



# Introducing a gender dimension into drug policy

## Synthesis Report on Violence, Women and Rape Drugs

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Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs



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# Preamble

*“Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” and “gender-based violence against women” shall mean violence that is directed **against a woman because she is a woman** or that affects women disproportionately”<sup>1</sup>.*

*Globally, it is estimated that **1 out of 3** women has experienced physical or sexual violence<sup>2</sup>, and that **40% to 70%** of women undergoing drug treatment have suffered from physical and/or sexual violence<sup>3</sup>. Such violence has adverse consequences on the mental, physical and reproductive health of women. About 20% of women who have experienced violence will develop a psychiatric disorder, such as anxiety, depression, post-traumatic stress disorder and eating disorders. In a review undertaken in 2015, the Pompidou Group of the Council of Europe found that women who used drugs were subjected to more violence than women who did not use drugs. Rates of violence were found to be even higher among drug using women who were pregnant or who engaged in sex work.*

*Finally, it is considered by the members of this working group, that education should be the prevention tool and mechanism on eliminating gender base violence and that special attention should be given on early prevention through education of **young boys and girls** in regards with gender equality, respect of each other (human rights perspective) and the concept of consent.*

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<sup>1</sup> Explanatory note of the Council of Europe Convention on “preventing and combating violence against women and domestic violence” (Istanbul Convention).

<sup>2</sup> <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

<sup>3</sup> INCB report 2016. Chapter I: Women and Drugs; pp. 5

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# Introduction

Sexual violence against women caused by rape drugs could be described as a complex socio-legal phenomenon. It is well known that rape is one of the “*darkest dark figures*” of crime and the situation for incidents/cases of sexual assaults caused after the intoxication of the victim is even worse.

The term “*rape drugs*” describes the phenomenon of using drugs to induce people - especially women - to submit to sexual activity without their consent. The most used terminology for this topic is: “***Drug-facilitated sexual assaults***” (DFSA), “***date-rape drugs***” (DRDs) or “***knockout drugs***”. The definition adopted by the *UK Advisory Council on the Misuse of Drugs* in 2007, Drug-facilitated sexual assaults includes: ‘all forms of non-consensual penetrative sexual activity whether it involves the forcible or covert administration of an incapacitating or disinhibiting substance by an assailant, for the purposes of serious sexual assault; as well as sexual activity by an assailant with a victim who is profoundly intoxicated by his or her own actions to the point of near or actual unconsciousness’ (ACDM, 2007).

# Methology and Working Methods

For this Pompidou Group (PG) activity, thirteen (13) experts from the following Pompidou Group Member States - Croatia, France, Greece, Italy, Israel, Malta, Mexico, Morocco, Portugal, Serbia, Slovenia and Turkey - were nominated by the Pompidou Group Permanent Correspondents, along with two (2) experts from Lebanon and Tunisia nominated by MedNET correspondents, along with two experts (2) from Spain. Altogether, the working group was made up of 17 experts from 15 countries. The *European Monitoring Centre for Drugs and Drug Addiction* (EMCDDA) participated as well in this activity.

*This first period of the activity lasted from November 2016 until April 2017.*

During this period, no meeting or working group was organised. Communication by email and/or telephone was used.

The experts received from the Secretariat of the Pompidou Group the working plan for the activity “*violence, women and rape drugs*” in November 2016.

Within this working plan, the general concept of the activity, the expected results and the working methods were described. According to the working plan, the experts were requested to undertake the following tasks:

- (i) collect data regarding the prevalence of DFSA cases;
- (ii) review existing findings and case law;
- (iii) review the existing national law regarding rape and sexual assault.

*In May, Pompidou Group Secretariat put together this draft report on violence, women and rape drugs under the coordination of Ms. Elisabetta Simeoni, in charge of this activity at Pompidou Group Permanent Correspondents level.*

*In June, the experts received the draft synthesis report and they were requested to provide feedback on the draft.*

*The working group met for the first time in Rome on 27 June 2017 at the occasion of the PG Conference on women and drugs from policy to good practice.*

*After the working group in June, the experts sent their last comments to the Secretariat. The current report is the one revised and finalised by Mrs. Ourania Botsi (Pompidou Group Secretariat) at the end of September.*

All the experts nominated in the activity submitted a report reflecting the situation at national level (see Appendix I).

# Data Collection and Analysis

To assess the situation at national level, the experts were asked to provide information regarding: the legal framework of sexual violence (specifically for rape and sexual assault) and of *Drug-facilitated Sexual Assault* (DFSA); the reporting on the classified substances; (*if possible*) available statistics regarding rape drugs; and establishing (*if possible*) the link between violence, women and rape drugs.

## 3.1 Legal framework of sexual violence and the association with *Drug-facilitated Sexual Assault* (DFSA)

Among the 15 countries participating in the exercise, rape (including marital rape) and sexual assault is a punishable offence. The only exception is Lebanon, in which marital rape is not legally recognised and sexual harassment is not criminalised **per se**, but only under certain conditions. In Tunisia, death penalty or life imprisonment are applied for the offence of rape.

In most of the countries which participated there are direct or indirect provisions in the Criminal Code as regards the use of drugs (legal or illegal) to facilitate crime. In those cases where drugs are used to facilitate crimes of sexual violence, this is considered as an **aggravating factor**. Only in Morocco, DFSA is not mentioned or considered as an aggravating circumstance.



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The countries that have explicit provisions in their national legislations regarding *Drug-facilitated Crime* (DFC) and DFSA are France, Italy, Malta, Spain and Portugal. In more details:

In France, *Drug-facilitated Crime* (DFC) is defined as “*the administration of psychoactive substances to persons either without their knowledge or under threat to commit serious crimes (rape, paedophilic acts) or lesser offences*”. Cases not meeting this definition fall into the category of “*drug-facilitated vulnerability*”: the susceptible state of a person induced by voluntary consumption of PAS who is at greater risk of becoming a victim of a serious or lesser offence. Such persons may be rendered vulnerable by the ingestion of *non-medicinal substances* (NMS), *medicinal substances* (MS) or both concurrently. *Drug-facilitated Crime* (DFC) belongs to the category of “*voluntary administration of harmful substances such as to compromise the physical or psychological integrity of another person*”, which may be understood as the act of interfering with the (physical or mental) integrity of another person by knowingly giving them substances which, while not fatal, are harmful. This offence is punishable under *Art. 222-15 CC (Law No. 2007-297, 5 March 2007)*. **DFC is regularly combined with another serious or lesser offence, especially of a sexual nature.**

In Italy, the Article 309 *ter.* of the Criminal Code defines that: “*the penalty is increased from six to twelve years if the acts referred to in Article 609 bis are committed (...) with the use of weapons or alcohol, narcotics or drugs or other instruments or substances seriously damaging the health of the victim*”. Drug/alcohol administration is also a *per se* crime, considering *Art. 613 of CC* that states: “*Whoever, (...) by administration of alcoholic or drugs, (...), places a person, without the consent of her, in a state of inability to understand or want, it shall be punished with imprisonment up to a year*”.

In Malta, according with the **Article 201(b)** of the Criminal Code “*a person might be found guilty of rape, where violence is presumed due to the inability of the victim to offer resistance as a result of disability or intoxication*”.

In Spain, the law was modified in 2010 (*Law 5/2010 of 22nd of June*) to clarify the courses of sexual abuse, introducing a course where the administration of incapacitating substances to a person to ensure a lack of resistance, is specifically reflected. Specifically, *article 181* includes “*abuse committed by voiding the victim consciousness through the use of drugs or any other natural or chemical substance suitable for that purpose*”. This definition covers not only illegal drugs, but also medical drugs, alcohol, etc. Furthermore, the law also considers those cases where loss of consciousness is not complete, but partial. However, the criminal code does not specifically consider so called, opportunistic DFSA, this means, sexual activity with someone who is profoundly intoxicated by his or her own actions to the point of near or actual unconsciousness. These cases would be covered under the legal course (*Article 181*): abuse over a persons’ “*privadas de sentido*”, a concept that is broad enough to cover different types of circumstances.

