

**Briefing to the Committee Elimination of All Forms of Discrimination Against  
Women on the Sixth periodic report of Italy**

**Drug dependence, HIV/AIDS and the criminal justice system  
Articles 2 and 12 of the Convention**

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*Individuals who use drugs do not forfeit their human rights. These include the right to the highest attainable standard of physical and mental health...Drug users suffer discrimination, are forced to accept treatment, marginalized and often harmed by approaches which over-emphasize criminalization and punishment while under-emphasizing harm reduction and respect for human rights*

**UN High Commissioner for Human Rights, Navanethem Pillay; 10 March 2009**

*Eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and service*

**UN Political Declaration on HIV/AIDS, A/RES/60/262, paragraph 30**

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## Key findings and Recommendations

### Key findings

- Almost 37% of sentenced prisoners in Italy are convicted for crimes related to drugs, the highest percentage in Europe
- In the first quarter of 2010, 1,507 women have been reported to the courts for drug-related offences
- The number of women who are drug dependent in prison has almost doubled since 2006, representing 17.5% of women prisoners
- No systematic and comparable data are available on HIV prevalence amongst women drug users in prisons;
- In Italy women who inject drugs are at higher risk of exposure to HIV infection than men
- No gender specific harm reduction services are available in prisons
- No needle and Syringe exchange programme is available in prisons
- There is a lack of an effort to gather disaggregated data on HIV/AIDS epidemics in society and in prisons

### Recommendations

- Gender-sensitive HIV/AIDS prevention and care services for women prisoners who inject drugs shall be developed, including substitution treatment
- Drug legislation shall be amended to eliminate legal gaps in legislation with regard to the quantity of drugs defined for the personal use, possession and trafficking
- Alternatives to imprisonment shall be used for petty drug offender women and social rehabilitation services developed to respond the specific needs of women drug offenders
- Prisoners living HIV/AIDS shall not be segregated from the rest of prison population
- Official, appropriately disaggregated data are required to better understand the situation and needs of those women who use drugs and those in contact with the criminal justice system
- A nationwide study on women, HIV/AIDS and drug use is urgently required to better respond the injection-driven epidemic in the country (including in prisons)

## I. Overview

More than 500,000 women and girls are held in penal institutions around the world<sup>1</sup>, representing between 2% and 9% of the global prison population.<sup>2</sup> Women who use drugs are more likely to be imprisoned than their male counterparts: in European countries the prevalence of drug dependence among male prisoners varies from 10% to 48% while among female prisoners it is 30% to 60%.<sup>3</sup>

Even though the number of female prisoners is relatively small, the proportion of women serving prison sentences for drug related crimes is comparatively high<sup>4</sup>. The research shows that the 'prevalence of HIV, other blood borne diseases and sexually transmitted infections among women prisoners is often higher than among male prisoners.'<sup>5</sup>

In Italy, as in many parts of the world, women who inject drugs are at higher risk of exposure to HIV infection than men with the result that injecting driven HIV epidemics are feminising worldwide.<sup>6</sup> Fear and the threat of violence act as a deterrent to women taking steps from accessing services.<sup>7</sup> Structural barriers, along with the intense stigmatization of women who use drugs, a lack of services designed to meet their needs and the existence of laws and regulations that hinder access to services, combine to shut the door on women.<sup>8,9</sup>

A first step to find ways of tailoring responses to the needs of women is to recognise differences between patterns of drug use and initiation into drug use between men and women (and adolescent boys and girls) and to recognise the specific needs of women who use drugs.<sup>10</sup> Girls, for example, are more likely to initiate drug use through a sexual partner than boys. Women who inject drugs are more likely to be injected by someone else than men. Women are more likely to be primary caregivers of children and to have specific sexual and reproductive health needs (and more likely to avoid services due to fear about exposing themselves as drug users and risking losing custody of children). Women who use drugs are more likely to be engaged in sex work to pay for drugs, or those of partners than men, and young women who use drugs are at particular risk in this regard. Women who use drugs, as with all women, are more likely to experience domestic violence and sexual abuse than their male counterparts. Women are more at risk of 'guilt by association' in relation to a sexual partners' involvement in the drug trade.

