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COPOLAD

WOMEN AND DRUG POLICIES

# Report on the situation in Latin America and the Caribbean, progress and priorities for the future

Executive summary



The need to incorporate a gender perspective in drug policies has become an imperative rather than an element of consensus at the international level. Designing, implementing and evaluating policies with a gender perspective, with special emphasis on women's empowerment, represents a significant step towards reducing gender gaps and inequalities and, consequently, towards improving the effectiveness of such policies. The traditional focus of drug policies, essentially focused on responding to the various situations of men in relation to drugs, makes clear the need to equally address the problems that women face in relation to drugs, both in their dimension as users and as accused in related crimes, and in terms of their potential as leaders of many of the responses that must originate from the field of public policies on drugs.

This document presents a summary of the information currently available on the main gaps and inequalities that women face in relation to drugs, paying special attention to the current situation in the countries that make up the Community of Latin American and Caribbean States (CELAC). The report also provides an updated summary of the international legal framework that regulates this area, as a reference in the process of designing public policies on drugs capable of addressing these problems in accordance with the basic principles of human rights and the gender approach.

**The study provides information and analysis to assist National Drug Policy Agencies in making informed decisions and strengthening the design of drug policies and programmes that include consideration of gender, with special attention to women's empowerment, as an integral part of them, including recommendations for future action.**

The study has been developed within the framework of COPOLAD II programme in collaboration with the Junta Nacional de Drogas (JND) from Uruguay, the valuable contributions of RIOD and IDPC, and with the participation of CELAC countries that are part of COPOLAD, who were fundamental to consolidate the study. The study is the result of the compilation, analysis and synthesis of information provided by the countries through questionnaires and an exhaustive bibliographic review of documents, texts and studies published in this field. In COPOLAD Phase III the study has been updated in relation to the COVID-19 pandemic.

The report is divided into four chapters:

- The basic conceptual framework of gender.

- ▶ Gender conditioning factors in the relationship between women and drugs in Latin America and the Caribbean.
- ▶ The international legal framework on drug policy, human rights and women's rights.
- ▶ The analysis of the gender perspective from an approach to drug consumption and supply reduction.

## Chapter I. Conceptual framework

Starting from gender as a principle of social organisation that helps us to understand inequalities in different areas and social phenomena, the concept refers to the stereotypes, social roles, acquired position, behaviours, activities and appropriate attributes that each society constructs and assigns to men and women. It is an analytical category, a dynamic socio-cultural construction, of assigning roles on the basis of biological difference.

**This chapter presents the concepts of gender, gender identity, gender inequality, gender gaps, gender perspective and intersectionality, from which an analysis is made of the conditioning factors present in the relationship between women and drugs, as well as drug policies from this perspective.**

Inequality between men and women is evident at all levels of economic, social, political and family life, based on gender inequality and discrimination, assuming patriarchal domination as natural. This situation influences the distribution of income and wealth, where women have less access to different areas of society such as politics, economics, health and education, relegating their participation to the family sphere. The gender perspective seeks to make these differences visible in order to promote actions that, based on policies, reduce the existing gender gaps.

## Chapter II. Gender conditioning factors and the effect of the COVID-19 pandemic on the relationship between women and drugs in latin america and the caribbean

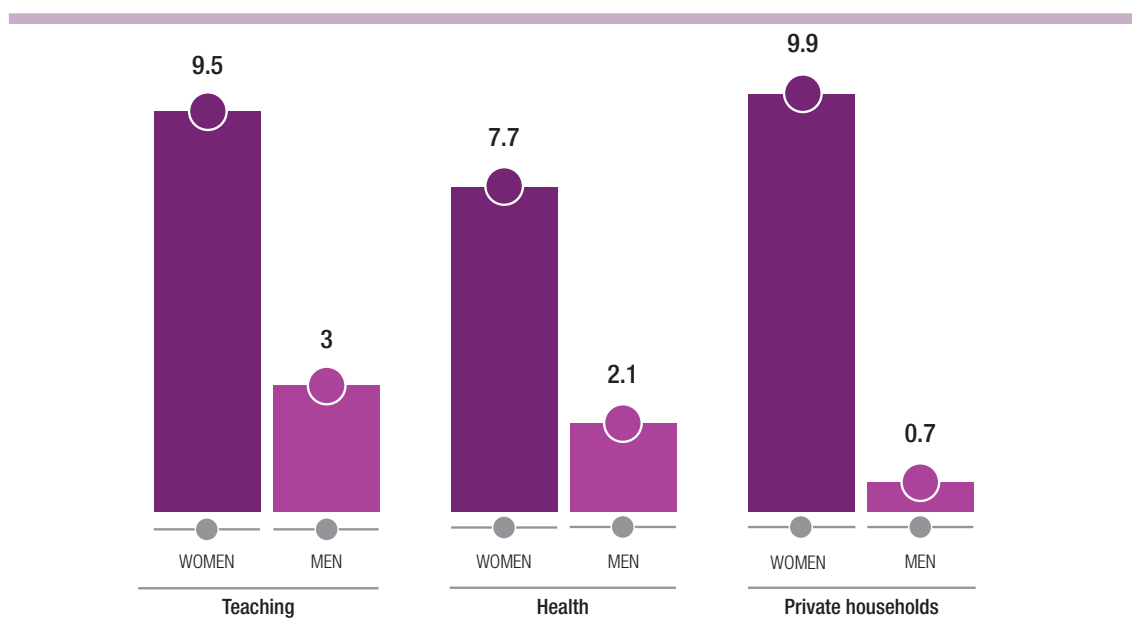
The structural gender constraints reflected in the inequalities between men and women result in widening gender gaps and have a significant effect on inequality in the distribution of wealth and resources. The analysis of the relationship between women and socio-economic inequality in all areas, labour, income levels, availability and use of time, education, or political participation, is based on social and economic indicators obtained in CELAC countries, which show that the association between socio-economic characteristics and gender inequalities affect drug use, including at the macro, community and individual levels. The population subgroups that are most affected by these socio-economic determinants are women, children and adolescents. Inequalities in income and wealth have an uneven impact and interfere with how women engage or participate in different drug-related problems.

In relation to the drug problem, even more evident is the stigmatisation and prejudice that women suffer for their involvement in both drug use and trafficking, being doubly stigmatised for not fulfilling the role that society has assigned to them as caregivers and mothers.

### Insertion into de labour market

Although the participation rate of women in the labour market has increased in recent years, it is still lower than that of men and is represented in lower income and undervalued job categories, related to administrative work, service, commerce and in elementary occupations such as teaching, health and care work in private homes. On the other hand, women take on fewer working hours as they are responsible for family and domestic care tasks; in the case of taking on overtime, this does not represent a proportional increase in wages.