Finally, in Portugal, the Portuguese law predicts the specificity of using drugs within the rape crime, in order to make the victim unconsciousness or to restrain the capacity of reaction. According with the legal definition, *Legal Medical Portuguese Institute* includes in its practice and expertise the collection of toxicological data from the victims, when appropriated and possible in such cases when unconsciousness or inability to react was reported, but because a significant amount of time has elapsed between the potential time of consumption and the time of collecting the data, most of the time, it could be impossible to the detect the substances within the victim.

## 3.2 Classified substances

According to the EMCDDA report of 2008 on “*Sexual assaults facilitated by drugs and alcohol*”, the substances that appear the most in DFC and/ or DFSA cases are central nervous system depressants and central nervous system stimulants. According to the provided information, the most commonly used drugs are: alcohol, followed by benzodiazepines, GHB and GBL.

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This classification given by the report of the EMCDDA it is also verified by the data provided by 7 out of the 15 countries - Croatia, France, Greece, Italy, Israel, Malta and Serbia - which have categorised specific substances which are most commonly involved in *Drug-facilitated Crime (DFC)* and *Drug-facilitated Sexual Assault (DFSA)*. These substances are the following:

- Alcohol
- Benzodiazepines
- Cannabis
- Cocaine
- GBL
- GHB
- Ketamine
- MDMA
- Methadone
- Rohypnol

### 3.3. Evidence of *Drug-facilitated Sexual Assault (DFSA)*

Based on the data collection, 10 out of the 15 countries which participate in this activity could not provide any statistics for DFSA cases. However, all the experts who provided data regarding the sexual violence at the national level stressed the fact that the figures did not reflect the actual situation. Another interesting point concerned the differences among the geographical areas. In most of the EU countries who participated in the activity, it was reported that most of the victims (40-55%) of rapes, attempted rapes or sexual assault, were attacked by someone that they knew. Additionally, in Mexico the percentage is even higher since only 23% of all cases of rape were perpetrated by someone unknown to the victim. On the contrary, Morocco and Tunisia reported that in more 50% of the reported cases, the victims have been attacked by someone unknown.

Registered cases that meet the DFSA criteria referred only by Croatia, France, Greece, Italy and Spain:

In Croatia, according to the data of the *Croatian Forensic Science Centre*, 95 rape cases were recorded in the period from 2011 to 2016, and traces of drugs in the victim were found in 45 cases (47%). All victims were women. In 2011, there was 1 incident with THC; in 2012 there were 10 incidents: 1 incident with oxazepam, 1 incident with diazepam and cocaine, 5 incidents with THC, 2 incidents with diazepam and 1 incident with cocaine. In 2013, 9 incidents were registered: 1 incident with amphetamine, 1 incident with diazepam, bromazepam, carbamazepine, opipramol, 1 incident with diazepam, methadone, 2 incidents with diazepam, 1 incident with diazepam, citalopram, mirtazapine, 1 incident with cocaine, diazepam and 2 incidents with MDPV. During 2014 there were 10 identified incidents in total: 2 incidents with THC, 3 with diazepam, 1 with amphetamine and THC, 1 with amphetamine, THC and cocaine, 1 with MDMA and cocaine, 1 with diazepam and citalopram, and 1 with mephedrone, MDMA, ketamine and citalopram. In 2015 there were 9 incidents: 4 with diazepam, 1 with buprenorphine, diazepam, alprazolam and citalopram, 1 with diazepam and bromazepam, 1 with alprazolam and fluvoxamine, 1 with amphetamine, 1 with oxazepam.

Finally, in 2016 there were 6 cases. In those cases, 1 incident was with amphetamine and MDMA, 1 with morphine, diazepam and quetiapine (kvetiapin), 1 with diazepam, quetiapine, sertraline and Na-valproate, 1 with alprazolam, 1 with THC and 1 with diazepam. Moreover, the description of rape cases with the presence of drugs for 2016 was the following:

- (i) the victim was forced to drink the pills "Helex";
- (ii) the coercion to intercourse, after socializing in the night club;
- (iii) the victim does not remember the event, however the only thing that the victim remembers was consuming alcohol;
- (iv) unknown persons offered a ride to the victim and in the car the victim drank a fluid. After that, the victim does not remember the event.
- (v) after spending time in the restaurant, the victim only remembers walking home with a presence of a male; and/or
- (vi) the victim was found in the morning crying on the road.

Additionally, according to the data received from the *Forensic Science Centre*, during the same period, out of a total number of **73 perpetrators**, traces of drugs were found in **25 perpetrators**. The perpetrators used diazepam, cocaine, THC, MDPV, buprenorphine, mirtazapine and heroin.

In France, the latest data derived from the 2014 survey of the *French National Agency for Medicines and Health Product Safety (ANSM)* and the *Ile-de-France Centre for Pharmacodependency Evaluation and Information (CEIP)*. In this 2014 study, various bodies took part by reporting cases. From all the cases, 590 cases were notified essentially by: drug-testing laboratories with forensic expertise in 375 cases (64%); forensic emergency services in 183 cases (31%) and other hospital departments in 32 cases (5%). After analysis, 457 cases (an increase of 13% over 2013), were deemed admissible for study. From those cases, 66 cases (14%) were cases of probable DFC (decrease of 12% compared with 2013), 260 cases (57%) of possible DFC (increase of 14% compared with 2013) and 131 cases (29%) of drug-facilitated vulnerability (a marked increase of 28%). In 413 cases (90%) a complaint was lodged. Among all the victims only 66 were identified, of whom 9 were children aged under 15. Most of the victims (79%) were females. Generally, the victims were aged from 3 months to 90 years old, with a median age of **24 years**; 18 minor victims were registered. Victims (> 12 years) had voluntarily consumed alcohol in 51% and/or cannabis in 19% of cases and **amnesia** was described in a percentage of 49%. Finally, the following facts regarding the nature of the crime were established: sexual assault alone (59% / 39 cases), with additional theft in 3 cases; theft/burglary (9% / 6 cases); mistreatment (9% / 6 cases), sedation (3% / 2 cases), physical abuse (1 case) and attempted DFC (14% / 9 cases).

In Greece, the data provided by the *Greek Reitox Focal Point* covered the period from 2013 to 2016. In 2013, GBL was found in 2 intoxication incidents among young women. According to the *National Poisoning Center*, in 2015 8 incidents were reported of women having used Vulbegal and Hipnosedon (the name at the Greek market for Rohypnol, with Flunitrazepam being the active ingredient). The three of them were women aged 20-30 years old and five of them 30 to 40 years old. Two of the incidents occurred in Athens. For 2016, 11 incidents were reported, two women aged under 20, five women between 20-30, two for women 30-40, one for 40-50, and the eleventh incident's report did not include the woman's age. Five of the incidents took place in Athens.

In Italy, a study conducted from 2012-2015 on drug facilitated crimes was funded by the *Italian Antidrug Policies Department*. This study consisted of enrolled patients who sought health care after sexual assault or robberies from emergency departments or Sexual Assault Centres throughout Italian territory, also patients from judicial cases. For inclusion in the study, the patients reported at least one of the following symptoms/ suspended DFC criteria: partial or complete amnesia; suspected administration of incapacitating substances; reported voluntary administration of incapacitating substances; reported physical incapacity of reaction during the incident; signs/symptoms of intake of incapacitating drugs as observed by the emergency departments or Sexual Assault Centres personnel. In this study, out of the 182 enrolled 122 were cases of sexual violence (119 female victims) and 60 cases of robberies (21 female victims). In 66% of sexual violence cases and 29% of robberies cases ethanol was detected. Additionally, in 49 cases (39 of sexual violence and 10 of robberies) ethanol was detected in combination with other substances (cocaine, benzodiazepines, cannabis, venlafaxine, ketamine, carbamazepine, LSD, MDMA, oxcarbazepine and cannabinoids). Among these 39 cases the most frequent detected drugs were ethanol and benzodiazepines. Finally, 70% of the victims reported suspicion of covert drug use; 41% admitted voluntary ethanol use; and 7% voluntary drug abuse.