Despite this:

- The criminal justice system fails to take due account of the needs of women who use drugs, the reasons for their offending, their role as primary caregivers of children, and their specific treatment and HIV prevention needs.
- Italian drug treatment services provide no gender specific treatment opportunities for women in prisons, and as a result men often have better access to treatment than women.
- Moreover, there is a lack of an effort to collect adequately disaggregated data to better understand these issues.

## **II. Relevant international jurisprudence and guidelines**

### **a. UN Convention on the Elimination of Discrimination Against Women**

Article 2 of the Convention on the Elimination of All Forms of Discrimination Against Women obliges participant governments to take all relevant measures to condemn discrimination against women in all its forms and pursue by all appropriate means and without delay a policy of eliminating discrimination against women.<sup>11</sup> Article 12 guarantees access to health care without discrimination. In particular, states 'shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services...'<sup>12</sup>

The Committee on the Elimination of Discrimination Against Women (the committee) has also expressed its concerns about overcrowding of female prisons that have petty offending background including drug offences in its concluding observations for various times. Also, it recommended gender specific health facilities for women in prisons.

In particular, when reviewing Panama's fourth, fifth, sixth and seventh combined report in 2010, the Committee specifically recommended that the government 'provides adequate health facilities and services for all women deprived of liberty in the country'; and 'take all appropriate measures to protect women against the negative effects of overcrowding in prisons.'<sup>13</sup> Similarly, in relation to the United Kingdom, the Committee expressed concerns at the number of women 'imprisoned for drug-related offences or because of the criminalization of minor infringements, which in some instances seem indicative of women's poverty.'<sup>14</sup> The Committee recommended, 'that the Government intensify its efforts to understand the causes for the apparent increase in women's criminality and to seek alternative sentencing and custodial strategies for minor infringements.'<sup>15</sup>

While considering Italy's fourth and fifth periodic reports, the Committee asked the Italian government to "provide in its next report detailed statistical and analytical information on measures taken to improve women's health, including the impact of these measures, in accordance with the Committee's general recommendation 24 on women and health."<sup>16</sup> The Committee also urged Italian government to provide information on ... policies to prevent HIV transmission between adults, including the impact of these measures.<sup>17</sup> Unfortunately such information in relation to right to health of women who use drugs, or women who are in any contact with the criminal justice system (either on probation or in the places of incarceration) is neither provided to the committee nor available in a systematic and comparable manner.

### **b. International Covenant on Economic Social and Cultural Rights**

Articles 2 and 12 of the UN Convention on Economic, Social and Cultural Rights also oblige the participant states to take relevant steps for the maximum realization of right to health of persons without discrimination based on status, including health status.<sup>18</sup>

General comment No14 of the Committee on Social Economic Cultural Rights Committee (the Committee) has spelled out the obligations of the states to respect right to health of those in prison. It explicitly states that, "states are under the obligation to respect the right to health by, inter alia,

refraining from denying or limiting equal access for all persons, including prisoners or detainees...[to] curative and palliative health services.’<sup>19</sup> In individual state scrutiny the committee also found that lack of provision of harm reduction measures in conflict with state obligations under Article 12 of the Covenant.<sup>20</sup>

In its concluding observations to Tajikistan, the Committee on Social Economic Cultural Rights committee expressed concern at ‘the rapid spread of HIV in the State party, in particular among drug users, prisoners, [and] sex workers,’ and called upon the government to ‘establish time-bound targets for extending the provision of free... harm reduction services to all parts of the country.’<sup>21</sup> In its recommendations to Ukraine, the CESR committee stressed that Ukraine shall ‘continue its efforts and take urgent measures to improve the accessibility and availability of HIV prevention to all the population and the treatment, care and support of persons living with HIV/AIDS, including in prisons and detention centres,’ including making ‘drug substitution therapy and other HIV prevention services more accessible for drug users.’<sup>22</sup>

