Therapeutic Justice Program for people with psychoactive substance use establishes a concrete methodology for conducting a biopsychosocial evaluation to identify and assess the specific characteristics of each individual, including sex.</p>
 Nicaragua	<p>Law 406 of 2001 of the Criminal Procedure Code, Law 745 of 2011 on the execution, benefit, and jurisdictional control of criminal penalties, and Law 641 of 2007 of the Criminal Code provide for the use of alternative measures to incarceration for low-level drug-related offenses and consider gender differences.</p>
 Peru	<p>For juveniles, some offenses are classified as low-level, and under Article 162 of the Code of Criminal Liability for Juveniles, they are not subject to custodial sentences, but rather qualify for a non-custodial socio-educational alternative program. Before criminal proceedings are brought against juveniles, the use of alternative measures, such as remand/pardon or reparations agreements, is possible. The alternative measures for adolescents consider gender differences.</p>
 Paraguay	<p>Law 1340 of 1988 provides for alternatives to incarceration for low-level drug-related crimes committed by drug users. Gender differences are considered. In addition, Law 1286 of 1998 provides that women who are pregnant or breastfeeding may not be subjected to pre-trial detention.</p>

The United States has the oldest and most developed form of alternatives to incarceration, known as drug treatment courts (DTCs). Research has shown that gender-differentiated drug courts in the U.S. significantly lower recidivism, particularly among females,²² and evidence-based guidelines have been developed in that country for treating women in DTCs.

The following chart illustrates by sub-region those countries that have alternatives to incarceration that take into account gender differences.

Alternative Measures to Incarceration Taking into Account Gender Differences

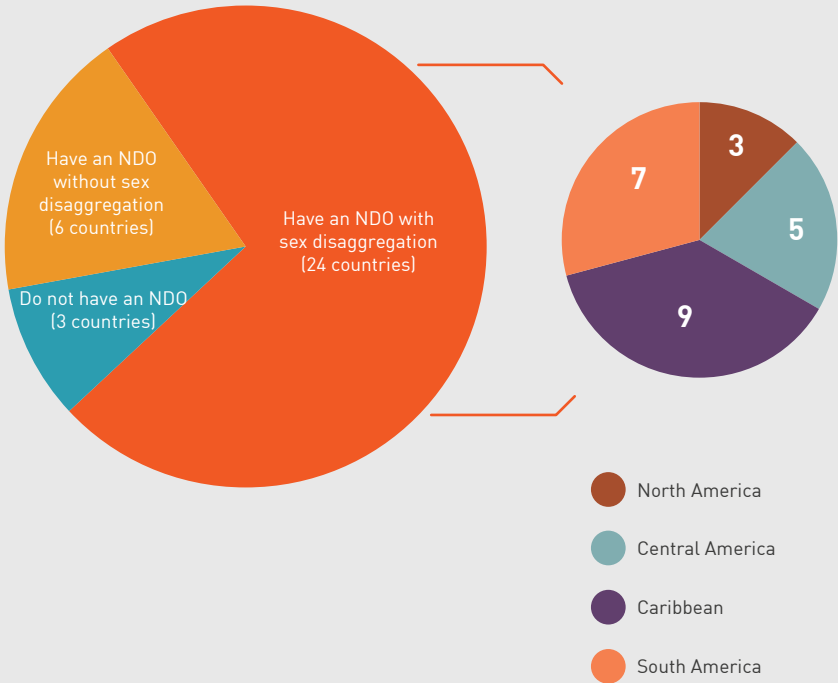


²² Myer, Andrew J. and Maria M. Buchholz, *Examining the impact of a gender-specific drug court on recidivism*, Journal of Crime and Justice, Vol. 41, Issue 2, 2018.

National drug observatories

The *CICAD Hemispheric Plan of Action on Drugs 2016-2020* calls for the establishment or strengthening of national drug observatories as outlined in Objective 4 of the Institutional Strengthening area.²³ The MEM seventh round reports showed that 30 OAS member states have a national observatory on drugs that collects and analyzes data on drugs, particularly on the use of drugs and alcohol. Few countries have data on substance use by the LGBTI population, which is essential to determine the level of drug and alcohol use prevalence among this vulnerable population. The majority of national observatories collect and report sex-disaggregated data on their demand and supply programs, as shown in the following chart.

National Drug Observatories (NDO) with Sex Disaggregation



23 Objective 4: Establish and/or strengthen national observatories on drugs (or similar technical offices) for the development of national drug information systems and fostering scientific research in this area.

