

8th December 2023

Harare Declaration by and for African Women who Use Drugs

Over the last several decades, Africa has seen the protection of the rights of women grow from strength to strength through enactment of progressive laws and implementation of policies. African Women who Use Drugs in Sub-Saharan Africa however continue to experience inequality, violence, stigma, high exposure to HIV and discrimination from all sections of the society. Even where laws that protect them exist, the level of implementation is yet to reach the desired level to adequately protect women who use drugs. It is therefore crucial that all relevant stakeholders, governments, CSOs and inter-governmental organizations come together in a coordinated fashion to increase the protection of the rights of these women.

Women who use drugs in Africa have less social, psychological, and economic support and are more likely to have experienced traumatic events, such as sexual and physical assault and abuse as children and/or adults and to be currently exposed to intimate partner violence. The experience of trauma can lead to the development of post-traumatic stress disorder or other mental health problems and can also increase the risk of substance use. They also lack basic education and formation and cannot easily find jobs which would help them live a more stable life. They are likely to have families of origin that have substance use problems and to have a substance-using partner. Economic burdens are heavier for women who use drugs as they experience lower prospects of getting employed and have lower income levels.

Vulnerability experienced by Women who Use Drugs pushes them to susceptibility to HIV. Women who use drugs are likely to share their injecting paraphernalia with more people than their male counterparts, trade sex for drugs and have difficulties in negotiating condom use with sexual partners. Generally, women who trade sex are more likely to experience violence and many have limited power to engage in safe sex or safe injecting practices, placing them at an increased risk of infections.

Women who use Drugs face significant barriers to accessing both HIV and harm reduction services. UNODC's newly released study of women who use drugs in East Africa has shown that a lesser proportion of them are able to access MAT, HIV and other health services due to factors such as mode of service delivery, attitude of care workers and inability to afford transportation. Moreover, Health care providers have been reported to deny access to treatment and services to women who use drugs. Women also risk suffering breaches of confidentiality relating to exposure of their drug use and their serostatus, which can lead to violence, harassment, and family disconnection. Most services needed by WWIUDS such as cervical cancer screening, sexual and reproductive health services including family planning are usually lacking. It's important that the



barriers to services for women who use drugs are addressed within the lenses of availability, accessibility, acceptability, and affordability.

Women report coerced sex and sexual assault by law enforcement and in custody. Moreover, because drug use is criminalized, women shy from reporting violence perpetrated against them by either law enforcers or communities. In some countries, arrested women have also been paraded in the media hence exposing them to public shame and ridicule. In addition, drug use carries hefty sentences by courts of law for women with devastating consequences including separating them from their children and families, exposing them to more drug use related risks and making it hard for them to get employed once they have finished their term. Harsh policies and crack downs on drug use can serve to inhibit women’s willingness to access harm reduction programs due to a fear of being exposed, harassed or arrested. The punitive prohibition policies are commonly associated with law enforcers harassment and abuses, including violence and sexual violence against women who use drugs.

To African Governments and all stakeholders

1. For women who have experienced or continue to experience intimate/ gender-based violence, trauma informed treatment is recommended. There is also a need to ensure high level collaboration between the health system, community systems and justice sector to address all sorts of violence against women who use drugs.
2. SRHR services for women who use drugs should address their wide spectrum of needs. They include cervical cancer and STI screening and treatment and contraception to avoid unwanted pregnancy. Services for pregnant women should include gynecological/obstetric care and medically assisted treatment (MAT) in case of opioid dependence. Support for parenting, including skills development/mentoring is needed and address childcare provision concerns.
3. Support women who use drugs in accessing harm reduction services in a manner that is stigma free and a way in which services are available and accessible to them. Efforts are required to counter stigma and discrimination faced by these women. A range of interventions should be made available including MAT, NSP, counseling among others.
4. The growing number of incarcerated women who use drugs face unique challenges that prisons and jails aren’t equipped to address. This means that “incarceration should not ever be an option for women who use drugs unless for other reasons”. Incarceration also has devastating effects on the families of incarcerated women who use drugs as it leaves lasting negative impacts on their children and causes financial instability for their families as in most cases they are the sole breadwinners.



5. Deliver services to women who use drugs in environments that are gender responsive and that are welcoming, non-judgmental, supporting and physically and emotionally safe. Spaces that are inclusive and safe for trans women and sex workers are needed. Services should be holistic and comprehensive, promoting healthy connections to children, family members, significant others, and the community.

6. Ensure the participation of women who use drugs in policy and programme development. This will promote gender-responsive policies and programmes by introducing and expanding services and policies that meet the needs of women who use drugs. The leadership of women who use drugs should be deliberately sought in PWUID led structures and in other structures created to meet the needs of PWUIDs.

7. Deliberate attempts should be made to assist in empowering women who use drugs both socially and economically. Women who use drugs led CSOs should be funded to create interventions that will adequately address the needs of women who use drugs.

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