Finally, in Spain from 2010-2012 the *National Institute of Toxicology and Forensic Sciences* conducted 3 studies in epidemiology for DFSA. The studies took place in Barcelona, Madrid and Southern Spain. In Barcelona, alleged DFSA cases analysed by the *National Institute of Toxicology and Forensic Science* (Barcelona Department) during 2011 resulted in a total of 35 out of 114 cases (30.7%) that met the suspected DFSA criteria. Ethanol was detected in 48.8% of the examined cases and at least 1 central nervous system drug (other than ethanol) was detected in 60.6% of these cases. In Madrid, of the cases analysed by the Madrid Department of the *National Institute of Toxicology and Forensic Science* from 2010-2012, 107 out of 306 cases of sexual assault or abuse referred met the inclusion criteria.

The victim's profile was a young Spanish or Latin-American woman (mean age: 25.9 years) **who admitted having consumed alcohol prior to the episode** and suffered from total or partial amnesia regarding the facts.

The given samples were blood (27.1%), urine (14%) or both (57%). Toxicological analysis was positive in 87.9% of cases and the substances identified were ethanol (61.7%), pharmaceuticals (40.2%, mainly benzodiazepines), and illicit drugs (27.1%, primarily cocaine) either alone or in combination. In regards to the toxicological considerations on alleged cases of DFSA in Southern Spain, the Department of Seville of the *National Institute of Toxicology and Forensic Sciences* analysed cases between 2010 and 2012. A toxicological investigation designed to determine blood alcohol concentration and to establish the presence of psychoactive substances and drugs of abuse was performed. Semen presence was also determined. In 56.2% of cases, only ethanol was detected. More than half of the 73 studied cases yielded negative results. From the received information and obtained results **only three of the cases could be classified as a drug facilitated sexual assault**. This low rate of positive results, in comparison with other similar studies in Spain, is due to the nature of the inclusion criteria in this study since only possible cases of premeditated DFSA were considered. Additionally, the *2015 Spanish Survey on Violence against Women* included, for the first time, **a set of questions specifically designed to measure sexual violence by non-partners among women aged 16 and over residing in Spain**. However, this survey did not specifically ask about drug-facilitated sexual assaults. This limitation will be addressed in the next edition of the survey. Spain is aware of the necessity of measuring the extent of *Drug-facilitated Sexual Assaults* (DFSA) or *date-rape drugs* (DRDs). From available data, it seems that premeditated DFSA is relatively scarce in Spain. On the contrary, opportunistic DFSA is emerging as a public health concern.

Additionally, at the end of February 2017 a new study entitled "*Alleged drug-facilitated sexual assault in a Spanish population sample*" was published at the *Journal of Forensic Chemistry*. The data covered the period of 2010-2013. The *National Institute of Toxicology and Forensic Sciences* (Madrid, Spain) conducted a descriptive and retrospective study on alleged *Drug-facilitated Sexual Assault* (DFSA) cases reported during this period. The analysis revealed the victims' profile corresponded to that of a young woman who admitted to drinking alcohol in entertainment venues prior to the sexual assault and who claimed total or partial amnesia about the facts.

Biological samples sent for toxicological analysis were blood (28.9%), urine (15.8%) or both (53.9%) and they were mostly collected between 6 and 12 hours after the incidents (40.3% of documented cases). Toxicological analyses were positive in 85.5% of the cases; the substances identified being ethanol (76.9%), pharmaceuticals (36.1%, mainly benzodiazepines) and illicit drugs (29.2%, mainly cocaine), either alone or in combination. Perpetrators were mainly acquaintances and the nature of DFSA was opportunistic and linked to a voluntary consumption of ethanol<sup>4</sup>.

### 3.4 Violence, women and rape drugs

At this stage, on the basis of the information provided by the experts, one cannot demonstrate by evidence based data, the relationship between “violence, women and rape drugs”. However, in the country reports, experts did underline a link between violence, women and drugs including alcohol especially among young women and girls.

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<sup>4</sup> This article is based on a published in the PhD thesis (2014) of Carlos García Caballero entitled: *SUMISIÓN QUÍMICA- Estudio de prevalencia en casos de presuntos delitos contra la libertad sexual analizados en el Instituto Nacional de Toxicología y Ciencias Forenses (Departamento de Madrid) en el período 2010-2013 Aplicación forense de la cromatografía de líquidos acoplada a la espectrometría de masas en el análisis de muestras de cabello*; <http://eprints.ucm.es/32700/1/T36234.pdf>



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# Limitations

This study covering 15 countries encountered two major limitations: The first was in regards with the lack of data and statistics on women, violence and rape drugs.

The second one concerned the assessment of the prevalence of the phenomenon of women violence and rape drugs in each country. We could admit that these limitations are interrelated since without precise and concrete data the prevalence of the phenomenon could not be estimated.

Regarding the existence of statistics, as it has been already mentioned, only five out of the fifteen countries which provided information, were in a position to provide some data of registered cases that meet DFSA criteria and even with these data for four countries, it is difficult to establish conclusions regarding the phenomenon at the national level.

A lot of studies and surveys classify “rape”, “attempted rape”, and “sexual assault” among the crimes with the lowest reporting rates. All the experts that provided statistics regarding the reported cases of rape and sexual assault (not DFSA cases) at their countries stressed the fact that the figures **do not reflect** the actual national situation of sexual violence and insisted on the fact that rape and sexual violence are mostly unreported crimes.

Furthermore, we could assume that in DFSA cases, the reporting rate is even lower as compared to sexual assault not involving drugs. Firstly, because of the impact that central nervous system depressant drugs have on memory and consciousness and secondly because many of the victims had voluntarily consumed alcohol and/or other legal or illegal substances prior of the event and they feel either guilty and responsible for what happened to them, or they do have the impression that the responsible authorities will not consider their complaint as trustworthy.

Those scenarios were mainly highlighted by the experts from Mexico and Serbia about serious facts that lead to underreporting of cases as such. Additionally, it was also highly underlined that in many societies there is a “culture” which is rather highly tolerant of gender based violence and which discourages women from reporting and openly speaking about the experience of violence.

In regards to the prevalence of the phenomenon, as it was mentioned by most of the experts, the lack of data could not automatically lead to the conclusion that the phenomenon does not exist. On the contrary, it is believed that a conclusion as such could be abusive, dangerous and contribute to the invisibility of the crime. Therefore, we could assume that the data that we have now does not reflect the actual extent of the phenomenon.

Finally, there was a general conclusion regarding the necessity of collecting data related to rape crimes associated with the use of drugs, specifically to facilitate the act or its perpetration.

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# Recommendations

The following recommendations and proposals derive from the analysis of the experts' reports, and the discussion during the **Session 1 “Research and data collection on violence, women and rape drugs: Limitations and possible solutions”** at the Seminar “*Women and Drugs: from policy to good practice*” organised in Rome, 26-27 June 2017, and the discussion at the meeting of the working group (Rome, 27 June 2017). The focus for the recommendations was given based on the existing limitations and obstacles that presented during this study.

## 5.1 Prevention

One of the main points of the discussion was prevention regarding DFSA. Prevention campaigns on the topic are considered as essential in order to raise awareness of the society for this issue. However, specific attention is needed for the careful design of those campaigns, since most of the time they run the risk of being sexist and might have a counter-effect and to lead to a secondary victimisation of the victims.

One has to take into consideration the fact that those women who have voluntarily consumed alcohol and/or other substances (legal or illegal or both) find themselves in a physically favorable condition for abuse by the perpetrators who take advantage of the situation for sexually assault. They are therefore often blamed, in a direct or indirect way for what happened to them. This is specific to women since men who use substances voluntary do not run such a high risk of being abused (there are exceptional cases).

Therefore, like in all the spheres of gender based violence, it seems that education of young boys and girls with respect to gender equality, respect for each other and the concept of consent could be the key for improvement at the future.

## 5.2 Research and Data collection

Despite the 2010 UN Resolution 53/7 on “*International cooperation in countering the covert administration of psychoactive substances related to sexual assault and other criminal acts*” as well as the 2011 UNODC guidelines for “*forensic analysis of drug facilitated sexual assaults and other criminal acts*”, it has been noticed that we still lack international standards to facilitate the detection and identification of the substances that may be used in DFSA.

In addition, there is no uniform system for defining and collecting statistical data on DFSA. As it is already mentioned in the draft synthesis report, the lack of evidence was the biggest limitation in our study.