Twenty-four of the national drug observatories disaggregate data on substance use by sex and age, as well as other individual characteristics such as socioeconomic and educational level and ethnicity.²⁴ Without sex-disaggregated data, countries will be unable to determine the impact of their substance abuse prevention and treatment programs on men and women.



*CICAD Training to Strengthen
National Drug Observatories in
Latin America and the Caribbean in
Cartagena, Colombia – June 2019*

24 Antigua and Barbuda; Argentina; The Bahamas; Barbados; Bolivia; Canada; Chile; Colombia; Costa Rica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Panama; Peru; Trinidad and Tobago; United States; and Uruguay.

CICAD's Report on Drug Use in the Americas 2019

The Inter-American Observatory on Drugs (OID, by its Spanish language acronym), which is ES-CICAD's research and statistics unit, provides support to OAS member states in the collection and analysis of data on the drug problem so that they can design more effective national drug policies. The OID coordinates and promotes national surveys on drug use based on the Inter-American Drug Use Data System (known by its Spanish language acronym, SIDUC), a set of standardized questionnaires developed by ES-CICAD. Drawing on the survey data, the *CICAD Report on Drug Use in the Americas 2019* has yielded some very useful information about sex differences in the use of different types of drugs.

The *Report on Drug Use in the Americas 2019* shows clear sex differences in the use of alcohol and different types of drugs. For example, past year marijuana use among males is higher than among females in most countries, and is at least twice that of females in some of these.²⁵ Only in Chile, the United States, and Canada is marijuana use among secondary school students the same among males and females.

Similarly, cocaine use among males is higher than among females in most countries:

The widest gap between male and female use is found in Colombia and Peru, where there are six male users for each female user; in Mexico, where there are seven male users for each female users; and in El Salvador and Venezuela, where the difference is almost eight males to one female user. On the other hand, in the Caribbean two countries (The Bahamas and Barbados) report cocaine use solely by males, and in the Dominican Republic there are ten male users to each female user. In the four countries with the highest levels of use, the differences between males and females are smaller: In the United States, use by males is less than double that among females, and in Canada, the difference

²⁵ *Report on Drug Use in the Americas 2019*. Graph 3.16, p. 85.

is even smaller. In Uruguay and Argentina, there are approximately three male users for one female user.²⁶

The only class of substances used more by females than by males at the hemispheric level are tranquilizers and sedatives; available information from thirteen OAS member states shows that females are more likely than males to use tranquilizers and sedatives without a prescription.²⁷

In the Caribbean sub-region, the prevalence of inhalant use among secondary school students is higher among females than among males, except in the Dominican Republic, Grenada, Haiti, and the Federation of Saint Kitts and Nevis.

Given these sex differences in drug use, the figures strongly suggest that the content of substance abuse prevention and health promotion programs should be tailored to the specific risks faced by males and females. Females, for example, need to have a better understanding of the risks of misusing tranquilizers, sedatives, and inhalants, while programs for males might concentrate on the adverse effects of cocaine use. As member states conduct new epidemiological studies on drug and alcohol use, prevention programs may need adjustment to take into account new patterns of substance use.

Sex-disaggregated data on arrestees

Publicly available information on the male/female breakdown of people arrested or imprisoned for drug law crimes is surprisingly difficult to find, and is not generally reported to the MEM. It appears that the overwhelming majority of people arrested for drug law crimes (trafficking, drug-related violence, money laundering) are male. However, a small subset of drug-related arrestees in Latin America and the Caribbean are women—drug “mules” who carry small amounts of drugs on or in their bodies when they travel abroad. The United Nations has urged member states to implement programs to prevent women from

²⁶ Ibid, Graph 5.2, p. 142.

²⁷ Ibid, Graph 7.2, p.254, and Graph 7.5, p.257.

being used as couriers for drug trafficking.²⁸ Furthermore, the *UN Bangkok Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders* (2010) contain extensive recommendations on the treatment of female prisoners.²⁹

28 United Nations Commission on Narcotic Drugs, Resolution 59/5 (2016), Mainstreaming a gender perspective in drug-related policies and programs, operative paragraph 5, www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Resolution_59_5.pdf

29 United Nations, The Bangkok Rules, https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf. See also OAS Inter-American Commission of Women, *Women, Drug Policies, and Incarceration: A Guide for Policy Reform in Latin America and the Caribbean*. CIM: Washington, D.C., n.d. Accessed at <https://www.oas.org/en/cim/docs/WomenDrugsIncarceration-EN.pdf>