**Figure 3**  
Proportion of the population employed in each sector of economic activity in relation to the total number of people in the sector in Latin America - 2020



**Source:** Own elaboration based on ECLAC data: Social Panorama of Latin America 2021

According to ECLAC, (2021a), the pandemic has generated a setback of more than 10 years in women's labour participation throughout Latin America and the Caribbean. Women in Latin America and the Caribbean participate in the labour market in sectors with a greater negative impact in terms of income and employment as a result of the pandemic. They have had to leave the labour market to meet the demands of childcare and household care, and currently, in many cases, have not returned to employment or have not returned to productive work, marginalising their activity to reproductive work. As can be seen in Figure 3, women in times of pandemic participated in sectors at low risk

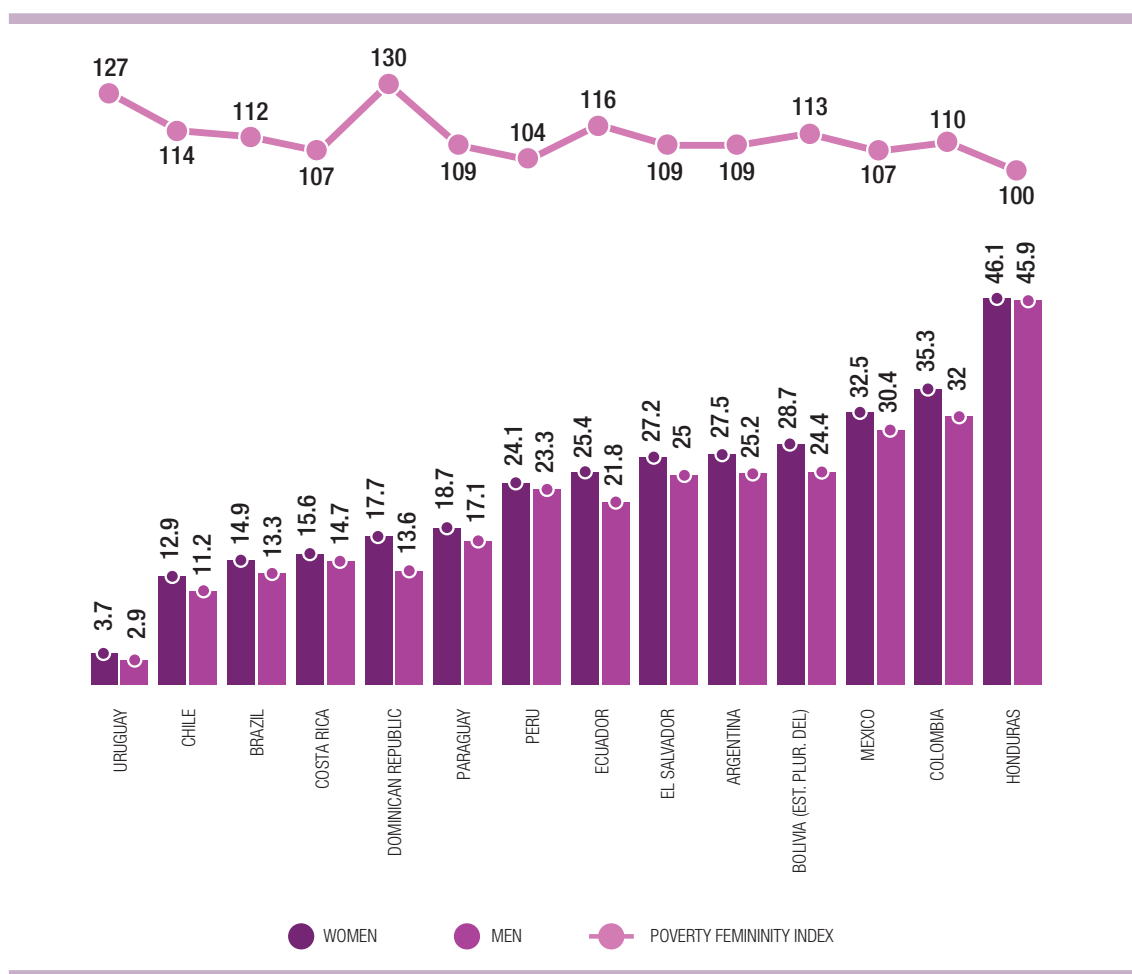
of job loss, but more vulnerable to infection, facing overtime and other types of risks, in addition to having to reconcile their work with childcare and unpaid work in the home.

### Income inequality and poverty

The COVID-19 pandemic crisis has led to greater inequality in income distribution in 2020 in most CELAC countries, increased by the effect of rising unemployment and falling incomes from wage labour among the poorest groups of the population. Informal jobs are those with the lowest wages, many of these represented by a high participation of women, as they are highly feminised sectors.

All countries in the region have higher female unemployment among women aged 20-59 with higher poverty rates than men (Figure 5).

**Figure 5**  
Poverty rate by gender and poverty femininity index in the 20 to 59 age group – 2020. (In percentage and value of the poverty femininity index)



Source: Own elaboration based on ECLAC data: Social Panorama of Latin America 2021

## **COVID-19**

**Increasing unemployment and lack of opportunities in Latin America and the Caribbean will increase the likelihood that poor and disadvantaged people will engage in harmful patterns of drug use, suffer from drug use disorders and resort to illicit activities linked to drugs, whether production or transportation.**

Measures to mitigate the spread of the virus have affected all areas of people's lives. The crisis has exacerbated inequality gaps, unemployment has increased affecting the most vulnerable people. Many people have been left without work and, as a consequence, violence and poverty have increased. This has accentuated the situations of vulnerability that influence the use, trafficking and production of illicit drugs. Its effects are directly related to women, as they are the ones who suffer the most from the consequences of the economic crisis, increasing the already existing structural inequalities. Women heads of household who are caring for children and dependents are the most vulnerable to suffer the consequences of this crisis.

### **Distribution and use of time**

The analysis of the distribution and use of time shows inequalities in the contribution to the economy and in how men and women use their time. Due to gender roles, there is an unequal distribution of time spent on paid and unpaid work between men and women in the region. According to ECLAC, many women between the ages of 20 and 59 are engaged in caring for children or dependents and have to delay their opportunity for paid work.

**Young women aged 15-29 who neither work nor study spend at least 40 hours a week on unpaid work in their households.**

**Older people are both recipients and givers of care. Women provide care to others for about 18 hours and men for 15 hours per week.**

**Women in income quintile V (i.e. higher income) spend 32 hours a week on unpaid work, while those in income quintile I (lower income) spend 46 hours a week on domestic work or caring for others. When looking at men in both quintiles, the difference is less than one hour.**

The 2030 Agenda for Sustainable Development recognises unpaid work and urges countries to provide infrastructure, public services and public policies for social protection.

Among the surveys that address the use and distribution of time, ECLAC has information from 17 Latin American countries and one Caribbean country on the proportion of time spent on household chores and unpaid care by sex. The data indicate that women spend between one-fifth and one-third of their daily or weekly time on domestic and unpaid care work and men around 10% at most. These gaps widen in the case of indigenous populations.

## Women's level of education

In times of the COVID-19 pandemic, the risk factors for girls and adolescents dropping out of school have increased. On the one hand, the massive closure of schools as a result of measures to prevent the spread of the virus and the lack of conditions for accessing distance education have increased the educational gaps. Responsibilities at home and the increase in psychological, physical and sexual violence have also affected the time women devote to their studies.

This disengagement from the education system has effects on the labour market that are reflected in the short and medium term. The pandemic has led to a greater risk of exclusion, a situation that forces many young women and adolescents to go out into the labour market due to the need to obtain resources for the household or to increase the number of hours dedicated to household activities, disrupting their participation in adequate education and training, which in the long run will have an impact on their income levels.