### **c. The Committee on the Rights of the Child**

The Committee on the Rights of the Child has also supported youth friendly harm reductions services for those in need. In its concluding observations to Ukraine the Committee stated that the State party, in partnership with nongovernmental organizations, shall develop a comprehensive strategy for addressing the alarming situation of drug abuse among children and youth and undertake a broad range of evidence-based measures in line with the Convention. In particular, develop specialized and youth-friendly drug-dependence treatment and harm-reduction services for children and young people; ensure that criminal laws do not impede access to such services, including by amending laws that criminalize children for possession or use of drugs; ensure that health and law enforcement personnel working with at-risk children are appropriately trained in HIV prevention and that abuses by law enforcement against at-risk children are investigated and punished; intensify the enforcement of the prohibition of the sale of alcohol and tobacco to children and address root causes of substance use and abuse among children and youth.<sup>23</sup>

### **d. International declarations and guidelines on prisons**

Although there are no specific conventions on the rights of prisoners or more specifically women prisoners, a number of international standards provide minimum standards. These include the United Nations Standard Minimum Rules for the Treatment of Prisoners (1955), the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1988) and the Basic Principles for the Treatment of Prisoners (1990) that apply to all prisoners without discrimination. The recently adopted United Nations Standards for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules, 2010) must also now be included. While setting standards for the treatment of women in contact with the criminal justice system, the Bangkok Rules recommend gender specific health services for women and preventive healthcare in prisons.<sup>24</sup>

The Kiev Declaration on Women’s health in prison establishes standards for special gender-sensitive drug treatment facilities inside the prisons. In particular, it calls that ‘health care in prisons should include access to drug treatment programmes, and these could be specialized for women so that they build up women’s feeling of being safe and supported. Similar to all the programmes

indicated here, the staff members involved should pay attention to gender-specific issues;<sup>25</sup> 'Drug treatment, including substitution treatment, should be available for women in prison who have drug dependence, and clear guidelines on this have to be developed and include additional training for health care personnel';<sup>26</sup> And 'All prisons should have clearly developed harm-reduction programmes as an essential part of controlling the spread of HIV and hepatitis C. Where there is political or staff controversy about some of the proven effective harm-reduction measures, the successful implementation of such schemes in prisons in Spain, for example, should be made known.'<sup>27</sup>

#### **e. UN Special Procedures**

UN Special Rapporteur on the Violence Against Women recommended the United States of America in 1999 that 'the high numbers of prisoners should inspire the United States government to explore alternatives to imprisonment or custodial sentences'.<sup>28</sup> At the time, she wrote, 'The Special Rapporteur also believes that many of the drug-related offences for which women are incarcerated in the United States may be more appropriately handled by a community-based system of welfare and social support.'<sup>29</sup>

The UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment has recently recommended that, 'Needle and syringe programmes in detention should be used to reduce the risk of infection with HIV/AIDS.'<sup>30</sup> Furthermore, it noted, "the withdrawal symptoms can cause severe pain and suffering if not alleviated by appropriate medical treatment"<sup>31</sup> and that "denial of medical treatment and/or absence of access to medical care in custodial situations may constitute cruel, inhuman or degrading treatment or punishment and is therefore prohibited under international human rights law."<sup>32</sup> The UN Special Rapporteur also highlighted that the appropriate bodies must 'initiate harm-reduction programmes for drug users deprived of their liberty, including by providing substitution medication to persons and allowing needle exchange programmes in detention.'<sup>33</sup>

Ensure that needle and syringe programmes, opioid substitutions therapy and other harm reduction strategies become available throughout the country.<sup>34</sup>

The UN Special Rapporteur on Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health has been consistently supporting the harm reduction services as an available option for the treatment of drug dependency in society as well as in the places of incarceration. In his follow up report on the visit to Sweden, the Special rapporteur highlighted that the government has a responsibility to ensure the implementation, throughout Sweden and as a matter of priority, of a comprehensive harm-reduction policy, including counselling, advice on sexual and reproductive health, and clean needles and syringes.<sup>35</sup>