CHAPTER FOUR: GENDER PERSPECTIVE IN DEMAND REDUCTION



Prevention of drug use

















CICAD Training of Universal Treatment Curriculum Trainers at the Secretariat for Planning the Prevention of Drug Abuse and the Fight against Drug Trafficking (SEDRONAR) facility in Argentina – September 2019

CICAD's *Hemispheric Plan of Action on Drugs 2016-2020* calls for a variety of programs to prevent drug use.³⁰ OAS member states reported in the MEM seventh round that they had drug

30 *Demand Reduction Objective 2:* Establish and/or strengthen an integrated system of universal, selected and indicated prevention programs on drug use, giving priority to vulnerable and at-risk populations, evidence-based and incorporating a human rights, gender, age and multicultural approach.

use prevention policies. Fourteen said that their policies and programs take into account gender perspective, as shown in the following table:

	Prevention Programs/Strategies/Initiatives that take into Account Gender Perspective
 Argentina	Training sessions for women on problematic use of psychoactive substances
 Barbados	<ul style="list-style-type: none"> • <i>Acquiring Skills Men Actually Need</i> programs, aimed at reinforcing lessons learned during individual supervision/counseling sessions with probation officers. Participants are exposed to new skills, which help men to discover and tap into their strengths and to see the world through different lenses. • The <i>Men on the Block</i> program, which seeks to take back neighborhoods across Barbados and transform them into community-driven small business centers. This initiative is designed to address issues of unemployment, crime and violence among men. • Girls Circle program
 Belize	Outreach programs for men and women at high-risk for drug use
 Bolivia	Various programs for men and women
 Canada	Prevention programs for men and women
 Chile	The <i>Act in Time</i> program, a four-pronged strategy implemented in primary and secondary schools. The program aims to increase protective factors and reduce student risk factors to prevent drug use and reduce the associated risks and damage.
 Ecuador	Advice and technical assistance for both men and women on comprehensive prevention of drug use
 Grenada	<ul style="list-style-type: none"> • <i>Females and Drugs</i> program • <i>Drugs and Violence</i> program

	Prevention Programs/Strategies/Initiatives that take into Account Gender Perspective
 Honduras	The <i>Gang Resistance Education and Training</i> program, an evidence-based gang and violence prevention program designed to build trust between law enforcement and communities
 Mexico	<ul style="list-style-type: none"> • National prevention program for women • <i>Living Without Addictions</i> program for men
 Saint Lucia	The <i>Break Free Through Drug Education</i> program, focused on empowering participants to make informed choices to improve their general wellbeing
 Saint Vincent and the Grenadines	Prevention program for women
 Trinidad and Tobago	Parent Support Group Drug Education Program
 United States	<i>Minority AIDS Initiative</i>

Drug treatment

CICAD’s *Hemispheric Plan of Action on Drugs 2016-2020* urges OAS member states to establish drug treatment programs that adopt gender perspective.³¹ As reported in the MEM seventh round, 30 OAS member states have drug treatment programs, which include the provision that women have access to

31 *Demand Reduction Objective 3:* Establish and strengthen, as appropriate, a national treatment, rehabilitation and social reintegration system for people with problematic drug use, including a human rights and gender-based approach, taking into account internationally accepted quality standards.

non-discriminatory treatment for substance use disorders.³² The following is a country-by-country summary of information provided by those member states:

ARGENTINA

Argentina includes gender perspective in treatment services, with specific facilities for young women, mothers, and pregnant women. Training courses include gender and sexual diversity perspectives in treatment centers for people with substance use disorders. The Secretariat for Comprehensive Drug Policies of Argentina (SEDRONAR) coordinates with the Ministry of Social Development for training on the transgender population, as well as with the National Institute of Women, the Ombudsman's Office of the Transvestite, Transsexual, and Transgender Association of Argentina (ATTA) and the Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) Federation. SEDRONAR's Treatment Audit Program considers human rights and gender perspective when monitoring and evaluating treatment and rehabilitation programs.

THE BAHAMAS

The Bahamas includes gender perspective in treatment services through care for women and special groups such as senior citizens, migrant women, refugees, people of different cultures, and those with HIV/AIDS. The Public Hospital Authority's Patients' Bill of Rights and The Bahamas Association for Social Health (BASH) Client Charter of Right and Responsibilities protects the rights of people with substance use disorders in treatment programs.

