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Office on Drugs and Crime

HIV/AIDS prevention and care for female injecting drug users

The intersection of unsafe injecting drug use and unsafe sexual practice is a significant factor in the increased risk for HIV infection of drug injecting females. Female injecting drug users are not only vulnerable to HIV infection because of unsafe drug injecting practices; they are also often involved in unsafe sexual activities, which increases their vulnerability to HIV transmission even further.

Female injecting drug users differ from their male counterparts in terms of their background, their reasons for using drugs, and their psychosocial needs. However, most HIV/AIDS prevention and care programmes are not reaching this vulnerable group because services are designed for men. Attempts to reach and work with female injecting drug users are limited and, in fact, gender sensitive services addressing the specific needs of female injecting drug users hardly exist in most countries.

Why are female injecting drug users so vulnerable?

Discrimination and disgrace

Females who inject drugs are more likely to be stigmatized by society than male injecting drug users because their activities are considered to be doubly deviant: It is generally considered that drug injecting violates social norms of behaviour, and many feel that drug injecting by females is even worse, as it diverges from the traditional expectations of women as wives, mothers, daughters and nurturers of families. Because of this stigma, females are more likely to conceal their drug injecting behaviour.

Relationships form another specific area of vulnerability for female injecting drug users. They often have a male sexual partner who also injects drugs. Their male partners' drug injecting habit very often promotes the onset of injecting drugs. Because of the unequal power balance in many of these relationships, females have greater difficulties abstaining from drug use, particularly if their male drug-injecting partner continues and supports injecting. The male partner may even discourage the female from seeking prevention and treatment services. These relationships are highly stressful, particularly for the female partner.

Infected injections

The overall rate of females using contaminated injecting equipment is likely to be greater than for males as it is a common practice for a female drug injector to use the needle after her partner, who could be HIV infected, thus increasing her risk of HIV infection. It is often impossible for a female to ask for clean injection equipment from her partner as it implies that she does not trust him. Females also tend to share the same

non-sterile injecting equipment with more people in their social network than do males.

High-risk sex

Many female injecting drug users engage in high-risk sexual activities in addition to their injecting drug use. One reason is female's lack of negotiating strength in terms of safer sex (such as consistent condom use) due to male domination of sexual roles. Stereotyped gender relationships are a major barrier for females in terms of maintaining safer sex practices with their partners. This may be a problem for females in general, but for female injecting drug users it is even more severe since they are marginalized by society and thus often have strong feelings of powerlessness, and low levels of self-esteem and self-confidence. Many female injecting drug users have a history of physical and sexual abuse. Females who have been abused are more likely to use drugs and have multiple sex partners.

Physical vulnerabilities

These problems are further exacerbated by the female physical vulnerability to HIV. Females are at least more than twice as vulnerable as males to HIV in terms of being infected via the sexual transmission route. Sexually transmitted infections, such as syphilis, gonorrhoea, chlamydia, trichomoniasis and herpes can greatly increase the risk of getting infected with HIV. Genital ulcers and the lowered immunity associated with sexually transmitted infections make it easier for HIV to enter a female body.

Females who are even more vulnerable

Female prisoners

The number of females in prison is lower than the number of males, but the proportion of drug users among these females is higher than among male prisoners. Injecting drug use with contaminated injection equipment seems to be particularly prevalent in the female prison population. It has also been found that the HIV infection rate among female prisoners is higher than that of incarcerated males. Reasons for this include the fact that the majority of females in prisons are members of social groups marginalized not only on the basis of gender, but also on the basis of race, class, sexual orientation, disability, substance use, and/or occupation as sex workers. Female prisoners often have more health problems than male prisoners. Many suffer from chronic health conditions resulting from lives of poverty, drug use, family violence, sexual assault, adolescent pregnancy, malnutrition, and poor preventive health care.

Female sex workers

Sex work is often a common income-generating activity for some drug users, and female injecting drug users involved in sex work form another subgroup. These females are at an increased risk for HIV because of unsafe sexual practices. Some female injecting drug users who exchange sex for drugs or cash may not perceive themselves at risk of HIV infection because they do not identify themselves as sex workers. In addition, the fact that injecting drug use is highly stigmatized among sex workers could lead to further concealment of unsafe injecting, again increasing the risk of HIV infection.