The current UN Special Rapporteur on Health has also reiterated the recommendations with regard to the provision of harm reduction services in his reports on numerous times. In its follow up report to Poland he particularly called the government of Poland to 'ensure that needle and syringe programmes, opioid substitution therapy and other harm reduction strategies become widely available throughout the country; to establish an opioid substitution programmes in the places where it is not available; amend the National Law on Counteracting Drug Addiction to avoid penalization of the possession of minute quantities of drugs, in order to foster access to

substitution therapy for people using drugs; ensure the enactment and implementation of a comprehensive antidiscrimination and equality law to help ensure the full enjoyment of the right to health, based on equality and non-discrimination within the State.<sup>36</sup>

### **III. Positive developments**

It is important to note that the Italian government recently started to fund a 'women addiction' project (DAD.NET) that is administered through UNICRI - United Nations Interregional Crime and Justice Research Institute. It is foreseen that in the framework of this programme, special guidelines will be developed to help the Italian government to prevent drug use among women.

While preventive programs are an important first step, the Italian government needs to ensure that women who have already developed drug dependence problems are not left behind.

### **IV. Areas of concern: Increased number of women drug offending; Women drug use in prisons; Separation of HIV positive prisoners; Absence of NSPs in prisons; Lack of disaggregated data**

#### *Relevant legislation on drugs*

Italian legislation sets the minimum of the amount of illegal drugs for the personal use.<sup>37</sup> Those found with illicit drugs in quantities deemed for personal use are not punishable by criminal law, but constitute administrative offences. Persons found with more drugs than for the personal use can be prosecuted for the possession of illicit drugs.<sup>38</sup> Drug use as an administrative offence may entail a suspension or prohibition from obtaining certain documents, such as a driving licence or passport.

Paragraph 5 of article 73 of law 'DPR 309/90', amended in 2006 reduces the prison sentence in cases of offences of minor seriousness, but this provision is not applicable to repeat offenders. There is also no distinction as to the relative harms of specific substances in the law. The quantity of the drug is the main criterion to distinguish between personal use and trafficking (for which criminal sanction varies from 6 to 20 years).<sup>39</sup>

#### **a. Increasing numbers of women who use drugs in prison, large numbers of people incarcerated for drug offences absence of gender specific rehabilitation and drug treatment services;**

Compared to men, the number of women in prison in Italy is low. As of 30 April 2011, out of a total number of 67,510<sup>40</sup> prisoners currently serving sentences in Italy there were 2,889 women.

However, almost 37% of sentenced prisoners in Italy are convicted for crimes related to drugs, the highest percentage in Europe.<sup>41</sup> In particular, in the first quarter of 2010, 1,507 women have been reported to the courts for committing drug-related offences.

Women account for approximately 4.27% of the total prison population. But a sample of drug dependent people entering prison in 2009, showed that women represented 7,0%. While the numbers appearing before the courts for drug offences have remained steady over the course of

last few years (1,522 in 2008<sup>42</sup>) the number of drug dependent women in prison almost doubled from 256 in 2006<sup>43</sup> to 479 in 2009 – 17.5% of women prisoners for that year (2,751).

As such, while men may account for the majority of offences and prison populations, drug dependence and drug related offences bring many women into contact with the criminal justice system and result in incarceration in the country.

As reported by the official authorities, with the official capacity of 45,543 prisoners,<sup>44</sup> Italian prisons held more than 67,000 prisoners, which makes Italy's penitentiary system one of the most overcrowded in Europe. A significant amount of women are in prison for drug offences, with over 28,000 entering prison for such offences in 2009.<sup>45</sup>

#### **b. Segregation of prisoners living with HIV**

For a number of years Italy has been separating the HIV positive prisoners from the rest of prison population locking them up remotely with the aim of public health protection.