BARBADOS

Barbados includes gender perspective in treatment services offered, primarily in residential treatment centers. A non-profit group owns and operates the female residential treatment facility. Cooperative relations among government institutions, and with non-governmental organizations (NGOs), allow for

32 World Health Organization. International Classification of Diseases (ICD-11), 2019, Mortality and Morbidity Statistics, <https://icd.who.int/browse11/lm/en/#/http%3a%2f%2fid.who.int%2fcd%2fentiy%2f1602669465>.

inter-agency referrals based on the needs of patients. The drug treatment facilities liaise with NGOs to provide assistance for abused women and commercial sex workers, who have a high prevalence of drug use, and offer separate accommodation for mothers and their children during and after drug treatment. The Welfare Department and the Child Protection Agency (Child Care Board) are pivotal partners in providing social assistance to patients on their return to the community, given that the child could be legally separated from his mother because of her drug use. Gender and human rights approaches are taken into account during the evaluation and monitoring of treatment and rehabilitation programs through the Health Services (Substance Dependency Treatment Facilities) Regulations of 2015. The rights of people with substance use disorders are protected while receiving treatment.

BELIZE

The Belize National Drug Abuse Control Council (NDACC) provides outreach treatment services to both men and women. Government institutions and NGOs work together to provide social and community recovery support services with gender perspective. Cooperative relations exist between NDACC and the Community Policing, Social Development Department, and the Women's Department to channel cases for further investigation and intervention. However, the rights of people with substance use disorders are not taken into account in treatment programs and services.

BOLIVIA

Bolivia has a national system of non-discriminatory treatment and aftercare for people with substance use disorders. The Ministry of Health has the Minimum Standards of Care and Rehabilitation for Drug Dependent Persons of 2017, applicable to treatment services. The rights of people with substance use disorders who are in treatment programs are protected. The public health system, private institutions, and NGOs provide outpatient and residential treatment services that include gender perspective. In addition, human rights and gender perspectives are taken into account during the monitoring and evaluation of treatment programs.

BRAZIL

In Brazil, the public health system and private institutions offer outpatient and residential services, while NGOs and religious institutions provide inpatient services. These services include gender perspective. The rights of people in treatment for substance use disorders are protected, through existing guidelines on participation and social control through local councils, associations of patients and families, and mental health conferences. As of 2018, the Ministry of Health has protocols to protect the confidentiality of the information provided by patients in drug treatment. The Ministry of Health's 2015 *Strategic Guide on the Care of Persons with Needs related to the Use of Alcohol and other Drugs* stipulates that the patient must give consent for treatment of alcohol and substance use disorders.

CANADA

Canada includes gender perspective in treatment services offered. There are cooperative relations between governmental institutions and NGOs providing social and community support services, incorporating gender perspective, for the social integration of vulnerable populations. Canada also protects the rights of people with substance use disorders in treatment programs and services. The Canadian Charter of Rights and Freedoms and the Canadian Human Rights Act of 1977 protect the rights of the people.

CHILE

Chile includes gender perspective in treatment services, as well as in social and community recovery support services. The public health system, private and religious institutions, and NGOs all provide outpatient and residential services. The country also monitors and evaluates the outcomes of treatment and rehabilitation programs. In terms of monitoring, variables are included to allow for an analysis of human rights and gender-related factors. The rights of people with substance use disorders who are in treatment programs are protected.

COLOMBIA

Colombia includes gender perspective in treatment, aftercare, and support services. The public health system, private and religious institutions, and NGOs provide outpatient and residential treatment services. Since 2014, the Ministry of Health includes standards to ensure comprehensive care, including gender perspective. Treatment outcomes are closely monitored for quality, and to ensure that treatment programs include a human rights and gender perspective. The rights of people who are being treated for substance use disorders are protected.

COSTA RICA

Costa Rica includes gender perspective in all treatment services offered, as well as in social and community recovery support services. The Institute on Alcoholism and Drug Dependence (IAFA) provides outpatient treatment services in its Comprehensive Drug Treatment Centers (CAIDs), and is responsible for accrediting their drug treatment programs. The National Care Center for Minors who are Drug Users provides residential treatment, and NGOs offer short, medium, and long-term residential drug treatment programs, which are differentiated by sex. Treatment outcomes are monitored and evaluated considering gender perspective. The rights of people also in treatment for substance use disorders are protected.