The adolescent population is one of the groups that have been most affected by the effects of the COVID-19 pandemic because of their exclusion from education and training, reducing their chances of generating more and better income in the future and making them more vulnerable to seeking new income alternatives and/or initiating the use of psychoactive substances.

UNESCO projects that more than 3.1 million children and adolescents in Latin America and the Caribbean may never return to school due to COVID-19. Globally, this region is likely to suffer the second largest drop in school enrolment (1.83 per cent) among all regions. Already, the percentage of children receiving no education at all, either face-to-face or remotely, has shot up from 4 per cent to 18 per cent in recent months... Overall, in Latin American and Caribbean countries, 21 per cent of children and adolescents in the poorest households receive no education at all compared to 14 per cent in the richest households. (UNICEF, 2020).

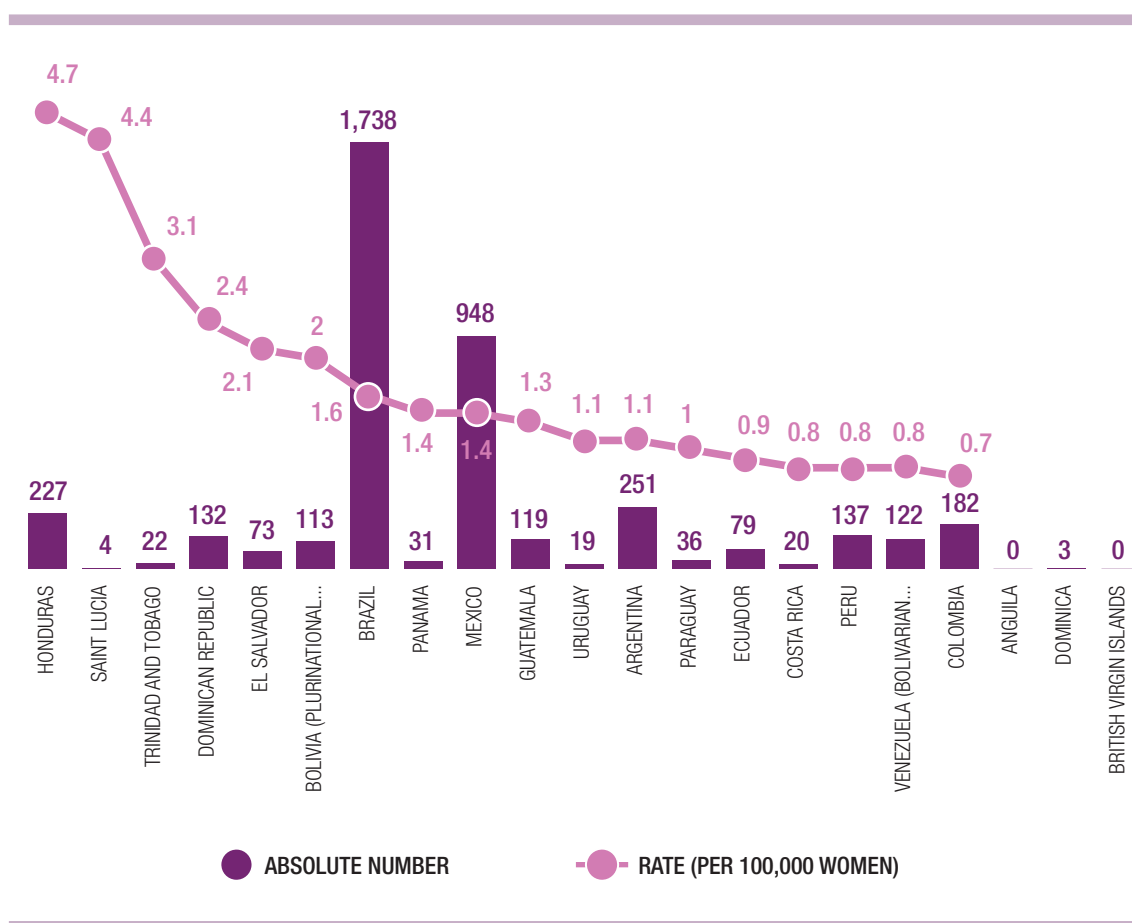
## Violence against women as a structural determinant

Violence against women, as a structural determinant, includes gender patterns and stereotypes that are reflected in the limitation and denial of rights, discrimination in the social and economic sphere, including institutional, psychological, sexual and physical violence. The family sphere is where the highest incidence of violence occurs. Violence has an impact on the social sphere because women who suffer it in the family usually lose or lose ties and links with the public sphere, among other adverse effects.

**People who use drugs face situations of multi-faceted violence, social and economic vulnerability and criminal law-breaking behaviour, which have an impact on criminalisation, stigma and the resulting discrimination.**

Regarding femicide as the most extreme act of violence, data show that in Latin America and the Caribbean at least 12 women are murdered every day. In 2020, Latin America had the highest rate of femicide or femicide per 100,000 women. According to UN Women, in the COVID-19 quarantine, violence against girls and adolescents has increased. Since the beginning of the pandemic in Latin America and the Caribbean, violence against women has intensified. Confinement measures, physical distancing and mobility restrictions have been some of the predominant factors, generating greater isolation of women from their support networks (ECLAC, UNICEF 2020).

**Figure 11**  
Femicide, latest year available (In absolute numbers and rates per 100,000 women) Latin America and the Caribbean (21 countries)



**Source:** Own elaboration based on the Gender Equality Observatory for Latin America and the Caribbean

According to ECLAC's 2020 report, more girls and boys have witnessed violence against women leading to post-traumatic stress, depression, anxiety and long-term developmental impacts, including lower school performance, impaired attention span and concentration, as well as the development of harmful practices such as substance abuse and self-harm. Girls and boys who experience



or witness violence in their homes are more likely to be perpetrators or victims of violence in the future or to use drugs.

## Women and problematic drug use in Latin America and the Caribbean

Structural gender inequalities determine the links with problematic drug use in both men and women. The most commonly used psychoactive substances among adolescents are alcohol and tobacco; although their use is not permitted at this age, their availability, accessibility and legality translate into higher rates of use.

**Drug use has historically been seen as a male-dominated issue, but recent data show that, in some countries, women are using certain drugs at the same or higher rates as men. Non-medical use of controlled prescription drugs, synthetic drugs and opioids demonstrate how patterns of drug use are changing (CICAD-OAS, 2019).**

*For secondary school students, the prevalence of drug use is more similar for both sexes for alcohol and inhalant use. Similar to the general population, there is a higher prevalence of non-prescription tranquilliser use among female students than among male students in almost all countries. In contrast, cocaine and smokable cocaine tend to be used more by males than by females. In a few countries, however, women use cocaine, PBC and crack cocaine at higher rates than men. While men continue to use tobacco and cannabis at higher rates than women, we see this gender gap closing in many countries (CICAD-OAS, 2019).*

## Specificities of women who use drugs

- ▶ Social determinants linked to gender role have an impact on reducing the initiation of use of some drugs. At the same time, they exacerbate the negative effects of drug use on women.
- ▶ Stigmatisation and vulnerability, violence and sexual abuse are the most traumatic experiences for women who use drugs.
- ▶ The role of the male user in the couple promotes the initiation, continuation and relapse in the use of illegal substances in their female partners.
- ▶ Motherhood is a complex state in women who use drugs.
- ▶ Vulnerable conditions in childhood and adolescence are predictors for the initiation of drug use that especially affects women.
- ▶ Women with problematic drug use have greater difficulties in accessing treatment and harm reduction programmes.
- ▶ The intersection between drug use and violence does not seem to be addressed in practice, at least in general terms, which does not exclude the existence of successful local experiences.