The European Committee for Prevention of Torture in 2005 found that the segregation of HIV-positive prisoners in some of the penitentiaries in Italy was a common practice.<sup>46</sup>

Even though Italian legislation does not explicitly oblige the prison administration to separate those HIV positive from HIV negative inmates, it neither prevents such practices. Due to the fact that no data is available on this particular practice, it is highly presumed that the same practice continues to exist in the prison system and women prisoners living with HIV/AIDS who use drugs and are placed in criminal justice institutions are separated from the rest of the prisoners. Such treatment of those persons living with HIV/AIDS constitutes a violation of the right to health and discrimination on the basis of health status.

#### **c. Lack of drug treatment and rehabilitation that takes into account women's needs**

Women who use drugs require specialized treatment services that take into account specific needs of women. Without treatment, imprisonment becomes a revolving door for drug using women. Having observed the operation of the drug treatment services, the health and social care system in prisons in Italy do not meet women needs and therefore the standards of the Bangkok Rules and the article of 12 of the UN CEDAW.

Every prison has its own drug treatment agency (SerT) that takes charge of dependant prisoners. SerT has the double task of diagnosis of addiction and of planning and activating a drug treatment program inside the prison.<sup>47</sup> The diagnosis of drug dependency in prison is based on the analysis of physical and psychological dependence; including urine analysis and observation of withdrawal symptoms. Such diagnosis begins only if the prisoner, at his or her entrance in prison, declares him/herself as drug dependant. Given the high level of stigma attached to drug use by women, women frequently choose to conceal their drug use to avoid negative consequences of such exposure. The diagnosis for drug dependency is often based only on a urine test, which does not show the recurrence in the drug use or addiction.

Available treatment programmes in prisons compose of abstinence based treatment and methadone programme. Outside prisons, drug agencies provide two kinds of programmes: community based or methadone treatment and periodical meetings with social workers and psychologists.<sup>48</sup> However, an evaluation of these programmes has not been made and their effectiveness has not been measured so far. Also, data is not available on the number of women involved in any of these programmes, or access to treatment services for women as well as the success rate of women's participation in them. No data exists on how women's drug dependency is established and what are the procedures for either testing or treatment.

**d. No needle and syringe programmes in prisons, insufficient disaggregated data on scale, coverage and access in the community**

Increasing numbers of women drug injecting has been reported by the NGOs though no official numbers are available. In the course of feminizing the HIV/AIDS and other widespread communicable diseases, Italian prison authority provides no NSP programmes in prisons.<sup>49</sup> Despite the fact that NSP programmes are proved to be one of the most effective preventive measures for spreading the HIV/AIDS amongst drug injecting persons, Italian government remains resistant to introduce the programmes in prison ignoring the basic principle of equivalence - fundamental to the promotion of human rights and proper healthcare standards within prisons.

Although NSPs are operating in communities in Italy there is no information available on how many sites are covered, how many syringes are distributed annually through specialised sites per person injecting drugs. Syringes are available through vending machines.<sup>50</sup> Such approach to the administration of prison health is void and does not comply with the principles of equivalence in the provision of healthcare.

Pilot NSP programmes have been directly recommended by the ESR Committee which in relation to Mauritius stated that a comprehensive approach is necessary to combat the drug problem. More specifically, the committee said: 'in order to achieve the progressive realization of the right to the highest attainable standard of physical and mental health for people who inject drugs and to ensure that this group may benefit from scientific progress and its applications (art. 15, para. 1(b)), the State party should implement in full the recommendations made by the World Health Organization in 2009 designed to improve the availability, accessibility and quality of harm reduction services, in particular needle and syringe exchange and opioid substitution therapy with methadone.<sup>51</sup> The committee further recommended that government removes the restrictions on the access to residential shelters for women who use drugs.<sup>52</sup> Having given such high consideration for treatment programmes for drug use in prison environment by the ESR Committee indicates the importance that NSPs are to be introduced in all places of detention.

