

Fact Sheet

Female drug use, sex work and the need for harm reduction

More women throughout the world are becoming infected with HIV/AIDS. Most HIV transmission among women comes from unprotected penetrative sex but research shows the link to injecting drugs is on the rise. Generally, women's drug use is increasing worldwide. Although the number of female injecting drug users (IDUs) involved in sex work is small, compared to the total number of sex workers or drug injectors, they can contribute disproportionately to the HIV/AIDS epidemic. As with other vulnerable high risk groups, female drug users often lack personal power and skills, experience a lack of community support and access to health care and social services. Too often services for female drug users either do not exist or are too under developed to have an impact on their lives. Effective responses and interventions for female drug users need urgent attention.

"Women's drug use is increasing worldwide"

Female versus male drug use

Research shows women are less likely than men to use illicit drugs. This imbalance is redressed when prescription medications, such as tranquillisers, are taken into account. In many western countries the proportion of female IDUs rarely equals that of male IDUs: the estimated ratio of male to female IDUs is generally three to one. In most poor countries drug use among women is considered a minor problem because less than 10 per cent of IDUs are women. In some regions of Asia, however, the percentage is rising which requires a closer monitoring of the situation.

A hidden population

Female drug users are a difficult population group to reach as the community considers women's drug use to be more deviant than men's. Drug use is often demonised and breaks the social norms of what is considered acceptable behaviour. Women carry the added burden of heightened shame with

the perception that they have failed in their traditional roles of wives, mothers and nurturers of families. Research shows the stigma associated with drug use is more keenly felt by women and they are more likely to conceal their drug use to try to avoid public disapproval.


"The stigma associated with drug use is more keenly felt by women"

This fear of social hostility manifests in many ways for example, women drug users' reluctance to seek treatment for their drug use because they fear rejection by the health authorities. It is of little surprise that women drug users are under represented in drug treatment facilities when their experiences of stigma and discrimination can be so pervasive. This situation is not helped by the fact that treatment services in most parts of the world are designed for men, leaving the specific needs of female drug users unaddressed.



Pathways to drug dependence

Research suggests that women generally progress more quickly than men from initial drug use to a state of dependency. It is not completely clear why this occurs. It may be due to the overall social and



economic vulnerability of women in society. This may include women's lack of power in terms of:

- social inequalities
- property and material concerns
- employment opportunities and conditions
- status in society
- traditional expectations of women
- lifestyle

Women IDUs who are sex workers may also have a more regular income and subsequently can buy drugs more easily and develop a drug habit more quickly.

Female drug users are more likely than not to have a male sexual partner who injects drugs. Many female drug users suffer from low self-esteem, loneliness, depression, a sense of isolation and often feel powerless. Marginalisation from the wider community is a risk factor for increased vulnerability to drug dependence. Some women IDUs are drawn into sex work to buy drugs. Other women are coerced or sold into sex work. The consequent despair and unhappiness results in some women turning to drugs for solace and over time they become dependent. There are few educational materials developed specifically for women drug users: as a consequence many women lack knowledge about drug use and dependency issues.

Issues of vulnerability

The stigma associated with drug use often produces overwhelming feelings of shame and guilt among female drug users. In an attempt to minimise the stigma, female IDUs in many countries do not seek assistance from needle and syringe programs, pharmacies and/or outreach workers. The overall rate of women sharing needles and syringes is likely to be greater than men as it is common practice for a woman drug injector to use the needle after her partner thus increasing her risk of HIV infection. For many women it is impossible to ask for clean injecting equipment from her partner as it implies that she does not trust him.

Many female drug users are also unable to negotiate safer sex (using condoms) because of the male domination of sexual roles. This problem is further exacerbated by women's physical vulnerability to HIV. The majority of studies show that women are between 1.5 to 2.5 times more vulnerable to HIV, via the sexual transmission route, than men. Sperm contains a higher concentration of HIV than vaginal secretions. In unprotected sex, the vaginal area of

absorption is greater than for a penis so the woman's chance of exposure to HIV is greater than the man's.

Women drug users often have greater difficulty abstaining from drug use, particularly if their male partner supports their drug use. In this situation the man may even discourage the woman from seeking treatment. Overall, the fear of disclosure about drug use behaviour acts as a major deterrent to seeking treatment.

"Selling sex and drug injecting increases the risk of HIV"

Drug use and sex work

Worldwide the combination of sex work and women IDUs is increasing. Once drug dependency is established, sex work can become a means to sustain it, and a vicious cycle is established. Women IDUs can trade sex for money or drugs. Other women end up in sex work because of their poverty or they are forced into sex work which can lead to drug use. Among sex workers, injecting drugs may also be highly stigmatised which can lead to further hiding of the practice. Selling sex and drug injecting increases the risk of HIV. Depending on the degree of drug dependency, a sex worker may be further placed at risk when a client refuses to use a condom. The craving for drugs may overwhelm the ability to negotiate safer sex with the client. Female IDUs who exchange sex for drugs or cash may not identify themselves as at risk of HIV because they do not identify themselves as sex workers. Health messages need to take this into consideration.