## Women in drug production and distribution

The characteristics of women's participation in drug production and distribution is unclear, as there are no official records. It is understood that women's participation in the cultivation of illicit drugs is based on traditional roles, where women participate in the sowing and harvesting and the final preparation, but do not participate directly in the preparation of coca paste or cocaine; their role is more focused on the preparation of food and beverages. Women involved in coca leaf production are more vulnerable to violence and sexual exploitation, as they live in areas of drug trafficking and armed conflict. In rural areas, women's vulnerability is heightened, given that their ethnic background, rural environment and the illegality of the tasks involved in this specific crop are added to their condition as women.

**Drug trafficking organisations are generally considered to be predominantly operated by men and the role of women in drug trafficking is relatively insignificant compared to that of their male counterparts. Globally, the majority of drug traffickers are men, but the issue of gender has not been taken into account in much of the research on drug trafficking (UNODC, 2018:23). (UNODC, 2018:23).**

Women's participation in the trafficking and commercialisation of drugs is related to their condition of vulnerability, as in many cases they are involved in the transit of small quantities of drugs, such as the so-called "mules". Several studies have shown the connection between drug trafficking, prostitution and human trafficking. Often, women get involved in the drug trafficking business under threat or intimidation.

## Women and imprisonment

The socio-demographic characteristics of women imprisoned for crimes related to drug production and trafficking are very particular, as they are mostly poor women with low income levels, belonging to low socio-economic strata and to ethnic or sexual minorities, as well as being easily replaceable in the trafficking chain for which they were convicted.

**Between 2000 and 2015, the increase in the rate of incarceration of women for drug-related offences was 51.6%, while that of men was 20%. In some countries, women are even imprisoned for the crime of possession for consumption, demonstrating the rigidity of punitive policies in the face of this problem. Institute for Criminal Policy Research (cited in WOLA, 2016).**

The institution of prison also reproduces gender roles and stereotypes. On the one hand, women in prison come mostly from contexts of violence and dependent relationships, often linked to drug use. On the other hand, contexts of violence, including sexual violence, as well as relationships of dependency, can be reproduced in prisons.

The prison context reproduces gender-based violence that affects men and women differently. In the case of women, sexual violence – imposed or negotiated – is both a latent threat and sometimes the only means of gaining access to goods and services (Atabay, 2015).

### Chapter III. International legal framework on drug policy, human rights and women's rights

The three United Nations (UN) conventions on drugs and the international conventions on human rights and women's rights form a triad of international regulation to be taken into account in the control of psychoactive substances and precursor chemicals.

#### RECOMMENDATIONS

**It is important to translate, in the short term, international commitments on human rights, women's rights and drug policy into verifiable and measurable actions and policies that incorporate women's rights as one of the axes within the processes of implementation, research and evaluation of drug policies.**

The study addresses the relationship between drugs, human rights and women's rights from the framework of global and regional drug control regulation and human rights instruments, and identifies those rights affected by the implementation of drug policies.

This implementation can fall outside the provisions of human rights instruments. UNODC has identified "unintended negative consequences" of drug policies developed around the world with different human rights costs for drug users who have seen stigma and violations of their fundamental rights in relation to areas such as health protection, due process, non-discrimination and others, exacerbated.

In recent years, there has been progress in the discussion on the intersections between human rights and drug policy. In the reports of the High Commissioner, requested by the Human Rights Committee (2015 and 2018) as part of the preparatory work for the UNGASS, the impacts of drug policies on rights and on specific groups (women, children and indigenous peoples, among others) are linked. Specific vulnerabilities faced by women, including access to appropriate harm reduction and treatment services, gender-based violence, high rates of incarceration and discrimination in criminal justice processes, among others, are also addressed.

In the concluding session of the CEDAW general discussion on women and access to justice, it was pointed out that the main obstacles to women's access to justice are mainly caused by gender stereotypes, including the idea of women as the pillars of families (Pimentel, 2013).

The rights that must be taken into account when implementing policies are: the right to health, the right to equality before the law, the right to due process, prohibition of unlawful deprivation of liberty and torture, and the rights of indigenous peoples.

### Identified threats to women in drug demand reduction policies

#### **RECOMMENDATIONS**

**Rethinking and evaluating the effectiveness of the international normative framework and its application at the regional and national level in relation to drug policies and their effect on human rights and women's rights implies that governments make a substantial shift in their policies and strategies, based on evaluating the indicators of success and failure of the policies currently implemented, generating concrete and effective actions focused mainly on reorienting priorities in the area of drugs with a gender perspective.**

The threats identified in the framework of the application of drug policies focused on demand reduction are related to the affectation of the right to health and to adequate care and treatment services and support in harm reduction:

- ▶ Right of access to quality and gender-sensitive treatment.
- ▶ Right of access to harm reduction programmes.
- ▶ Right of access to essential medicines.

### Threats to women identified in certain supply-side control policies

When designing, implementing and applying supply control policies, fundamental rights can be violated, leading to illegal and arbitrary deprivation of liberty and acts of torture and other cruel, inhuman and degrading treatment, since, according to the reports of the Inter-American Commission on Human Rights (IACHR), there is an inadequate application of drug policies directly related to the increase in human rights violations.

**Criminal policies should incorporate alternatives to prison sentences for minor and non-violent drug-related offences, especially sensitive to the highly vulnerable situations in which, many women in conflict with the law find themselves, due to micro-trafficking offences, whose main source is the support of their families and other socio-economic vulnerabilities.**

**These considerations imply the application of an approach centred on the “proportionality of criminal measures” to discourage the prosecution of women involved in this type of drug-related crime.**

In Latin America and the Caribbean, excessive use of force and arbitrary detentions, as well as cases of torture, extrajudicial executions, enforced disappearances and other human rights violations have

occurred in the context of public security functions. Some measures to control illicit use, production and trafficking may result in a violation of rights. Studies should be carried out on the situation of women deprived of their liberty and measures taken to prevent human rights violations.

## Chapter IV. A gender approach to drug use and drug supply reduction

**The prevention of problematic drug use from a community-based approach is based on the premise that problems related to the use of psychoactive substances involve not only the person who uses drugs, but also the community of which he or she is a part (Inter-American Drug Abuse Control Commission, 2013).**

The new strategies and action plans signed by the Member States of both CELAC, and the European Union are the basis and orientation for countries in the framework of their sovereignty to tackle drug use and supply reduction. The main ones are listed below:

**The UN Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (UNGASS 2009)** states, in relation to gender, that there must be an integrated, multidisciplinary and balanced approach to both drug supply and demand reduction strategies that recognise human rights, fundamental freedoms, the dignity of all persons and the principles of equal rights, among others. Women's contribution is fundamental to curbing the global drug problem, and their specific needs and circumstances must be taken into account in accessing control policies and strategies, with equal benefit and without discrimination for both men and women.