Similar recommendations have been made by the UN Special Rapporteur on Torture in its report to the General Assembly of the UN in 2009 calling the government to provide access to treatment and care services during detention periods in prison.<sup>53</sup>

**e. Lack of disaggregated data**

*Lack of disaggregated data on Opioid Substitution Therapy (OST) in women's prisons*

OST is available in prisons in different forms: methadone, high-dosage buprenorphine and buprenorphine-naloxone combination.<sup>54</sup> Percentage of opioid users receiving OST is 53%.<sup>55</sup> No information is available whether such programmes are available in women's prisons. No comparable and systematic data is available on how many women are involved in the OST programme if any. Not only it is impossible to establish the numbers of women who are in need of health care for their dependence treatment, but also, the government neglects to consider the individual approaches to prisoners, especially women prisoners with the healthcare needs and creates a danger from public health perspective for the HIV/AIDS spread amongst drug injecting women inside the prison.

#### *Lack of disaggregated data on Hepatitis C among IDUs*

Even though Italian government collects statistical data on the prevalence of Hepatitis C (59.2%) and HIV (11.7%) among people who inject drugs, this data is not segregated by gender and no reliable information is available on the prevalence of HIV and HCV among women drug users. Absence of such gender-segregated data makes it extremely difficult for the government to assess the impact that these diseases have on women and to develop adequate policy responses.

### **V. Recommendations**

1. Gender specific responses for women who use drugs or are dependent on drugs at policy and practical levels should be developed and implemented with particular attention to the specific needs of women and healthcare enshrined in the Convention on the Elimination of All Forms of Discrimination Against Women and related human rights treaties, jurisprudence and guidelines;
2. Changes and amendments to drug legislation (criminal and administrative) shall be made to eliminate legal gaps and respond the challenges caused by the obscurity of definitions in the law on the quantity of drugs for the personal use, possession and trafficking;
3. Alternatives sentences to imprisonment shall be used for petty drug offender women and social rehabilitation services developed to respond the specific needs of women drug offenders
4. Gender-sensitive HIV/AIDS prevention and care services for women prisoners who inject drugs are needed, as are specialized gender-responsive drug dependence treatment services, including substitution treatment;
5. Women in prisons shall have access to essential prevention commodities such as male and female condoms, and sterile needles and syringes; Italy must stop segregating prisoners living HIV/AIDS from the rest of prison population making sure that such separation (even artificial) is not the common practice of the prison administration in any part of the country;

6. Official, appropriately disaggregated data are required to better understand the situation and needs of those women who use drugs and those in contact with the criminal justice system;
7. A nationwide study on women, HIV/AIDS and drug use is urgently required to better respond the injection-driven epidemic in the country (including in prisons).