Additionally, it was reported and discussed that in many countries in the Mediterranean region e.g. Morocco, Tunisia, Lebanon, etc. data collection and research related on women related topics is problematic. So far, there is only little research and data concerning gender based violence, the prevalence of drug use among women and young girls as well as the combination of those two issues.

For this reason, it is highly recommended the collaboration of the services responsible for gender equality and gender based violence with the services for drug care and treatment at the research level. For instance, the question regarding DFSA should be included at the national surveys for gender based violence and at the same time at the population surveys for drug use.

Additionally, it was suggested, concerning Lebanon, for example, to carry out a second MedSPAD survey (*Mediterranean School Survey Project on Alcohol and Other Drugs*) since the previous survey contained some data about girls from 2009 and included gender data in the monitoring system, which is currently put in place through the implementation of the current drug strategy.

## 5.3 Forensic Analysis

In regards to, the collection and the analysis of forensic evidence, it was discussed during the first session of the seminar and during the working group that the laboratories should be equipped with special and advanced technology equipment and that the forensic experts should follow very specific processes for the analysis of the samples. It was pointed out, that many countries lack the necessary equipment and the forensic experts lack the necessary expertise.

For this reason, the sharing and exchange of knowledge and experience was proposed by Italy concerning the forensic analysis of the samples that meet the DFSA criteria. This exchange could be achieved by study visits at the forensic laboratories in Italy.

## 5.4 Final Recommendations

Our recommendations could be presented shortly as such:

### *Research:*

- Data collection regarding rape crimes associated with the use of drugs, specifically to facilitate the act or its perpetration, is necessary.

### *Practice:*

- Develop better data-collection procedures and methods for better monitoring drug use among women.
- Raise awareness of these issues with relevant stakeholders in different sectors.
- Train medical, law enforcement professionals and social workers about proper treatment, examination, and sample collection from victims.

### *Policy:*

- Funding for research should be earmarked and the importance of data collection should be included in National Drug Strategies.
- Include women in policymaking: build policies with them as experts instead of just talking about them.

# Conclusions

Based on all the facts, the information and the data that we received and the analysis of them we could conclude on the followings:

- (i) The prevalence of DSFA could not be estimated because of the lack of adequate statistics and evidence; however, this lack of data could not automatically lead to the conclusion that the phenomenon does not exist;
- (ii) Under the same line, the relationship and the link between violence, women and rape drugs could not be estimated;
- (iii) The need of a standardised method for data collection on DFSA;
- (iv) Without the cooperation and the collaboration of the different services and institutions, it would not be feasible to analyse and understand complex phenomena as such at the future;
- (v) Early prevention through education of young boys and girls, could be a key mechanism for eliminating gender based violence;

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## Follow-Up

During the meeting of the working group in Rome, Mrs. Elena Sirvent Garcia del Valle - *the representative of the Spanish Directorate for Gender based Violence Awareness, Prevention and Knowledge, Secretary of State for Social Services and Equality Ministry of Health, Social Services and Equality* - informed Pompidou Group Secretariat and the other experts of the working group regarding the *Eurostat Task Force*. This task force had been created in order to develop a common methodology and questionnaire for a **“Survey on Gender Based Violence”** that would facilitate the collection of comparable data across Europe. The Task Force is coordinated by *Eurostat* and by ISTAT - *Italian Institute of Statistics* - and 11 EU countries<sup>5</sup> along with several international organisations<sup>6</sup> are involved with it.

After our meeting and following the distribution of additional information to the Secretariat by Mrs. Elena Sirvent Garcia del Valle, the Secretariat of Pompidou Group contacted the person in charge from ISTAT (for the Task Force), and stressed the necessity of including a question regarding *Drug-facilitated Sexual Assaults* at the upcoming final survey. At the same time, this issue was presented as a proposal by Spain during the last meetings of the Task Force.

In parallel, the Pompidou Group Secretariat also informed the *Group of Experts on Action against Violence against Women and Domestic Violence* (GREVIO) for this initiative.

Finally, the proposal was accepted and a question on sexual violence under the effect of substances will be included at the final Survey. At the final form of the *“Survey on Gender Based Violence”* the question will appear as follows:

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<sup>5</sup> Germany, France, Italy, Latvia, Luxembourg, Hungary, the Netherlands, Austria, Portugal, Sweden, Spain

<sup>6</sup> United Nations, HEUNI, FRA, EIGE, DG JUST

"E28: Apart from the episodes we already mentioned, since you were 15 years old until now, has someone else than your partner, male or female, MADE YOU TO HAVE SEXUAL INTERCOURSE when YOU WERE UNABLE TO REFUSE **because under the influence of alcohol or drugs?**"

Even if the Task Force did not agree to include the hypothesis that the victim consumed alcohol/drugs voluntarily or without your notice and that led to sexual assault, and as such there will be no possibility of differentiating between proactive and opportunistic situations, we believe that at least it will be possible to estimate in more accurate way the prevalence of DFSA after the age of 15 in Europe.



### Croatia

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
GHB GBL THC Oxazepam Diazepam Cocaine Bromazepam Carbamazepine Opipramol Citalopram Mirtazapine MDPV Amphetamine Mephedrone MDMA Ketamine Buprenorphine Alprazolam Fluvoxamine Morphine Quetiapine Sertraline Na-valproate	<p><i>Act on Protection from Domestic Violence; Criminal Code; Family Act, National Strategy for the Protection against Domestic Violence, Protocol on Proceedings in Cases of Domestic Violence; &amp; Protocol on Proceedings in Cases of Sexual Violence</i></p> <p>Violence against women has been recognised as an important public health problem.</p> <p>Art. 152§1 CC: <i>Non-Consensual Sexual Intercourse</i> is committed by whoever engages in sexual intercourse or an equivalent sexual act with another person without this person's consent, or whoever induces another person to engage without his or her consent in sexual intercourse or an equivalent sexual act with a third party or to perform without his or her consent a sexual act equated to sexual intercourse upon himself or herself.</p> <p>Art. 153 CC: <i>Rape</i> is committed by whoever commits the offence referred to in Article 152(1) by the use of force or by threat of an imminent attack on the life or limb of the raped or other person.</p> <p>Art. 153§3 CC: <i>"Consent shall exist if a person decided on his or her own free will to engage in sexual intercourse or an equivalent sexual act and was capable of making and expressing such a decision. It shall be deemed that no such consent exists in particular if the sexual intercourse or the equivalent sexual act was performed by the use of force or threat, by fraud, by abusing one's position towards a person who is in a situation of dependence with respect to the perpetrator, by exploiting a person's condition due to which the person was unable to express his or her refusal or if it was performed against a person unlawfully deprived of liberty".</i></p> <p>Art. 190§2 CC: <i>"In relation to the fact that the injured party/victim of any of the above criminal offences against sexual freedom is under the influence of substances declared to be illicit drugs, and who did not induce this state on his or her own free will, but through an unlawful and perpetrated act of the defendant which entails authorised trading in the substances declared to be illicit drugs, note should be taken of the criminal offence of unauthorised manufacture of and trading in illicit drugs".</i></p>	<p>No registered DFSA rape cases;</p> <p>According to the data of the Ministry of Interior, rate of confiscation of date rape drugs was 0,001% in 2015 (8 reported cases in 2015; 3 for GHB and 5 for GBL)</p> <p>According to the data of the Croatian Forensic Science Centre, 95 rape cases were recorded in the period from 2011 to 2016, and traces of drugs in the victim were found in 45 cases (47%). All victims were women.</p> <p><b>2011:</b> 1 incident with THC</p> <p><b>2012:</b> 10 in total - 1 incident with oxazepam, 1 incident with diazepam and cocaine, 5 incidents with THC, 2 incidents with diazepam, 1 incident with cocaine.</p> <p><b>2013:</b> 9 in total - 1 incident with amphetamine, 1 incident with diazepam, bromazepam, krbamazepin, opipramol, 1 incident with diazepam, methadone, 2 incidents with diazepam, 1 incident with diazepam, citalopram, mirtazapine, 1 incident with cocaine, diazepam, 2 incidents with MDPV.</p> <p><b>2014:</b> 10 in total: 2 incidents with THC, 3 with diazepam, 1 with amphetamine and THC, 1 with amphetamine, THC and cocaine, 1 with MDMA and cocaine, 1 with diazepam and citalopram, 1 with mephedron, MDMA, ketamine and citalopram.</p> <p><b>2015:</b> 9 in total; 4 incidents with diazepam, 1 with buprenorfin, diazepam, alprazolam and citalopram, 1 with diazepam and bromazepam, 1 with alprazolam and fluvoksamin, 1 with amfetamin, 1 with oxazepam.</p> <p><b>2016:</b> 6 in total: 1 incident with amphetamine and MDMA, 1 with morphine, diazepam and kvetiapin, 1 with diazepam, kvetiapin, sertraline and Na-valproat, 1 with alprazolam, 1 with THC, 1 with diazepam.</p> <p>Description of rape cases with the presence of drugs for 2016:</p> <ul style="list-style-type: none"> <li>• forcing the victim to drink the pills "Helex"</li> <li>• the coercion to intercourse, after socializing in the night club;</li> <li>• the victim does not remember the event, the only thing the victim remembers was consuming alcohol;</li> <li>• unknown persons offered a ride to the victim and in the car the victim drank a fluid. After that, the victim does not remember the event.</li> <li>• after spending time in the restaurant, the victim only remembers walking home with a presence of a female;</li> <li>• the victim was found in the morning crying on the road.</li> </ul> <p>According to the data received from the Forensic Science Centre, in the same period, out of total number of <b>73 perpetrators</b>, traces of drugs were found in <b>25 perpetrators</b>. The perpetrators used diazepam, cocaine, THC, MDPV, Buprenorfin, mirtazapine, heroin.</p>