In the **EU Drugs Strategy and Action Plan 2021-2025**, one of the salient points is the incorporation of the gender equality perspective, where the promotion of human rights is a key aspect when assessing the overall impact in 2025. With regard to the action area of drug demand reduction, the Plan broadens its scope from an evidence-based gender approach, taking into account gender-specific needs in prevention actions in treatment and care that address the specific needs of women. Special emphasis is given to reducing the stigmatisation of drug dependence, both in prisons for men and women and after release, and to supporting the social reintegration process.

**The 2020 Hemispheric Drug Strategy** calls for Member States to adapt to new approaches resulting from global crises that have often increased criminal activity and drug trafficking groups and has been greatly exacerbated by the public health crisis resulting from the COVID-19 pandemic. **In the OAS Hemispheric Plan of Action on Drugs 2021-2025**, Member States recognise the importance of gender, age, community and cultural context. They emphasise the importance of incorporating a human rights perspective, a gender approach and development with social inclusion in the planning processes of national drug policies and/or strategies. In drug demand reduction, they highlight

respect for human rights and consideration of the gender approach with a public health, evidence-based, multidisciplinary and multisectoral approach and the provision of gender-specific services.

## Socio-health interventions with a gender approach and women's empowerment

### Interventions at the community level

Within the community there are risk and protective factors that determine drug use. Likewise, the community plays a fundamental role in the process of analysis, planning and development of interventions. The community approach aims to develop strategies to prevent drug use and problematic drug use through the development of healthy and safe environments for youth and families. In the framework of COPOLAD programme, the evidence on the effectiveness of different preventive interventions in the community has been analysed, which has made it possible to identify: i) beneficial interventions; ii) interventions that are probably beneficial; and iii) interventions of unknown effectiveness.

**These interventions have a high degree of development and social acceptance in Latin American and Caribbean countries and, in all of them, women play a prominent role, either as the main promoters of the programmes or as recipients actively involved in them. The “Braços Abertos” programme in Sao Paulo was a model example to follow in this area; however it was closed by the local government after political changes (IDPC, 2014).**

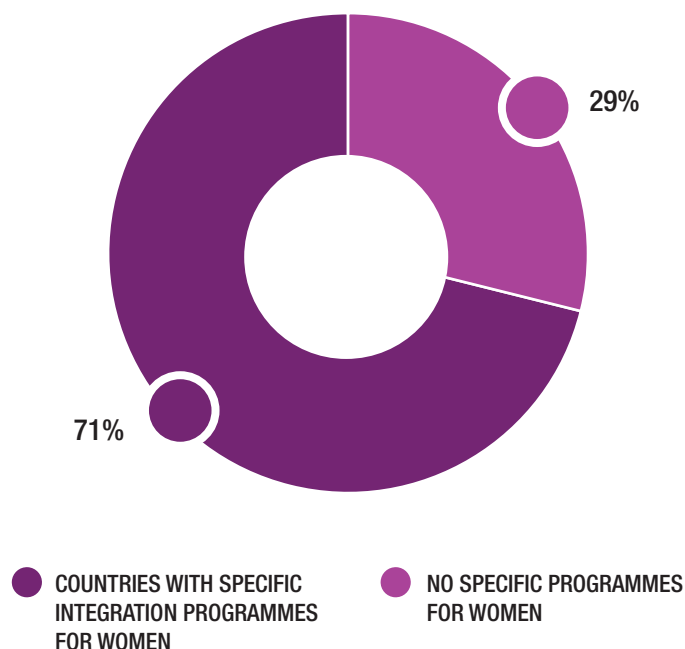
Within the framework of harm reduction, the community is also the setting for many programmes aimed at reducing the harm caused by drug use, such as needle and syringe exchange, the naloxone distribution programme or supervised consumption rooms.

Harm reduction extends to other actions aimed at addressing the conditions of poverty in which drug use often takes place, and which seek to ensure that people who use psychoactive substances can access food, health care, housing, employment and other basic needs.

In Latin America and the Caribbean, the availability of harm reduction programmes by country shows that: Eleven (47.8%) of the 27 countries that participated in the study reported including specific prevention programmes for women among the measures adopted for demand reduction (Figure 21).

**Figure 21**

Prevention at the community level in Latin America and the Caribbean



Source: COPOLAD, 2017. Own elaboration

#### Proposals at the community level

- Community involvement can help reduce the stigmatisation of women drug users and facilitate the provision of services.
- More information on services is needed to enable communities to effectively address the collective harms caused by women's drug use.
- More research is needed to provide evidence on the effectiveness of community interventions targeting women.
- Research is needed to develop a community-based harm reduction model tailored to the needs and realities of women in Latin American and Caribbean countries.

#### Interventions in the family setting

Family-based drug prevention programmes have developed relatively recently compared to community or school-based programmes. The family is a key setting for universal, targeted and indicated prevention programmes to reduce young people's problems and encourage their positive development.

There are risk factors and protective factors related to drug use, and the COVID-19 pandemic has significantly increased risk factors in this area.

Several studies agree that family interventions are the most effective in the prevention of substance use among adolescents, but also in the treatment of problematic drug use.

**In some CELAC countries, the Strong Families programme is one of the main prevention programmes. In Colombia, during 2012 and 2013, according to the National Plan for the Promotion of Health, Prevention and Care of the Use of Psychoactive Substances, the programme was designed with the objective of strengthening family ties through interventions with families to reduce the likelihood of substance abuse and other risks associated with adolescents (Ministry of Health and Social Protection and the Ministry of Justice and Law of Colombia, 2017). Currently, the programme continues to develop its activities**

81.8% of the 26 countries that participated in the study reported having prevention measures in place at the family level, distributed by level of implementation as follows: 68.2% have universal type strategies; 45.5% have selective type strategies and 18.2% indicated (Figure 22). Regarding the incorporation of gender-specific interventions, 20% of the countries stated that they had them.

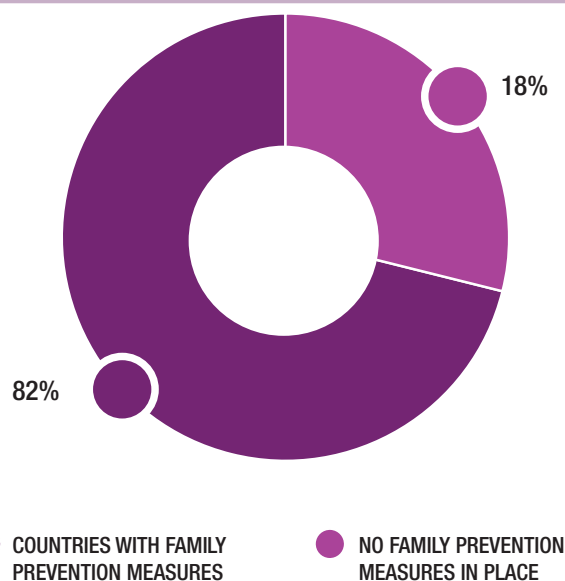
**Prevention programmes need to be gender-sensitive and include strategies that specifically target girls and adolescents. In this way, it will be possible to increase both the effectiveness of programmes among women and improve their uptake and adherence (UNODC, 2016).**

**It is particularly important to help girls and adolescents manage stress, depression, social assertiveness and body image, as well as improve relationships and communication with parents and significant others (UNODC, 2016).**

**Family support for women with substance use problems should be strengthened to facilitate their treatment and rehabilitation, and special efforts should be made to detect and provide adequate protection from situations of abuse, violence and exploitation of women. Programmes should be developed to strengthen family relationships in confinement as an opportunity to improve cohabitation relationships, to enable better family interaction with young people and adolescents and as an opportunity to reduce drug use.**



**Figure 22**  
Prevention in the family environment in Latin America and the Caribbean



Source: COPOLAD, 2017. Own elaboration

### Interventions in the field of education

Although the aims of school-based interventions go far beyond health promotion and drug use prevention, education is undoubtedly a key determinant of health and can make a decisive contribution to reducing social and gender inequalities.