## ENDNOTES:

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- <sup>1</sup> Women in Detention, International Review of the Red Cross, Volume 92 Number 877 March 2010
  - <sup>2</sup> Women in Detention, International Review of the Red Cross, Volume 92 Number 877 March 2010
  - <sup>3</sup> Models of good practice in drug treatment in Europe ("Moretreat"), EC Health and consumer protection, directorate general, Directorate C - Public Health and Risk Assessment, October 31th, 2008, p.27
  - <sup>4</sup> Kyiv Declaration on Women's Health in Prison, Women's Health in Prison: Correcting Gender Inequity in Prison Health, UNODC and WHO publication
  - <sup>5</sup> Kyiv Declaration on Women's Health in Prison (2009), op.cit
  - <sup>6</sup> UNODC. (2005). World drug report. Vienna: UNODC.
  - <sup>7</sup> Sex, drugs and gender? High time for lived experience to inform action, editorial, international journal of drug policy 19 (2008) 95-96
  - <sup>8</sup> Sex, drugs and gender? High time for lived experience to inform action, editorial, international journal of drug policy 19 (2008) 95-96
  - <sup>9</sup> B., owen, B. and S. Covington (2004) 'Women Offenders and the Gendered effects of public policy.' Review of public research. 21 (1): 31-48
  - <sup>10</sup> Sex, drugs and gender? High time for lived experience to inform action, editorial, international journal of drug policy 19 (2008) 95-96
  - <sup>11</sup> Article 2 of the UN Convention on the Elimination of All Forms of Discrimination Against Women (18 December 1979)
  - <sup>12</sup> Article 12 of the UN Convention on the Elimination of All Forms of Discrimination Against Women (18 December 1979)
  - <sup>13</sup> UN Committee on the Elimination of Discrimination Against Women (5 February 2010) Concluding observations: Panama, CEDAW/C/PAN/CO/7, para 25
  - <sup>14</sup> UN Committee on the Elimination of Discrimination Against Women (CEDAW), UN Committee on the Elimination of Discrimination against Women: State Party Report, United Kingdom of Great Britain and Northern Ireland, CEDAW/C/UK/3 and Add.1 and 2; and CEDAW/C/UK/4 and Add.1-, para. 312.
  - <sup>15</sup> UN Committee on the Elimination of Discrimination Against Women, UN Committee on the Elimination of Discrimination against Women: State Party Report, United Kingdom of Great Britain and Northern Ireland, CEDAW/C/UK/3 and Add.1 and 2; and CEDAW/C/UK/4 and Add.1-, para. 313.
  - <sup>16</sup> UN Committee on the Elimination of All Forms of Discrimination Against Women General comment 24 (article 12 : Women and health), 20th session, 1999, para 34
  - <sup>17</sup> UN Committee on the Elimination of Discrimination Against Women (15 February 2005) Concluding observations: Italy, CEDAW/C/ITA/CC/4-5, para 34
  - <sup>18</sup> Article 2, 12 of the UN Convention on Economic, Social and Cultural Rights (16 December 1966)
  - <sup>19</sup> Committee on Economic Social and Cultural Rights, "General Comment No. 14: The right to the highest attainable standard of health," August 11, 2000, UN Doc E/C.12/2000/4, para 34
  - <sup>20</sup> Harm Reduction International: 'Human Rights and Drug Policy - Harm Reduction' – briefing No1
  - <sup>21</sup> UN Committee on Economic, Social and Cultural Rights "Concluding Observations: Tajikistan," 24 November 2006, UN Doc. No. E/C.12/JK/CO/1 para 70
  - <sup>22</sup> UN Committee on Economic, Social and Cultural Rights "Concluding Observations: Ukraine," 4 January 2008, UN Doc. No. E/C.12/UKR/CO/5 para 51
  - <sup>23</sup> UN Committee on the Rights of the Child, 'Concluding Observations: Ukraine', 21 April 2011, CRC/C/UKR/CO/3-4, para 61
  - <sup>24</sup> United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), UNGA Resolution 2010/16, para 14, 15, 17
  - <sup>25</sup> WHO and UNODC recommendations on 'Women's health in prison - Correcting gender inequity in prison health', 2009, para 4.8
  - <sup>26</sup> WHO and UNODC recommendations on 'Women's health in prison - Correcting gender inequity in prison health', 2009, para 4.9
  - <sup>27</sup> WHO and UNODC recommendations on 'Women's health in prison - Correcting gender inequity in prison health', 2009, para 4.10
  - <sup>28</sup> Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44 E/CN.4/1999/68/Add.2 (4 January 1999), para 17.
  - <sup>29</sup> Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44 E/CN.4/1999/68/Add.2 (4 January 1999), para 17.
  - <sup>30</sup> UN Human Rights Council, Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 74
  - <sup>31</sup> UN Human Rights Council, Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 57.