Pregnant females

Pregnant injecting drug users, who could be also infected with HIV, form an additional subgroup of female injecting drug users with specific needs. Recognizing that many of the drug-using females are of child-bearing age and that there are intimate connections between unsafe injecting practices and HIV transmission and also between unsafe sexual practices and HIV transmission, countries have experienced increasing numbers of pregnant females who are found to be HIV positive with a history of past or current drug use.

In the social and economic contexts where females find it difficult to access appropriate

psychosocial and medical support when identified as "HIV positive" and/or as "drug users", the coincidence of these conditions with pregnancy is likely to expose them to severe stigma and discrimination.

Barriers to getting help

A prominent reason why services do not reach female injecting drug users is the fact that services are mostly not gender responsive and thus the specific needs of female injecting drug users are not met.

The lack of trained female service providers with appropriate skills and a proper attitude often deters female injecting drug users from accessing services, since they feel uncomfortable speaking openly about their problems with men. Female injecting drug users with children may also not seek services because of fear of hostility or of having their children taken away from them.

Many HIV/AIDS prevention and care services, including for drug dependence treatment, do not admit women clients, particularly if they are pregnant, HIV-positive, or have children. The reasons for such restrictive admission policies range from a lack of sex-segregated accommodation and child-care facilities to a fear of transmission of HIV to other clients and even to staff.

Females may also encounter barriers in accessing services because of household responsibilities, lack of family support, lack of social networks and lack of financial resources. They also have to cope with a lack of privacy and confidentiality and thus fear of being identified and stigmatized.

What to do?

Immediate and urgent needs

Prevention of drug use and drug dependence treatment: First of all, abstinence from drug use should be encouraged to prevent drug injection related HIV transmission among females. However, for those who have already started using drugs, they need to be provided at an early stage with drug dependence treatment and HIV/AIDS prevention and care services tailored to their specific situations and needs.

Comprehensive approach: Particularly for female injecting drug users who are not ready yet to stop using drugs, there is a need for gender responsive services with a comprehensive approach addressing their specific needs. This approach would include:

- Community outreach particularly peer outreach by female peer educators;
- Gender-sensitive HIV/AIDS prevention and care materials;
- Specialized gender-responsive drug dependence treatment, including substitution treatment, for female drug users with and without children;
- Access to essential prevention commodities such as male and female condoms, and sterile needles and syringes;
- Voluntary HIV testing and counselling;
- Diagnosis and treatment of sexually transmitted infections;
- Antiretroviral treatment for female drug users and prevention of mother to child HIV transmission.

HIV prevention strategies must also provide services to both female and male in heterosexual partnerships and address gender norms in sexual decision-making. For example, for females to protect themselves from HIV infection, they should not only rely on their own skills, attitudes, and behaviours regarding condom use, but also on their ability to convince their partner to use a condom. And handing out condoms is not enough; service providers need to initiate discussions about healthy sexual behaviours and to help

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empower females. Female condoms need to be better promoted and more easily available for female injecting drug users to use as a form of female-controlled prevention of HIV.

There is a need to develop tailored programmes for subgroups of female injecting drug users, such as female injecting drug users living with HIV/AIDS, pregnant injecting drug users, female injecting drug users with children and female injecting drug users in prison.

As it may not be feasible to meet all the needs at one location, models for referral, collaboration, partnering and service agreements need to be developed to provide essential support services. These services include gynaecological, prenatal care, mental health and social services. Further, depending on the context, there may be a need for comprehensive services for female injecting drug users only, with trained female staffing.

Empowerment!

Additional strategies should include advocacy to create an enabling policy and legal environment. These strategies should facilitate the smooth implementation of programmes addressing the specific needs of female injecting drug users. It is important to include female injecting drug users and civil society organizations representing them in every stage of the policy and programme development process to make them realistic and responsive to the needs of the community.

Gender inequality, social exclusion, stigma and discrimination all act together to increase the vulnerability of female injecting drug users to HIV infection. It is therefore critical that HIV/AIDS prevention and care programmes address, directly or indirectly, through referrals, service linkages, partnerships etc, their most immediate perceived barriers to accessing HIV/AIDS prevention and care services. Measures could include vocational training, employment, micro-finance programmes, legal support, safe housing and childcare services. Such measures would empower these females to have options and to take voluntary and informed decisions regarding adoption of safer practices to prevent the transmission of HIV.

For more information on the UNODC HIV/AIDS Programme:

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