

**Panel Discussion on the Impact of the World Drug Problem
on the Enjoyment of Human Rights**

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**Statement by the International Lesbian and Gay Association
Joined by, International Service for Human Rights**

Prepared in consultation with

The Social, Health and Empowerment Feminist Collective of Transgender Women of Africa

Read by: Zhan Chiam

Mr President,

This panel has addressed the impact of the world drug problem on human rights. An often-forgotten group that faces particular challenges in this area are Trans people.

Trans women are at high risk of HIV infection and transmission, with individual-level risks for infection being similar in both high- and low- income countries. The reasons are multiple—stigmatisation in social, medical and other structural settings, over-representation in sex work as a means for survival, elevated use of legal and illegal drugs to cope with the stressors of discrimination, and the lack of targeted HIV prevention interventions de-grouping trans women from “Men who have Sex with Men”.

While challenges are faced in all regions, within Africa there are specific needs. Across the continent, there are gaps in quantitative and original research on trans women and a lack of data on the interaction between legal and illegal drugs, sex work and HIV. Research subsumes trans women in MSM or LGBTI categories. There is a lack of consensus on how to define trans women, making estimations on the size of the population problematic.

As a result, NGOs and researchers in Africa combine external research with on-the-ground knowledge.

For example, a recent US study found of trans women showed elevated rates of substance abuse: 43% reported having problems of alcohol dependency, 20% reported problems of excessive use of marijuana and 26% dependency on illicit drugs. These rates are five to six times higher than the national average.¹ African NGOs have strong reasons to believe that there is a similar experience for trans women in African countries.

NGOs in Africa also report that trans men use black market testosterone and do not inject with clean needles. There are three main implications:

- cross infection of HIV and other diseases

¹ Based on statistics available at www.drugabuse.gov and www.niaaa.nih.gov

- the uncertain quality and actual testosterone levels of the hormones
- and their long term overall health due to not being monitored by medical professionals

When governments do not recognise gender identities, programs, including health programs, for trans people simply do not exist. We therefore call on governments to specifically consult with and include trans communities when considering how to tackle the impact of the world drug problem on the enjoyment of human rights.

Finally, Mr President

It is these human rights defenders – including not only those that work on Gender Identity and Health issues, but many more – that play a crucial role in bringing human rights issues associated with drugs to light, and proposing solutions. The UN and its member States must *consult* civil society in policy decisions, and *protect* defenders from the risks they face for their work.

Thank you.