ECUADOR

Ecuador provides treatment services for men and women. The public health system and Ecuador's Specialized Treatment Centers for People with Problem Alcohol and Drug Use (CETAD) also provide both outpatient and intensive outpatient services. The rights of people with substance use disorders who are in treatment programs are protected.

EL SALVADOR

El Salvador includes gender perspective in treatment services, as well as in social and community recovery support services. The public health system, private and religious institutions, and NGOs provide outpatient treatment services, while residential services are provided only by NGOs and religious institutions. The Ministry of Health's *Policy on Gender Equality and Equity in Health* mainstreams gender perspective in all policies, programs, and projects of the National Health System and fosters equitable and egalitarian relations, without violence or discrimination. The country also monitors and evaluates the results of care, treatment, and social integration programs, including a human rights and gender perspective. The rights of people in treatment for substance use disorders are protected via technical guidelines for comprehensive care, technical guidelines for mental health, and clinical guidelines for mental health and psychiatric care.

GRENADA

Grenada includes gender perspective in treatment services, and provides outpatient and residential services. The Ministry of Social Development and Ministry of Youth also offer programs for both women and men, including social and educational programs for women and violence reduction programs for males. The Ministry of Health works with other public and private institutions to provide social and community support services with gender perspective for the social integration of vulnerable populations. Grenada monitors and evaluates the results of care, treatment, and social integration programs. Gender and human rights are taken into account in the implementation of programs and their monitoring and evaluation. The rights of people in treatment for substance use disorders are protected.

GUATEMALA

Drug treatment services for individuals with substance use disorders are provided by the Outpatient Treatment Center (CTA) of the Executive Secretariat of the Commission against Drug Addictions and Trafficking (SECCATID), which is the only government-run center specializing in care for people with

substance use disorders. Private institutions provide both outpatient and residential services, while religious institutions provide residential services. Treatment services offered include gender perspective, and provide care tailored to specific needs of each population group, including women and children with a drug use problem. The rights of people in treatment for substance use disorders are protected.

GUYANA

Guyana includes gender perspective in treatment services. The public health system offers outpatient services, and NGOs, primarily the Phoenix Recovery Project and the Salvation Army, offer residential treatment services. Cooperative relations exist with NGOs, and Guyana supports programs aimed at providing vocational skills training, mentorship, and psychological support for vulnerable groups. The rights of people with substance use disorders in treatment programs and services are protected.

HAITI

Haiti's public health system, private institutions, and religious organizations provide non-discriminatory outpatient and residential drug treatment services. Cooperative relations among government institutions and with NGOs also exist, providing social and community support services with gender perspective for the social integration of vulnerable populations. Haiti has a referral system to continually monitor and evaluate the outcomes of treatment, rehabilitation, and social integration programs. Minimum standards of care also exist to protect the rights of people in treatment.

HONDURAS

Honduras' public health system and private institutions provide outpatient treatment services, while the public health system, private institutions, NGOs, and religious institutions provide residential services. Hospital-based treatment services provide care for men and women, and the Comprehensive Care Center (CAI) of the Honduran Institute for Prevention of Alcoholism, Drug Addiction and Drug Dependency (IHADFA) has separate

therapeutic groups for women and men. Each client has an individually tailored treatment plan taking into account gender perspective. However, there are no cooperative relations among government institutions or NGOs to providing treatment services. The rights of people with substance use disorders in treatment programs are protected.

JAMAICA

Jamaica does not include gender perspective in treatment services. The public health system, private institutions, and NGOs offer outpatient and residential services. Religious institutions also offer residential services, but not outpatient services. Jamaica does not monitor or evaluate the outcomes of treatment programs. There are also no cooperative relations among government institutions or with NGOs to providing treatment services. The rights of people with substance use disorders in treatment programs and services are protected.

MEXICO

Mexico's public health system, private institutions, and NGOs provide residential treatment services that include gender perspective. The units of the Juvenile Integration Centers (CIJ) offer therapeutic activities by sex. Gender perspective is also included in the procedural manual of each residential treatment center. Human rights and gender perspective are considered in evaluating prevention and treatment programs, as well as in monitoring and evaluating the outcomes of care, treatment, and social integration programs. The rights of people in treatment for substance use disorders are protected. The National Commission Against Addictions supervises residential addiction treatment facilities that include gender perspective, as well as respect for human rights.