Effective responses and interventions

An increase in the number of female drug users and their vulnerability to HIV, and other adverse health, social and economic consequences, requires a range of effective responses and interventions. Some of these include:

- Gathering more information to better understand the context of female drug users
- Treatment services need to be more accessible, non punitive, friendly, gender sensitive, employ female staff and, when required, provide a space for children
- Drop in centres for women and children only which can double as safe spaces
- Outreach services targeting women and the use of female outreach workers

- Increase availability of information to women
- Reaching out to sex workers and incorporating harm reduction messages such as safer injecting and issues of sexual health
- Inform and educate existing female services of the issues related to female IDUs – many female IDUs already have access to generalised female services
- Improving primary health care is crucial and specific health problems ranging from gynaecological to pregnancy need addressing
- Creation of a women's support group as a move towards empowerment and improved self-esteem

There are various factors at play in the rise of female drug use. In examining issues associated with HIV vulnerability it is important to consider the roles and responsibilities of women in society. Women's marginalisation, risky behaviour and fear of identification as drug users all increases their vulnerability to HIV/AIDS and other health and social problems. The increased cross-over between women IDUs and sex work further enhances the possibilities of the spread of HIV infection from IDUs to the wider community. The challenges ahead are great. Women drug users urgently require attention with effective harm reduction programs being developed to specifically target their situations and vulnerabilities.

Resources

Academy for Educational Development. 1997. HIV Prevention among drug users: a resource book for community planners and program managers. Document prepared for the Centres for Disease Control and Prevention. United States.

Allen K 1994. Female drug abusers and the context of their HIV transmission risk behaviours. In Battjes RJ, Sloboda Z, Grace WC (eds). The context of HIV risks among drug users and their sexual partners. NIDA Research Monographs 143. pp 48-63.

Aulich D. 2001. The Next Step Forward. AIDSnet. Newsletter published by Sharan, New Delhi, India.

Becker J, Duffy C. 2002. Women drug users and drugs service provision: service level responses to engagement and retention. Home Office Drugs Strategy Directorate, DPAS Briefing Paper 17. United Kingdom.

European Study Group on Heterosexual Transmission of HIV. 1992. Comparison of female to male and male to female transmission of HIV in 563 stable couples. *BMJ*. 1992 Mar 28;304(6830):809-13.

Gordon SM. 2001. Women and Addiction: Gender Issues in Abuse and Treatment. Caron Foundation, United States.

Hartel D. 1994. Context of HIV risk behaviour among female injecting drug users and female sexual partners of injecting drug users. In Battjes RJ, Sloboda Z, Grace WC (eds). The context of HIV risks among drug users and their sexual partners. NIDA Research Monographs 143. pp 41-47.

Hunter GM, Judd A. 1998. Women injecting drug users in London: the extent and nature of their contact with drug health services. *Drug and Alcohol Review*. 17:267-276.

Jenkins C. 2001. Injecting sex workers or sex working injectors: crossing risk zones. Global Research Network Meeting on HIV Prevention in Drug-Using Populations. Fourth Annual Meeting October 11-12 Melbourne, Australia.

Kane S. 1991. HIV, heroin and heterosexual relations. *Soc Sci Med*. 32: 1037-1050.

Lohar I, Shrestha A. 2002. Empowering women substance users: a report on participatory research. The Richmond Fellowship, Nepal Women Research Project.

MacGregor S. 2001. Women and the health and Social Consequences of Drug Abuse: implications for policy and practice. Background paper. Conference on Gender, Drugs and HIV. Nanning International Hotel. Guangxi Autonomous Region, China 22-24 February.

Malinowska – Sempruch K. 2001. Women: The Next Wave in the Epidemic. Open Society Institute.

Nicolosi A, Correa Leite ML, Musicco M, Arici C, Gavazzeni G, Lazzarin A. 1994. The efficiency of male-to-female and female-to-male sexual transmission of the human immunodeficiency virus: a study of 730 stable couples. Italian Study Group on HIV Heterosexual Transmission. *Epidemiology*. Nov; 5(6):570-5

Reid G and Costigan G. 2002. Revisiting the 'Hidden Epidemic' A Situation Assessment in the context of HIV/AIDS. Melbourne. Centre for Harm Reduction, The Burnet Institute.

United Nations Development Fund for Women (UNIFEM). 2001. Progress of the World's Women: Biennial Report. UNIFEM.

United Nations Development Fund For Women (UNIFEM). 1998. Women and Drugs: From Hard Realities to Hard Solutions. UNIFEM Gender Fact Sheet No.6.

Worth D. 1991. American women and poly drug abuse. In Roth P (ed) Alcohol and Drugs are Women's Issues. Vol 1. Metuchen, NJ, Scarecrow Press.

UNAIDS. 2003. AIDS Epidemic Update 2003. World Health Organization.

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