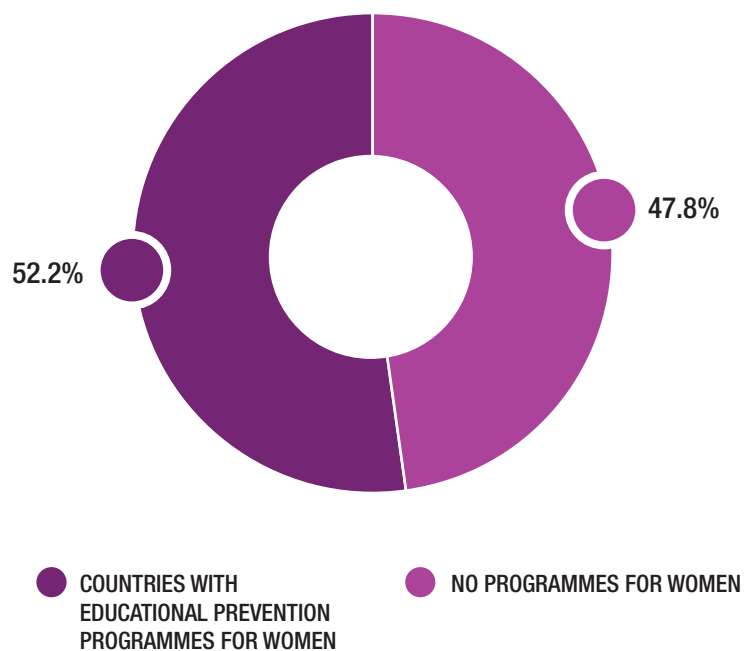
**Chile, through the Superintendence of Education, has identified that the mental health of young people and adolescents has been affected by stress in the COVID-19 pandemic. Many young people have coped with this stress by taking drugs. Preventive measures have been developed through explanatory videos and infographics on the harmful effects of drugs on mental and physical health, as well as an analysis of risk and protective factors. Likewise, through the Ministry and the General Secretariat of Government, the programme “Elige Vivir sin Drogas” (Choose to Live without Drugs) has been developed, which seeks to prevent drug use among children and adolescents.**

Conversely, school failure is one of the main predictors of psychoactive substance use. Although early school leaving is largely influenced by personal experiences during early childhood that can be located within the family environment, it is during the infant or pre-school years that some school-related factors may exacerbate pre-existing problems and dispositions.

One of Peru’s educational prevention programmes is the “Aprendo en casa” (I learn at home) programme. However, high dropout rates in COVID-19 times have shown that the adaptation of the programme has not responded promptly to the needs of the school population, as 7.2% of the population does not have access to ICTs, depriving a high number of children and adolescents of their right to education and prevention programmes.

In Latin America and the Caribbean, many schools were not prepared or trained to deal with the changes in the face of the HIV/AIDS pandemic, and many children and young people have had to drop out of school because their families did not have the economic conditions to access virtual education and the use of information and communication technologies (ICTs). Educational institutions and services can contribute to the prevention of drug use through a number of different mechanisms.

**Figure 24**  
Prevention in the educational field in Latin America and the Caribbean



Source: COPOLAD, 2017. Own elaboration

15.8% of countries with universal school-based prevention programmes reported having gender-differentiated strategies. In the case of selective prevention, it reached 20% and 33.3% in the case of indicated prevention.

### Proposals in the field of education

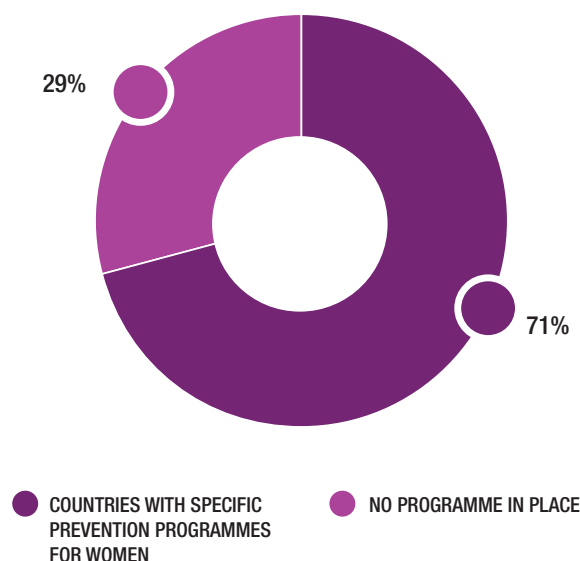
- Prevention programmes need to be gender-sensitive and include strategies that specifically target girls. In this way, it will be possible to increase both the effectiveness of programmes among women and improve their uptake and adherence (UNODC, 2016).
- It is advisable for school-based prevention programmes to include modules on affectivity, sexual relationships, sexual abuse, unwanted pregnancy and sexually transmitted infections.
- In some groups, substance use may be associated with eating disorders, so risk factors for the development of eating disorders in adolescence, such as social pressure to achieve an idealised and unrealistic body image, should be addressed.
- It is essential to analyse the digital divides that the COVID-19 pandemic has generated with distance education, as a large percentage of the CELAC population, especially women, do not have access to the internet, which can lead to a significant increase in school dropout rates.

### Interventions in the workplace

As in other contexts, risk factors associated with substance use occur in the workplace. There is limited up-to-date evidence regarding the effectiveness of prevention strategies in the workplace, both for alcohol consumption and for other licit and illicit substances, and the little information available refers only tangentially to the impact on women.

According to the results of the study, the workplace is one of the areas of least intervention in the prevention strategies of CELAC countries. Even so, 17 (71.3%) countries report having strategies in this area (Figure 26).

**Figure 26**  
Prevention in the workplace in Latin America and the Caribbean



Source: COPOLAD, 2017. Own elaboration

#### Proposals in the workplace

- Continue to promote the adoption of the principles for dealing with drug use at work outlined by the International Labour Organisation, so as to encourage, inside and outside the workplace, the resolution of problems arising from drug use and to avoid unnecessary and humiliating practices such as the obligation to submit to urine drug testing.
- Facilitate the return to work of women with a personal history of alcohol and other drug problems, not only to facilitate their social and occupational integration.
- Consider the analysis of adaptation in the workplace to the situation generated by COVID-19 and the development of non-presential work (virtual platforms, new communication technologies), by redesigning certain types of interventions, or making them more adaptable to any future circumstances or risks.

#### Interventions in the field of health and social care services

Social and health care services play a fundamental role in dealing with drug-related problems, providing treatment programmes for problem drug use and interventions aimed at harm reduction and preventing many people from becoming regular users, helping to stop drug use and/or reducing harm in communities. They also support the social integration of women and men with drug problems.