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
<p>Benzodiazepines (BZD)</p> <p>Clonazepam (Rivotril®)</p> <p>Zolpidem (Stilnox®)</p> <p>Bromazepam (Lexomil®)</p> <p>Doxylamine</p> <p>MDMA</p> <p>Alcohol</p> <p>Cannabis</p> <p>GHB</p> <p>GBL</p>	<p><i>Drug-facilitated crime</i> (DFC); <i>the administration of psychoactive substances</i> (PAS) to persons either without their knowledge or under threat in order to commit serious crimes (rape, paedophilic acts) or lesser offences. Cases not meeting this definition fall into the category of “<i>drug-facilitated vulnerability</i>”: the susceptible state of a person induced by voluntary consumption of PAS where it is at greater risk of becoming a victim of a serious or lesser offence. Such persons may be rendered vulnerable by the ingestion of non-medical substances (NMS), medicinal substances (MS) or both concurrently. <i>Drug-facilitated crime</i> (DFC) belongs to the category of “<i>voluntary administration of harmful substances</i> such as to compromise the physical or psychological integrity of another person”, which may be understood as the act of interfering with the (physical or mental) integrity of another person by knowingly giving them substances which, while not fatal, are harmful. This offence is punishable under Art. 222-15 CC (Law No. 2007-297, 5 March 2007). <b>DFC is regularly combined with another serious or lesser offence, especially of a sexual nature</b>. In such cases it may constitute an aggravating factor, making the offender liable to a harsher penalty (cf. aggravating circumstances in the section “Rape”). Art. 222§2-3-26 CC: Rape is defined by the French Criminal Code as “any act of sexual penetration, whatever its nature, committed against another person by violence, constraint, threat or surprise”. It applies to any act of sexual penetration: oral, vaginal, anal, by the sexual organ, by a finger or by an object. <b>When the act is committed by a person clearly acting in a state of inebriation or under the influence of drugs this is considered an aggravating factor</b> (since 2007). Art. 222§27-30 CC: Acts of sexual assault other than rape are considered to be lesser offences. They are defined as “an act of a sexual nature without penetration committed against another person by violence, constraint, threat or surprise”. These acts may involve touching or fondling of a sexual nature. Since 2013, “the act of coercing a person by violence, threat or surprise to take part in sexual activities with a third person” is also considered a form of sexual assault (Article 222§2-2§§2 CC).</p>	<p>1997: Discussion meetings on the criminal misuse of psychoactive substances were initiated in by the French National Medicines Agency and the Directorate-General of Health (DGS).</p> <p>2001: follow-up, in, by the Inter-ministerial Mission to Combat Drugs and Drug Addiction (MILDT) → Inter-ministerial group comprising the French National Agency for Medicines and Health Product Safety (Amissaps), DGS, the Ministry of Justice, and the police and gendarmerie services.</p> <p>2002: “<b>circular on the management of victims of drug-facilitated crime</b>” → Ministry of Interior, Internal Security and Local Freedoms, the DGS and the Ministry of Health and Social Protection (DHOS) in collaboration with Amissaps.</p> <p>2003: <b>Annual prospective survey</b> was set up by Amissaps → obtain comprehensive data on cases of drug-facilitated crime. The aim was to identify the substances involved, define the circumstances in which such offences occur and the working methods of the offenders, and assess the clinical consequences of product ingestion. The network of <i>Pharmacodependency Evaluation and Information Centres</i> (CEIP) is responsible for gathering information and assessing cases in collaboration with hospital departments, in particular medical emergency and forensic services, as well as hospital laboratories specialising in drug testing, regional pharmacovigilance centres and poison centres, the police and gendarmerie services and the Ministry of Justice. The Paris CEIP Centre, which supervises the survey, centralises and evaluates the data collected.</p> <p>Results of the 2014 survey: 590 cases were notified essentially by:</p> <ul style="list-style-type: none"> <li>Drug-testing laboratories with forensic expertise in 375 cases (64%)</li> <li>Forensic emergency services in 183 cases (31%)</li> <li>Other hospital departments in 32 cases (5%)</li> </ul> <p>After analysis, the following were deemed admissible for study:</p> <ul style="list-style-type: none"> <li>457 cases (an increase of 13% over 2013) subdivided into: <ul style="list-style-type: none"> <li>66 cases (14%) of probable DFC (decrease of 12% compared with 2013)</li> <li>260 cases (57%) of possible DFC (increase of 14% compared with 2013)</li> <li>131 cases (29%) of drug-facilitated vulnerability (a marked increase of 28%)</li> </ul> </li> <li>In 413 cases (90%) a complaint was lodged</li> <li>59% of cases were from the Ile-de-France region</li> </ul> <p>Victims: 66 victims were identified of whom 9 were children aged under 15</p> <p>Predominantly female (79%/ 52 cases) with a sex ratio of 0.26</p> <p>Victims were aged from 3 months to 90 years, with a median age of 24 years; 18 minor victims were registered.</p> <p>Victims (&gt; 12 years) had voluntarily consumed alcohol in 51% and/or cannabis in 19% of cases.</p> <p>The facts established were:</p> <ul style="list-style-type: none"> <li>Annesia was described in 49% of cases (29 of the 59 victims aged over 10)</li> <li>sexual assault alone (59%/ 39 cases), with additional theft in 3 cases</li> <li>Theft/burglary (9%/ 6 cases), mistreatment (9%/ 6 cases), sedation (3%/ 2 cases), physical abuse (1 case), attempted DFC (14%/ 9 cases).</li> </ul>

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	<p>Clonazepam (Rivotril®): since September 2011, the prescription of oral forms of Rivotril for patients consulting outside the hospital setting must be written out in full and on a special tamper-proof prescription pad.</p> <p>Zolpidem (Stilnox®): As from 10 April 2017, medicinal products containing zolpidem are to be prescribed on a tamper-proof prescription pad. This measure has been taken to limit the very high risk of misuse and misappropriation with this medication, and promote its proper use.</p> <p>Zolpidem remains on List I of poisonous substances (in the French drug formulary) and its prescription is still restricted to 28 days. <b>There has been a rise over several years in the number of cases of Drug-facilitated Crime with zolpidem, which is now the substance most commonly involved.</b></p>	<p>The <b>National Institute of Statistics and Economic Studies (INSEE-ONDRPE) "Living conditions and security" (2010-2015) survey and French Institute for Demographic Studies (INED) "Virage" survey (2015) are sources of data on sexual abuse in metropolitan France.</b></p> <p>The INSEE-ONDRPE "Living conditions and security" survey for 2010-2015 shows that, every year, on average 84 000 women aged 18 to 75 are thought to be victims of rape or attempted rape. In 90% of cases, the victim knows her aggressor. Only 10% of victims report having lodged a complaint. Of these victims, 76% consider that this abuse has had a fairly or very significant impact on their psychological health and 61% that it has brought disruption to their daily life.</p> <p>November 2014 to October 2015: 31 825 acts of sexual abuse were registered by the security forces in metropolitan France. <b>In 85% of cases, the victim was female, whether an adult or a minor (72 873 acts).</b></p> <p><b>The INED "Virage" survey for 2015 found that "drugs and alcohol are fairly commonly associated with rape and attempted rape, in particular where men are concerned, whether the victim was under the influence or the offender deliberately made the victim consume these substances. These situations appear to be particularly common in respect of adult student victims of sexual abuse."</b> In this survey 7.5% of female respondents aged under 18, 12% aged 18 or over and 12% of male respondents aged under 18 stated that they had been made to drink alcohol or given drugs in connection with a rape or attempted rape.</p>