NICARAGUA

Nicaragua includes gender perspective in all Ministry of Health treatment services nationwide, and in all the government institutions serving the population. The Institute Against Alcoholism and Drug Dependence (ICAD) is responsible for

monitoring and implementing services for the treatment and rehabilitation of drug-dependent persons. The public health system, private institutions, governmental organizations, and religious institutions provide outpatient services. Private institutions, governmental organizations, and religious institutions provide residential services. Nicaragua has cooperative relations with NGOs providing social and community support services with gender perspective for the social integration of vulnerable populations. ICAD guarantees patients' human rights in treatment clinics and rehabilitation centers.

PANAMA

Panama's public health system, private institutions, NGOs, and religious institutions provide outpatient services. The public health system, NGOs, and religious institutions provide residential services. There also are cooperative relations among government institutions and with NGOs providing social and community support services with gender perspective, which enhances the social integration of vulnerable populations. The outcomes of treatment are monitored and evaluated, and take human rights and gender perspective into account.

PARAGUAY

Paraguay has treatment and social integration programs for people with substance use disorders. There are no cooperative relations with governmental or NGOs that provide social and community support services with gender perspective. The rights of people with substance use disorders receiving treatment are not protected.

PERU

Peru includes gender perspective in treatment services and in operating standards for drug treatment centers. The public health system, private institutions, NGOs, and religious institutions provide ambulatory and inpatient services. The outcomes of treatment are monitored and evaluated and the rights of people with substance use disorders in treatment programs and services are protected.

THE FEDERATION OF SAINT KITTS AND NEVIS

The Federation of Saint Kitts and Nevis' public health system provides outpatient and residential treatment services, and NGOs provide outpatient services, but treatment services do not include gender perspective. The country monitors and evaluates the results of care, treatment, and social integration programs, taking into account gender and human rights. The rights of people with substance use disorders in treatment programs and services are protected.

SAINT LUCIA

Saint Lucia includes gender perspective in treatment services. The Ministry of Health and Wellness also has a quality management department, which monitors compliance with these standards for departments within the Ministry. The public health system offers outpatient and residential services, while religious institutions offer outpatient services. The country monitors and evaluates the results of care, treatment, and social integration programs, taking into account human rights, but not gender. The rights of people with substance use disorders in treatment programs and services are protected.

SAINT VINCENT AND THE GRENADINES

Saint Vincent and the Grenadines includes gender perspective in treatment services. Residential drug treatment services are limited to services provided by the public health care system and private institutions. The Government's Mental Health Centre is the only residential facility in the country offering drug treatment. The public health care system, private institutions, religious institutions, and other NGOs provide outpatient drug treatment services for persons with substance use disorders. The rights of people with substance use disorders in treatment programs and services are protected.

SURINAME

Suriname's public health system, NGOs, and religious institutions provide both outpatient and residential services.

All centers for inpatient care guarantee the rights of people with substance use disorders. The treatment centers also ensure non-discrimination for services provided based on race, gender, socio-economic class, ethnicity, color, age, language, and sexual orientation.

TRINIDAD AND TOBAGO

Trinidad and Tobago's public health system, private institutions, NGOs, and religious institutions provide both outpatient and residential services. There are two rehabilitation centers for women in Trinidad, but none in Tobago. There also is ongoing contact with the treatment centers through the National Alcohol and Drug Abuse Prevention Program. There are cooperative relations with governmental/NGOs that provide social and community support services with gender perspective for the social integration of vulnerable populations. However, the country does not monitor or evaluate the results of care, treatment, and social integration programs. The rights of people with substance use disorders in treatment programs are protected.

UNITED STATES

The Substance Abuse and Mental Health Services Administration (SAMHSA), through its Center for Integrated Health Solutions (CIHS), promotes the development of an integrated primary and behavioral health service for effective treatment. The public health system, private institutions, NGOs, and religious institutions provide both outpatient and residential services. Many treatment services include training on gender differences related to substance use disorders, gender-responsive services, trauma-informed care, cultural sensitivity, and developing healthy relationships. Services are provided by government, NGOs, religious and secular organizations, and clinical and peer-led recovery organizations. The country monitors and evaluates the results of care, treatment, and social integration programs; gender and human rights perspectives are taken into account during monitoring and evaluation. The rights of people with substance use disorders in treatment programs and services are protected.

Uruguay's public health system, private institutions, NGOs, and religious institutions provide ambulatory and residential services. The National Drug Board promotes gender perspective in its treatment programs and services. Cooperative relations among government institutions and with NGOs provide social and community support services with gender perspective, for the social integration of vulnerable populations. Activities are coordinated with the National Institute for Women (INMUJERES), part of the Ministry of Social Development supervised by the National Drug Secretariat. Treatment outcomes are monitored and evaluated, taking human rights and gender focal points into account in accordance with the provisions of the National Drug Strategy 2016-2020. The rights of people with substance use disorders in treatment programs and services are protected.