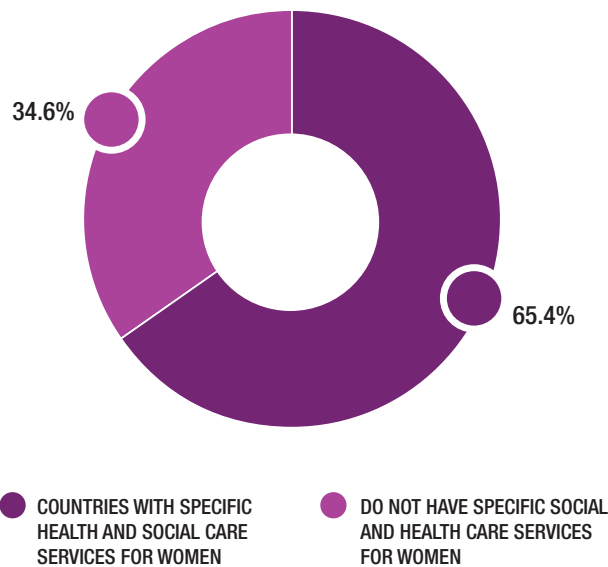
Confinement has affected the behaviours of drug users. Treatment must take into account the effects of the pandemic and adapt intervention models according to the change in relation to substance use.

During the COVID-19 pandemic, many of the drug dependence services and centres have stopped their activities or have prioritised interventions to deal with the pandemic. This has had a notable impact on the work of professionals working in addiction prevention.

Care services can provide effective help in both primary care centres and hospitals through brief interventions. On the other hand, more intensive and residential treatment models can also be applied, with variable duration, taking into account that it should always be on a voluntary basis. 65.4% of the 26 countries participating in the study had specific services for women in care and treatment centres for problematic use of psychoactive substances. Mexico (101 centres), Argentina (35 centres), Costa Rica (18 centres), Peru (12 centres) and the Dominican Republic (6 centres). Barbados, Guatemala, Honduras and Uruguay had 3 centres with services for women, Brazil and Nicaragua had 2, and Chile, Paraguay, Portugal, Suriname and Trinidad and Tobago had only one centre (Figure 28).

**Figure 28**

Prevention in the field of social and health care services in Latin America and the Caribbean



Source: COPOLAD, 2017. Own elaboration

### **Proposals in health and social care services**

- Many of the current interventions specifically targeted at women are aimed at pregnant or parenting women, but there is a need to implement and evaluate programmes aimed at women of all ages and at all forms of problematic drug use affecting women, including such important issues as problematic use of alcohol and psychotropic drugs.
- In many places, care for drug-related and other mental health problems is provided by separate, uncoordinated professionals and services. Taking into account the high psychiatric comorbidity observed among women who use drugs, it is necessary to continue making progress in the search for mechanisms that favour their comprehensive and coordinated care between different levels of care such as primary health care, mental health services and social services. In the same vein, the connection between services for the treatment of problematic drug use and mental health, and other mechanisms dedicated to social care, sexual and reproductive health, and the prevention of violence against women should also be strengthened, especially as the problem is aggravated by the COVID-19 pandemic.

### **Interventions in the field of social integration**

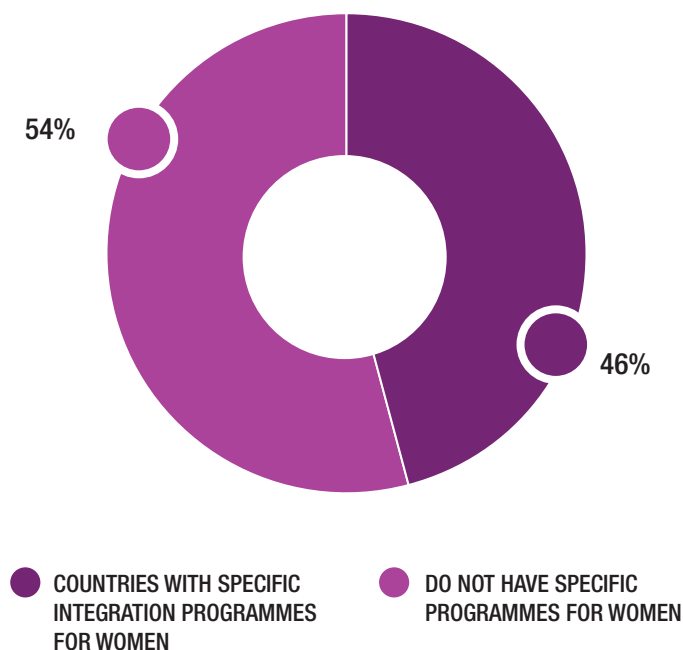
These are interventions aimed at incorporating people who are or have been drug users into the community, supporting them in improving access and conditions of education, housing, employment and other recreational activities, since social exclusion is a risk factor for drug use. This type of intervention should go hand in hand with treatment for substance use and dependence. COPOLAD has developed criteria that help to frame the scope, basis and objectives of social reintegration interventions through guiding principles and intervention strategies at different levels. These services include: job training and job integration, psychological therapy, support in finding or regaining housing, educational integration and scholarships and support for children, and financial support and legal assistance. Governments provide the majority of services, followed by civil society and private initiative. 46.2% of the 26 countries that participated in the study reported having integration programmes for women with problematic substance use (figure 31).

### **There is insufficient evidence on the impact of such programmes due to:**

- Lack of standardised evaluation indicators for the comparability of different programmes.
- Lack of sufficiently evaluated benchmark programmes applied in different contexts.
- Diversity of criteria and political/institutional orientations with which the social exclusion of drug addicts is addressed.
- Convergence with other exclusion problems, apart from drug dependence, which means that the repertoire of programmes developed is wide and heterogeneous.

**Figure 31**

Prevention in the field of social integration in Latin America and the Caribbean



Source: COPOLAD, 2017. Own elaboration

#### Proposal in the field of social integration

- Social integration programmes for people who use drugs in general, and especially those aimed at addressing the specific needs of women, need to be expanded, avoiding stigmatisation.
- Social integration programmes should be available to all people who use drugs, with particular emphasis on the most vulnerable people, including women who use drugs.
- Women who use drugs are not an homogeneous population, and social integration programmes must take this heterogeneity into account and respond to the needs of different subgroups of users.
- Support should be given to social economy enterprises, both for the benefits for society as a whole and to facilitate the return to decent employment for women drug users at risk or in conditions of social exclusion, as well as for those who have been incarcerated for drug-related offences.
- In the evaluation of interventions developed in other areas such as health services or prisons, the results in terms of social integration should also be considered.

## Interventions in the judicial and penitentiary field

Interventions in this field include the rehabilitation and integration of people who have committed a crime, as well as preventing the initiation of drug use and facilitating assistance to drug users or those with problematic use, facilitating relapse prevention, rehabilitation and the reduction of associated risks. Each country has different treatment programmes in the field and each prison in some cases implements different treatments. Studies reflect different treatment modalities in prisons in Europe, but there is limited information available regarding women in prison in Latin America and the Caribbean.