## Greece

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
Ketamine GHB/GBL Rohypnol (Vulbegal & Hipnostedon at the Greek market)	<p>Art.336: sexual violence and rape are recognized as crimes against sexual freedom and mandates punishment according to the penal code as it has been revised through several laws. Rape is defined as the coercion to intercourse or other indecent assault, by corporal physical violence or threat of great and imminent danger: if there is more than one perpetrator acting together, the act is considered to constitute a more serious crime.</p> <p>Art.13 (d) CC: "Physical violence constitutes also the act of causing a state of unconsciousness or incapacity for resistance to a person with hypnotics or narcotics or other similar means".</p>	<p>21 recorded DFSA incidents:            2013: 2 incidents with GHB            2015: 8 incidents with Vulbegal &amp; Hipnostedon;            2016: 11 incidents with Vulbegal &amp; Hipnostedon.</p> <p>There is no indication whether or not the victims were under the influence of these substances in a voluntary basis or not and if they had combine these substances with ethanol or other drugs.</p> <p>Annual confiscation of Ketamine max 4 grams. Ketamine 0.2% for young girls (16 years old) and 0.5% for boys;            Annual confiscation of GHL 5mL. GHB relevance 0.3% for young girls (16 years old) and 0.5% for boys;</p>

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<p>GHB (Dangerous Drugs Ordinance 2003)</p> <p>GBL (Dangerous Drugs Ordinance 2007)</p> <p>Flunitrazepam-Rohypnol (Dangerous Drugs Ordinance 1998)</p> <p>Ketamine</p>	<p>Rape is defined at the <b>Article 5: sex offences</b> of the <b>Penal Law 5737-1977</b> under the provision <b>345(a)</b>: If a person had intercourse with a woman: (1) without her freely given consent; (2) with the woman's consent, which was obtained by deceit in respect of the identity of the person or the nature of the act; (3) when the woman is a minor below age 14, even with her consent; (4) <b>by exploiting the woman's state of unconsciousness or other condition that prevents her from giving her free consent</b>; (5) by exploiting the fact that she is mentally ill or deficient, if - because of her illness or mental deficiency - her consent to intercourse did not constitute free consent; then he committed rape and is liable to sixteen years imprisonment.</p> <p>According to the same Law (<b>Penal Law 5737-1977</b>) under the <b>Article 2: Restrictions on Criminal Nature of Act</b> there is a provision regarding the use of drugs for crime facilitating purpose: <b>Intoxication</b>: 341(c) <i>"if a person caused the state of intoxication in order to commit the offense under its influence, then he shall be deemed to have committed it with criminal intent, if the offense is one of behaviour, or with intent, if the offense is also conditional on its consequence"</i>.</p> <p>341(d) <i>"In this section "state of intoxication" – a condition in which a person is under the influence of alcoholic material, of a dangerous drug or of some other intoxicating factor, in consequence of which – at the time the act was committed – he lacked any real ability to understand what he did or the wrongful nature of his act, or to abstain from committing the act"</i>.</p>	<p>No registered DFSA rape cases</p> <p>Very low reporting rate for rapes (6.3%)</p> <p>GHB rate according with the 2009 National Epidemiology Survey 0.09%</p> <p>Victims of sexual assault are often intoxicated by alcohol</p> <p>Inclusion of substances in the Dangerous Drugs Ordinance.</p> <p>Warning notices are placed in pubs and night clubs advising the youth not to consume beverages from bottles or cans that are not closed (since the drug is odorless, tasteless and colorless, and cannot be detected once it has been added to the beverage).</p> <p>Pharmacies and legal administration: These substances are kept locked in safes in pharmacies, and when sold must be logged in a special logbook.</p> <p>Prescription of these substances is administered by doctors only. The prescription must include the name of the doctor and of the patient.</p> <p>Pharmacies are subject to inspection (from a regional inspector/doctor, however, there is not sufficient enforcement of such control).</p>

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Ethanol Benzodiazepines Cocaine Cannabis Venlafaxine Methadone MDMA Ketamine	<p>Art. 309 CC: <i>"Whoever, abusing of physical or mental inferiority of the victim at the time of the fact compels another person to commit or suffer sexual acts shall be punished with imprisonment from five to ten years".</i></p> <p>Article 309 bis. CC: <i>"the penalty is increased from six to twelve years if the acts referred to in Article 609 bis are committed (...) with the use of weapons or alcohol, narcotics or drugs or other instruments or substances seriously damaging the health of the victim".</i></p> <p>Drug/alcohol administration is also a <i>per se</i> crime, considering Art. 613 of CC that states: <i>"Whoever, (...) by administration of alcoholic or drugs, (...), places a person, without the consent of her, in a state of inability to understand or want, it shall be punished with imprisonment up to a year".</i></p>	<p>Study conducted between 2012-2015 for the prevalence of DFSA in Italy: 182 cases of <i>Drug-facilitated Crimes</i>: 122 cases of sexual violence (119 female victims) and 60 cases of robberies (21 female victims);</p> <p>In 66% of sexual violence cases and 29% of robberies cases ethanol was detected;</p> <p>In 49 cases (39 of sexual violence and 10 of robberies) ethanol was detected in combination with other substances (cocaine, benzodiazepines, cannabis, venlafaxine, ketamine, carbamazepine, LSD, MDMA, oxcarbazepine and cannabinooids);</p> <p>Among these 39 cases the most frequent detected drugs were ethanol and benzodiazepines;</p> <p>Only in 2 cases GHB was detected;</p> <p>70% of the victims reported suspicion of covert drug use;</p> <p>41% admitted voluntary ethanol use; and</p> <p>7% voluntary drugs abuse.</p>

## Lebanon

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
No classified substances	<p>Legislation for rape includes only non-conceptual sexual intercourse caused by someone other than the spouse of the victim;</p> <p>In case that a person uses substances to facilitate the commitment of a crime, the sanction will be increased. This provision stands for all the criminal offences, included rape and sexual assault;</p> <p>Sexual harassment is not criminalized <i>per se</i> but only under certain conditions;</p> <p>Marital rape is not included either at the provisions of the Domestic Violence Act nor at the Criminal Code and is <u>not</u> a crime under the Lebanese Law.</p>	<p>No registered DFSA rape cases</p> <p>Lack of data/cooperation from the state institutions</p> <p>Lack of adequate facilities for women; poor advocacy for women rights; poor care and treatment facilities for women victims of violence (domestic or gender-based violence) or for women who use drugs</p>

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Rohypnol GHB Ketamine MDMA	<p>Rape is defined by the Maltese law under the <b>Article 198</b> of the Criminal Code "with the phrase 'carnal knowledge with violence' to refer to the offence of rape Two main elements constitute this offence: carnal knowledge and violence. The law does not define either element hence the Courts refer to the writings of various legal authors to see what is meant by these terms. Carnal knowledge means physical sexual connection which need not be completed or consummated. A carnal connection shall be deemed to be complete by the commencement of the connection as per article 206, and thus proof of the slightest penetration is sufficient".</p> <p>According with the <b>Article 201(b) CC</b> "a person might be found guilty of rape, where violence is presumed due to the inability of the victim to offer resistance as a result of disability or intoxication".</p>	<p>No registered DFSA rape cases Lack of legislative framework to fully implement Istanbul Convention into national legislation / currently under review</p>