Special needs of women in treatment for drug use disorders

Drug treatment programs need to provide differentiated treatment for male and female clients. One of the barriers to drug treatment for women is they fear that their children will be taken away from them or otherwise alienated, and therefore drug treatment programs must make provisions for childcare, as well as provide a comfortable place where women can breastfeed their infants.

In many countries, seeking treatment for drug dependence is perceived as shameful. Women in particular tend to feel stigmatized both by their drug use and by their attempts to seek treatment.³³ It is for this reason that many women prefer to seek out treatment for drug dependence from their family doctor or

33 Green, Carla A. *Gender and Use of Substance Abuse Treatment Services*. National Institute on Alcohol Abuse and Alcoholism, n.d., <https://pubs.niaaa.nih.gov/publications/arh291/55-62.htm>, and *Getting Serious about Stigma: the problem with stigmatizing drug users—an overview*. UK Drug Policy Commission, December 2010, https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Getting%20serious%20about%20stigma_%20the%20problem%20with%20stigmatising%20drug%20users.pdf. See also Lee, Nayeong, and Miriam Boeri, *Managing Stigma: Women Drug Users and Recovery Services*, PMC, U.S. National Library of Medicine, National Institutes of Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6103317/>

general health care unit rather than going to a specialized drug treatment center.

The risks of drug use among pregnant and lactating women

Women are at special risk if they use alcohol or take drugs during pregnancy or while lactating. Drug and alcohol use during pregnancy may bring an increased risk of complications for the health of the mother and her child.³⁴ In 2014, the World Health Organization issued *Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy*.³⁵ Its governing principles are:

I. Prioritizing prevention. Preventing, reducing, and ceasing the use of alcohol and drugs during pregnancy and in the postpartum period are essential components in optimizing the health and wellbeing of women and their children.

II. Ensuring access to prevention and treatment services. All pregnant women and their families affected by substance use disorders should have access to affordable prevention and treatment services and interventions delivered with a special attention to confidentiality, national legislation, and international human rights standards; women should not be excluded from accessing health care because of their substance use.

III. Respecting patient autonomy. The autonomy of pregnant and breastfeeding women should always be respected, and women with substance use disorders need to be fully informed about the risks and benefits of available treatment options

34 U.S. National Institute on Drug Abuse. Sex and Gender Differences in Substance Use (revised June 2019). <https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women>

35 The World Health Organization Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy 2014 at https://apps.who.int/iris/bitstream/handle/10665/107130/9789241548731_eng.pdf;jsessionid=6E020D6DEFB24A6DF85C8799956949AE?sequence=1

for themselves, and for their fetuses or infants, when making health care decisions.

IV. Providing comprehensive care. Services for pregnant and breastfeeding women with substance use disorders should have a level of comprehensiveness that matches the complexity and multifaceted nature of substance use disorders and their antecedents.

V. Safeguarding against discrimination and stigmatization. Prevention and treatment interventions should be provided to pregnant and breastfeeding women in a way that will prevent stigmatization, discrimination and marginalization, and promote family, community and social support, as well as social inclusion by fostering strong links with available childcare, employment, education, housing, and other relevant services.

While the MEM seventh round reports provide scant information about prevention of drug and alcohol use during pregnancy and lactation, some OAS countries and localities have begun to focus on dissuading pregnant women from using drugs or alcohol, given the health risks to the mother and the fetus. For example, the city of Buenos Aires, Argentina, has a science-based prevention program that discusses Fetal Alcohol Syndrome and the serious consequences of drinking alcohol during pregnancy;³⁶ however, there are few such systematic programs in the Hemisphere.

36 *Alcohol cero en el embarazo, Prevención en Salud*. Accessed August 20, 2019 at www.buenosaires.gob.ar

CHAPTER FIVE:
GENDER PERSPECTIVE
IN CONTROL
MEASURES



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The MEM seventh round reported that OAS member states had designed and implemented comprehensive and balanced policies and programs to prevent and decrease the illicit supply of drugs; however, no information was provided on the human rights or gender perspective of those efforts.