In Latin America, the number of women in prison is increasing at a faster rate than that of male prisoners, and the growth trend is even greater among women convicted of drug-related offences. While the proportion of people imprisoned for drug-related offences accounts for 8% to 30% of the overall prison population in Latin America, drug-related offences account for 24% to 80% of imprisonment for women. While globally drug-related offences account for 12% of women's imprisonment, in some Latin American countries this percentage can be 5-6 times higher (Chaparro, Pérez Correa and Youngers, 2017).

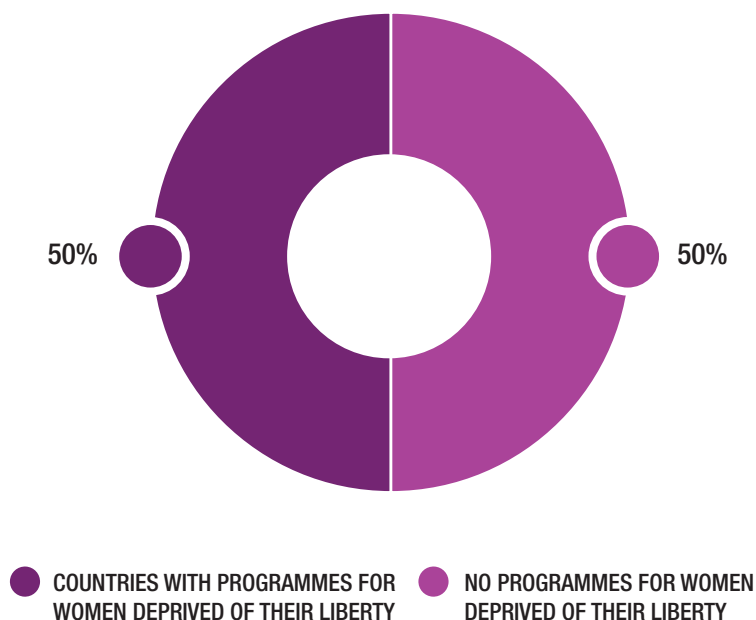
**Multiple factors make the situation of incarcerated women particularly complex: they are the sole source of household income, victims of some type of violence (sexual, emotional, physical), with precarious jobs, low income, low educational level or incomplete education, pre-trial detainees, first-time offenders or are in prison for minor offences (Covington, 1998; Giacomello, 2013a). In addition, inside prison they face risks of sexual abuse, the existence of trafficking networks, lack of care services for mental health problems, inadequate spaces to live with their children, and sometimes they are held in centres that are not exclusively for women, among others (Giacomello, 2013). This evidence demonstrates that it is imperative that prisons have drug treatment programmes, support groups and counselling tailored to women's needs, in line with the Bangkok Rules.**

Fifty per cent of the 26 countries participating in the study confirmed having prevention programmes aimed at women deprived of their liberty, including: Dominican Republic, Nicaragua, Honduras, Costa Rica, Argentina, Spain, Brazil, Barbados, El Salvador, Haiti, Belize, Colombia and Peru. In Argentina and Honduras there is a prevention programme aimed at adolescent girls deprived of their liberty. In the Dominican Republic, two programmes are mentioned: Familias Fuertes and Habilidades Parentales, both aimed at women, their children and their parents and guardians (Figure 35).



**Figure 35**

Prevention in the judicial and prison spheres in Latin America and the Caribbean



Source: COPOLAD, 2017. Own elaboration

#### Proposals in the judicial and penitentiary sphere

- A comprehensive policy of care for women, with emphasis on women accused of minor drug-related crimes, should be established from the different organs of power and in conjunction with civil society.
- Criminal policies should incorporate alternative measures to prison sentences for minor and non-violent drug-related offences. As well as the application of a “proportionality of criminal measures” approach to discourage the prosecution of women for these offences.
- Crime prevention strategies should be based on a social inclusion and non-criminalisation approach in which custodial sentences are used as a last resort.
- The design and use of prisons, as well as their operation, must be free of stereotypes and women’s access to all services and rights must be guaranteed.
- Preventive, treatment, social integration and harm reduction programmes need to be expanded.
- Children of imprisoned mothers are subjects of rights and should be included in prison policies and, above all, in prison budgets.

## RECOMMENDATIONS

**In mainstreaming gender, pay special attention should be paid to the inclusion of essential elements in prevention, early intervention, treatment, harm reduction, rehabilitation, social reintegration, and support services.**

### Women, illicit drug crops and alternatives for development

#### The role of women in the production of illicit drug crops

Women play a minor role in the production of illicit drugs. According to a report by the Ideas for Peace Foundation (2017), the involvement of women and girls in the links of the chain are related to the first stage of production, with the planting and harvesting of the crop, in which women play invisible and unpaid roles and functions. Women are affected by the high level of violence in the production areas.

**Studies from Colombia and Peru show that violence against women in areas of drug trafficking and armed conflict is 30-50% higher than in the rest of the territories of these two countries.**

#### The Alternative Development (AD) model from a gender perspective

The Alternative Development (AD) model is a systemic, complex and dynamic process with an integral approach within the framework of sustainable development. This process involves communities and has been implemented in several countries in the Andean Region. The challenge of AD is not only to combat poverty, but is fundamentally oriented towards combating the economic interests of drug trafficking, and also prioritises environmental management, given that any productive activity has a negative impact on nature.

**In Peru and Colombia, the model has been defined as Comprehensive and Sustainable Alternative Development (DAIS); in Bolivia it is called Comprehensive Development with Coca.**

Historically, alternative development interventions, as part of supply reduction policies, have not addressed the issue of gender and, although it is a cross-cutting issue, they do not analyse the roles in the drug production and trafficking chain or power relations. Within AD interventions, women play a fundamental role in their success. They are the ones who take the initiative to make the change in production, as they are also the ones most affected by insecurity and violence in areas where coca is grown for illicit drug production. Although CELAC countries have prioritised the incorporation of

the gender approach in AD strategies, in practice there are some difficulties and challenges related to its implementation.

The economic, social and environmental dimensions demonstrate that women, despite their unfavourable conditions due to their high degree of vulnerability, have been agents of change and promote AD interventions in communities and families.

### **RECOMMENDATIONS**

**Legislative initiatives adopted by each country in the framework of alternative development must be adapted to the needs and realities of each context, taking into account women's participation and rights when implementing supply reduction policies.**

The gender approach must be incorporated as a diagnostic tool in the planning of AD, so adequate and relevant information must be generated and appropriate management instruments developed for more efficient and sustainable AD interventions.

### **Main proposals**

- **Generate quality information on the evidence of effectiveness of AD interventions with a gender perspective.**
- **Prioritise training to generate alternatives to coca leaf production, and to generate income and employment. Providing funding and long-term sustainable proposals.**
- **Strengthen women's participation and leadership in communities and local governments.**
- **Strengthen the presence of the state to guarantee the rights, land ownership and resources of both men and women, and work in conflict areas to reduce violence against women.**
- **Provide technical assistance for risk management and climate change adaptation.**
- **Take into account the socio-cultural conditions of indigenous women in AD interventions.**
- **A gender perspective must be incorporated in the design, implementation, monitoring and evaluation of AD programmes, taking into account women's needs and priorities.**
- **Take into account the effects and impacts of the COVID-19 pandemic on women.**
- **Different actors in society must be involved.**

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