Mexico 1

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
	<p>Rape: The General Law on Women's Access to a Life Free of Violence defines sexual violence as: "[...] any act that degrades or damages the body and / or sexuality of the victim and, therefore, violates his or her liberty, dignity and physical integrity. It is an expression of abuse of power that implies male supremacy over women, denigrating it and conceiving it as an object." Additionally, the Federal Criminal Code defines rape as: to anyone who "makes intercourse with a person who does not have the capacity to understand the meaning of the fact or for any reason can not resist it", ie the fact that a rape victim who has used drugs or who has been drugged may be considered as causes for which he / she could not resist the violation</p>	<p>Despite the importance and dimensions of the problem of sexual violence and its relation to drug use and the recognition of both as public health problems, there is insufficient statistical information to explore this relationship and make it visible. Since surveys tend to focus on one field or another. Aggressor's consumption of alcohol is a risk factor associated with violence against women, but their consumption may also increase their risk of being subjected to violence. A study of high school, high school, and university students in public schools in the state of Morelos found that acute intoxication from students' alcohol abuse is associated with dating violence during courtship (Rivera, Et al., 2006). Data from the <i>National Survey on the Dynamics of Relationships in Households (ENDIREH) 2011</i>, more than 1.5 million women aged 15 and over have been raped by their intimate partner or ex-partner'. Per marital status, the women once in union are those with the highest percentage of rape (12.0%), followed by married women (2.2%) and single women (1.1%). During the last twelve months prior to ENDIREH 2011, almost 390 000 women were raped by their intimate partner or ex-partner during the relationship: Of them, more than 280 thousand were married or living together, that is, at the time of the survey cohabited with their aggressor, who used physical strength to force them to have sex. The number of women who reported being raped by a person other than their intimate partner throughout their lives is more than half a million, representing 1.3% of all women aged 15 and over plus. Likewise, it is estimated that more than 73 thousand rapes occurred by an aggressor other than the couple in the twelve months prior to the survey. Almost half of the cases of rape are committed by persons known to women (47.1%), a quarter of these women reported being raped by friends (23.8%) or relatives (23.3%). And a similar proportion, by unknown persons (23%).</p>

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	<p>About health legislation, article 192 of the General Health Law mandates the Ministry of Health to draw up a National Program against Drug Dependence that addresses prevention actions, as well as in the treatment of Drug dependence; <b>However, does not mention the relationship between drug use and sexual violence.</b></p>	<p>Only 6.5% seek help from the instances or commented on relatives and only 1.9% turned to some authority (public prosecutors, police, health personnel, municipal presidency or delegation). Very few cases of rape are reported to the justice authorities and, even then, women's access to justice is hampered by discriminatory socio-cultural patterns permeating the justice system, for example, <b>if the woman agreed to voluntarily consume alcohol or drugs prior to sexual assault.</b></p> <p>The number of denunciations for this crime before the public ministry ranges around 15 thousand per year, an alarming number when taking into account that ENDIREH estimates that more than 450 000 rape are committed each year. In addition, it is ridiculously low the number of complaints that follow the process and the convictions sentenced to punish the crime.</p> <p>In 2015, 14 849 complaints were filed for rape, 12 719 complaints for simple rape and 2 130 for equated rape. As regards the sex of the victims of rape, of the 16 597 victims of this crime, 80.3% were women (13327). <i>The National Institute of Statistics and Geography (INEGI)</i>, based on the <i>National Survey of Victimization and Perception of Public Security (ENVUPE)</i> 2016, estimated the "black figure" of "other offenses" in 92.9%, this category include: kidnapping or express kidnapping, sexual offenses such as harassment, manipulation, exhibitionism, attempted rape and rape. One limitation of this information is that it is not broken down by crime. <b>In addition, on de reported cases, no information is provided about the context in which the rape occurred, or the possible use of substances to subject the victim, or whether the victim or the alleged offender consumed alcohol or drugs prior to their commission; information relevant both to a crime prevention policy and to the delivery of justice.</b></p>

7 It should be noted that it was in 2005 that the First Chamber of the Supreme Court of Justice of the Nation (SCJN) stated that forced sexual relations within marriage do typify the crime of rape.



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No classified substances	<p>Rape &amp; sexual assault (Art. 486 CC): "the act by which a man has sex with a woman against her will" is punished by 5 to 10 years' imprisonment. Prison terms can reach 30 years when there are aggravating circumstances including when the victim is a minor, a disabled or a pregnant woman, when the victim loses her virginity, or when the perpetrator uses his authority, especially if he holds a public or religious position.</p> <p>Sexual harassment (Art. 503-1 CC): abuse of authority with the objective of "harassing others by using orders, threats, constraints or any other means, in order to obtain sexual favours". The penalties include prison sentences of one to two years and fines ranging from 5,000 to 50,000 Moroccan Dirhams. New bill 103-13 on combating violence against women, drawn up jointly by the Ministry of Solidarity, Women, Family and Social Development and the Ministry of Justice and Liberties, was adopted by the House of Representatives in July 2016. This project is currently being processed.</p>	<p>No registered DFSA rape cases. Little data available on violence against women and the available data do not fully reflect the extent of the phenomenon.</p> <p>2009: the first national survey on the prevalence of violence against women by the <i>High Commission for Planning of Morocco</i>: 8300 women (18-64 years old) → 4 forms of violence have been specified: physical, sexual, psychological, and economic, in addition to the infringement of individual liberties. Sexual violence has been defined as "forced sexual intercourse, sexual harassment with physical touching, exposure to indecent acts, incitement to prostitution and sexual practices without consent". The lifetime prevalence of this violence on women questioned was 22.6%. It was 8.7% during the 12 months before the survey. Almost 6.6% of the total sample size experienced this kind of violence in the marital home, 3.9% in public spaces, 1.8% in the workplace, and 4.4% in educational and training institutions. The violence was more frequently reported in urban areas than in rural ones. <b>Acts of sexual violence remain very rarely reported to legal authorities.</b> In fact, only 5.3% of acts of sexual violence experienced in the 12 months preceding the survey and only 3.2% of women who experienced violence during their life, have reported it to law enforcement (Less than 1/3 of the women talked to a relative about their suffering).</p> <p><i>Data from the Department of Justice and Liberties (2013-2014)</i>: 8.6% of recorded cases are of sexual assault. Rape is the main form of sexual violence against women: 70% of cases have been reported in 2014, against 85% of cases who were registered in 2013. Five Moroccan areas accounted for more than 70% of all acts of sexual violence at a national level; namely Fes, Rabat, Agadir, Casablanca and Kénitra.</p> <p><i>Data from the Ministry of Health</i>: Hospitals and the Moroccan Ministry of health units reported 794 cases of sexual violence in 2014 and 475 ones during 2013. Sexual violence represented 67, 1% of all type of violence during those two years (2013-2014). This percentage is higher reported in urban areas (64.9%) than in rural ones (33.6%).</p> <p><i>Data from the National Security</i>: 2014: sexual assaults accounted for a little more than 9% of all assaults. Sexual assaults concern mainly women who are under 30 (898 cases i.e. 61.6%), single (781 cases i.e. 53.6%) and unemployed (761 cases i.e. 52.2%). Nearly 66.4% of all cases of sexual violence reported in 2014 were in public spaces. 11.5% in the marital home (i.e. 167 women) and 5.9% in the work place (86 women). <b>These acts were committed in more than half of the cases (57.9% i.e. 844 women) by a stranger.</b></p> <p><i>Data from Royal Gendarmerie</i>: 2014 → 514 cases / 2013 → 851 cases. Rape and attempted rape are the most common forms of sexual violence exceeding 96% in 2014, while other forms of sexual violence, such as harassment and indecent assault, represent only a very small fraction.</p> <p><i>Data of a non-governmental organizations: The Union of Women's Action</i>: The <i>Union of Women's Action</i> is a NGO that seeks to promote women's rights in Morocco, and provide assistance to women victims to violence. The 2016 annual report showed that sexual violence represented 7,41% (840 cases) of all type of violence. <b>The most common reported forms of sexual violence were rape, incitement to prostitution and sexual harassment.</b></p>