CICAD's Inter-American Program for Strengthening Gender Equality in Counterdrug Law Enforcement Agencies (GENLEA) Regional Conference on Gender Equality in Counterdrug Law Enforcement Agencies – June 2019

An important initiative to remedy this deficiency regarding control measures is CICAD's Inter-American Program for Strengthening Gender Equality in Counterdrug Law Enforcement Agencies (GENLEA), which aims to increase gender mainstreaming within OAS member states' counterdrug law enforcement agencies to strengthen their capacity to counter drug trafficking. In 2018-2019, more than two hundred and fifty counterdrug officers from the region have participated in GENLEA national workshops and a GENLEA regional conference. Those activities

allowed ES-CICAD to identify challenges, including the fact that counterdrug agencies in most countries shows a marked gender imbalance in their personnel, with women generally representing no more than twenty percent of total staff. Also, women have higher rates of separation from service than men, and tend to be concentrated in administrative and lower-level jobs, with few women occupying command positions with decision-making responsibilities.

In order to bridge such gaps, CICAD's "GENLEA Handbook: Good Practices for Strengthening Gender Equality in Counterdrug Law Enforcement Agencies" identifies good practices that could be adopted by member states to achieve substantive gender equality inside their drug enforcement agencies, in accordance with their needs and priorities, including:

- i)** Setting up a specialized unit within the agency that is responsible for gender policies and providing it with its own budget;
- ii)** Preparing a comprehensive gender assessment or audit to identify progress and challenges in the area of gender mainstreaming;
- iii)** Developing a specific plan of action to promote substantive equality and gender mainstreaming in the agency; and
- iv)** Implementing a system for effective monitoring and evaluation of the plan of action.



*GENLEA National Workshop
in Buenos Aires, Argentina –
February 2018*

CHAPTER SIX:
GENDER PERSPECTIVE
IN INTERNATIONAL
COOPERATION



CICAD's *Hemispheric Plan of Action on Drugs 2016-2020* addresses the various drug-related laws and regulations that take into account human rights and gender issues. Member states are encouraged to enhance international cooperation in accordance with international legal instruments. Twenty-three OAS member states³⁷ have adopted legislation and/or administrative measures to implement obligations relating to human rights and gender equality acquired through international legal instruments on the world drug problem.



*MEM Seventh Round Plenary Meeting
in Washington, DC – March 2019*

37 Antigua and Barbuda; Argentina; Bolivia; Brazil; Canada; Colombia; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; Suriname; Trinidad and Tobago; United States; and Uruguay.

CONCLUSIONS

Member states of the Organization of American States have begun to prioritize gender in their drug policies and programs, but still have much work to do. Gender perspective in the drug field was rarely mentioned before 2010, the year of the adoption of the OAS *Hemispheric Drug Strategy*, but, in the years since, countries have made notable strides by including gender perspective in their drug policies.

Most OAS member states reported they have laws or regulations to implement their obligations under international instruments to respect gender equality. Nevertheless, it is crucial for member states to update drug-related legislation in keeping with their international obligations.

The MEM seventh round reports show that half of OAS member states have drug use prevention programs that consider gender perspective. Greater action in the Hemisphere is needed to ensure that prevention initiatives are tailored to specific population groups, including women. Most countries have mechanisms to ensure non-discrimination in treatment services, and strive to provide differentiated treatment for men and women, particularly for pregnant women.

Twenty-four national drug observatories in the Hemisphere disaggregate data on substance use by sex and age, which is of particular importance. These breakdowns are key, as without such data no assessment can be made of countries' adherence to gender perspective in their policies and programs. Nonetheless, most drug observatories do not gather data on drug use by the LGBTI population and other vulnerable groups.

Many OAS member states have included gender perspective in their drug legislation and policies; however, there is a need to strengthen the practical application of these legal frameworks in drug-related programs. The vast majority of countries in North, Central, and South America include gender perspective in their drug plans and strategies, while only a few countries in the Caribbean do so. All countries should prioritize gender perspective in future policies.

A gap was identified with regards to gender equality in law enforcement and supply reduction activities. CICAD is currently implementing its Inter-American Program for Strengthening Gender Equality in Counterdrug Law Enforcement Agencies (GENLEA) in OAS member states to promote good practices, such as the creation of gender mainstreaming offices in drug-related law enforcement agencies across the region.

OAS member states should continue to discuss how their drug policies have different impacts on the lives of men and women, and particularly on the most vulnerable groups in society. Furthermore, there is a need for countries in the Western Hemisphere to analyze whether their programs should be adjusted to take into account gender perspective, and take the necessary actions to achieve this important goal.



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