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- <sup>32</sup> UN Human Rights Council, Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 71.
- <sup>33</sup> UN Human Rights Council, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak Mission to Kazakhstan, 16 December 2009; A/HRC/13/39/Add.3; para 85 (b)
- <sup>34</sup> UN Human Rights Council, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on Poland, 20 May 2010, A/HRC/14/20/Add.3, Para 86 (a)
- <sup>35</sup> UN Human Rights Council, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on Sweden, 14 January 2009, A/HRC/10/44, para 59
- <sup>36</sup> UN Human Rights Council, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on Poland, 20 May 2010, A/HRC/14/20/Add.3, Para 86
- <sup>37</sup> art. 73 comma 1 bis and art. 75 D.P.R. 9 october 1990 n. 309
- <sup>38</sup> art. 73 of Dpr 309/90, the possession of drug NOT for personal use is sanctioned with imprisonment from 6 to 20 years
- <sup>39</sup> More specifically: Article 74 punishes the association of three or more people to commit the crimes described in Article 73. The leaders of the association are punished with a prison sentence of no less than 20 years, other accomplices with a sentence of no less than 10 years. Article 75 punishes personal use with administrative sanctions such as driving license or visa suspension that can last up to a year. Drug users can be asked to participate in treatment programmes, but these programmes are not alternatives to administrative sanctions. See: Crime Repression Costs in Context 'Direct and indirect costs' of drug-related crimes: the role of prison and community sentences, European Commission Project (CONTRACT No 044351 ( CIS8 )), retrieved on 14 March 2011 from [http://wwwold.tsd.unifi.it/CRCC/file.php/1/Deliverable\\_4.pdf](http://wwwold.tsd.unifi.it/CRCC/file.php/1/Deliverable_4.pdf)
- <sup>40</sup> Information provided by Associazione Antigone
- <sup>41</sup> Council of Europe statistics (Space I 2009.7) retrieved on 20 May 2011 from [www.coe.int](http://www.coe.int)
- <sup>42</sup> Information provided by Associazione Antigone
- <sup>43</sup> [http://www.ristretti.it/commenti/2010/novembre/pdf4/annuario\\_istat.pdf](http://www.ristretti.it/commenti/2010/novembre/pdf4/annuario_istat.pdf)
- <sup>44</sup> As of 30 April 2011, information provided by Associazione Antigone
- <sup>45</sup> <http://www.politicheantidroga.it/media/333133/relazione%202010.pdf>, page 117.
- <sup>46</sup> Crime Repression Costs in Context 'Direct and indirect costs' of drug-related crimes research: 'European prison standards: theoretical paradigms and implementation', European Commission Project (CONTRACT No 044351 ( CIS8 )), p.25 retrieved on 14 March 2011 from <http://wwwold.tsd.unifi.it/CRCC/mod/resource/view.php?id=87>.
- <sup>47</sup> Crime Repression Costs in Context 'Direct and indirect costs' of drug-related crimes research: 'Final results,' European Commission Project (CONTRACT No 044351 ( CIS8 )), op.cit
- <sup>48</sup> Crime Repression Costs in Context 'Direct and indirect costs' of drug-related crimes research: 'Final results,' European Commission Project (CONTRACT No 044351 ( CIS8 )), op.cit
- <sup>49</sup> European Monitoring Centre on Drugs and Drug Addiction (2010) Statistical Bulletin: Table HSR4. Year of introduction of needle and syringe programmes (NSPs) and types of programmes available in 2008.
- <sup>50</sup> European Monitoring Centre on Drugs and Drug Addiction (2010) Statistical Bulletin: Table HSR4. Year of introduction of needle and syringe programmes (NSPs) and types of programmes available in 2008.
- <sup>51</sup> UN Committee on Economic, Social and Cultural Rights "Concluding Observations: Mauritius," 8 June 2010, UN Doc. No. E/C.12/MUS/CO/4, para 27
- <sup>52</sup> UN Committee on Economic, Social and Cultural Rights "Concluding Observations: Mauritius," 8 June 2010, UN Doc. No. E/C.12/MUS/CO/4, para 27 (d)
- <sup>53</sup> UN General Assembly, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 14 January 2009, A/HRC/10/44, para 59
- <sup>54</sup> European Monitoring Centre on Drugs and Drug Addiction (2010) Statistical Bulletin: Table HSR1. Table HSR-1. Year of introduction of methadone maintenance treatment (MMT), high-dosage buprenorphine treatment (HDBT), buprenorphine/naloxone combination, heroin-assisted treatment and slow-release morphine.
- <sup>55</sup> European Monitoring Centre on Drugs and Drug Addiction (2010) Statistical Bulletin: Figure HSR-1. Opioid substitution treatment clients as a percentage of the estimated number of problem opioid users, 2008 or most recent year available.