## Portugal

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<p>No classified substances</p>	<p>Legal Definition of Rape:                      "1: Whom, using violence, serious threat or, after, to that end, make unconsciousness or having put in the impossibility of resist, constrain other person to suffer or practice, with him or with other, copulation, anal or oral coitus, is punished with imprisonment from 3 to 10 years"                      "2: Whom, abusing of authority resulting of an hierarchical dependent, economic or work, relationship, constrain other person by the mean of orders or threat not included in the previous point, to suffer or practice, with him or with other, copulation, anal or oral coitus, is punished with imprisonment from 3 to 10 years".                      The Portuguese law predicts the specificity of using drugs within the rape crime, in order to make the victim unconsciousness or to restrain the capacity of reaction.                      The <i>Legal Medical Portuguese Institute</i>: collecting toxicological data from the victims, when appropriated and possible, for example when unconsciousness is reported, or inability to react, since it hasn't gone too much time between the possibilities of consume, and the data of collecting data, time that eventually could make the detection of substances impossible in the victim organism.</p>	<p>No registered DFSA rape cases                      In more than 50% of rape cases in Portugal exists acquaintance between the victim and the offender;                      92,5% of rape victims are women;                      Existing data from the <i>General Direction of Criminal Investigation Department</i> do not permit a conclusion about the link between the crimes rape with the use of drugs.</p>

## Serbia

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
<p>Ethanol                      Sedatives &amp; prescription drugs                      Benzodiazepines &amp; hypnotics (Zolpidem)                      Rohypnol                      GHB                      Ketamine                      MDMA</p>	<p>Rape: "the use of force or threat of direct attack against the body of another person".                      "A sexual act without consent or the ability of the victim to choose to give consent, regardless of whether the act has been performed; sexual act or attempt of this act when a person is not in the position to consent or refuse participation due to illness, disability, influence of psychoactive substances, age, that is, because of intimidation, blackmail or pressure; painful and humiliating sexual act. Intimidation, blackmail or pressures to participate in the unwanted sexual act include using words, gestures, objects or weapons expressing intention to cause pain, injury or death".</p>	<p>No registered DFSA rape cases;                      54,2% experienced violence at least once;                      Very poor facilities for care and treatment for women;                      Culture which discourage women to report violence but encourage violence against women;                      No research / existing literature from this part of Europe (Serbia and Western Balkans) on the topic;                      A few Media attention and articles at the newspapers the last years;</p>

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
No classified substances	<p>No clear or precise legal provision regarding "Drugs Facilitating Sexual Assault" at the Slovenian Criminal Code. However, there are legal provisions that foresee the use of drugs as means of threat in order to facilitate a criminal offence: Art.99 Chapter 13 "Meaning of terms of the penal code" it is defined that: "duress shall also mean the use of hypnosis, intoxicating drugs or other special means for this purpose in order to lead a person against his will into a state of unconsciousness or to break down his resistance"</p> <p>The different types of violence against women are recognized as criminal offences according to the Slovenian Criminal Code - KZ-1 (<i>Ur. list RS št. 55/08, 66/08 - popr.</i>) and they are criminalized in the framework of general provisions in the Chapter 15 "Criminal offences against life and body", Chapter 16 "Criminal offences against human rights and liberties", Chapter 18 "Criminal offences against honour and reputation", Chapter 19 "Criminal offences against sexual integrity" (in which there is also the criminalisation of marital rape), Chapter 21 "Criminal offences against marriage, family and youth" and Chapter 25 "Criminal offences against public order and peace".</p> <p><b>Article 170 – Rape:</b> "Whoever compels a person of the same or opposite sex to submit to sexual intercourse with him by force or threat of imminent attack on life or limb shall be sentenced to imprisonment for not less than one and not more than ten years.</p>	No statistical data

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
No classified substances	<p>In 2010, the law 5/2010 of 22nd of June clarified the courses of sexual abuse, introducing a course where the administration of incapacitating substances to a person to ensure a lack of resistance, is specifically reflected. Specifically article 181 includes "abuse committed by voiding the victim consciousness through the use of drugs or any other natural or chemical substance suitable for that purpose". This definition covers not only illegal drugs but also medical drugs, alcohol, etc. Furthermore the law, also considers those cases where loss of consciousness is not complete but partial.</p> <p>However the criminal code does not specifically consider so called opportunistic DFSA, this means, sexual activity with someone who is profoundly intoxicated by his or her own actions to the point of near or actual unconsciousness. These cases would be covered under the legal course (article 181) abuse over persons "privadas de sentido", concept that is broad enough to cover different types of circumstances.</p>	<p>Very low reporting rate for rapes (6%); DFSA seems very rare in Spain</p> <p>3 studies conducted in epidemiology for DFSA (2010-2012)</p> <p>Barcelona: 30.7% of the cases met the suspected criteria -&gt; ethanol was detected in 48.8% of these cases and at least 1 central nervous system drug (not ethanol) was detected in 60.6% of these cases;</p> <p>Madrid: 1/3 cases met the suspected criteria: 61.7% ethanol detected, 40.2% pharmaceutical - mainly benzodiazepines, 27.1% illicit drugs - mostly cocaine (alone in combination);</p> <p>Southern Spain: 3/73 met the suspected criteria. In 56.2% of all the cases only ethanol was detected.</p>

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
<p>No classified substances</p>	<p>Sexual harassment (Art. 226-ter CC) "Any person who commits an act of sexual harassment shall be punished by a term of one year's imprisonment and a fine of three thousand dinars. Sexual harassment shall include any persistent annoyance to another person by the repetition of acts or language or gestures that are liable to violate that person's dignity or affect his or her sense of decency with the aim of inducing him or her to submit to the sexual desires of the perpetrator or another person or by exercising pressure on him or her that is of such a nature as to weaken his or her will to resist the perpetrator's desires. The penalty shall be doubled if the offence is committed against a child or other persons who are particularly vulnerable due to a mental or physical deficiency that prevents them from resisting the perpetrator of the harassment."</p> <p><b>Rape (Art. 227 CC): "The following shall be punishable by death: The crime of rape committed with violence or the usage or threat of usage of a weapon. The crime of rape shall be punished by life imprisonment; if committed in circumstances other than those set out above."</b></p> <p>Article 227-bis concerns consensual sexual relations with female partners under the age of 20 (the age of majority until 2014):  <b>"Any person who commits a sexual act without violence against a female child younger than fifteen years of age shall be punished by a term of six years' imprisonment. The penalty shall be a term of five years' imprisonment if the victim was older than fifteen but younger than twenty years of age. An attempt shall be punishable."</b></p>	<p>No registered DFSA rape cases</p> <p>Sexual violence has been little studied in Tunisia, as is the case for all gender-based violence.</p> <p>In a survey carried out by the <i>Ministry for Women</i> into violence against women in public places: 75.4% of women reported that they had experienced sexual violence in a public place, including in particular unwanted advances (23%) and touching (22.6%). Those affected more often are unmarried women (generally "fiancées" (78%)). <b>In most cases, the aggressors were men whom they did not know (78%).</b></p> <p>Epidemiological data from the <i>Emergency Forensic Unit (EFU)</i> at the <i>Charles Nicolle Hospital</i> in Tunis. The EFU was inaugurated in March 2016. The Tunis EFU carries out clinical forensic activity for Greater Tunis (Tunis, Manouba, Ariana and Ben Arous), covering a population of about 2.5 million inhabitants. The EFU also receives victims from other governorates in northern Tunisia. Prior to the creation of the EFU, the number of victims of sexual violence consulting the Forensic Services of the <i>Charles Nicolle Hospital</i> was around 250 per year. During the first year of operation of the EFU, 854 victims sought assistance.</p> <p>Female victims accounted for <b>73.7%</b> of the total. The average age of victims was 17.7 years.</p> <p>86% were minors (younger than 18). These minors had an average age of <b>13.3</b>. The average age varied significantly according to sex (11 for boys compared with 14 for girls (p&lt;0.001). 51% were aged between 15 and 18. A majority of victims sought assistance following attacks involving threats or after running away from their parents' homes (69%).</p> <p>The allegations made by victims did not refer to a sexual act in 34.1% of cases.</p>

Classified Substances	Legal Framework / Administrative Measures	Statistics / Other Information
No classified substances	<p>Rape is covered under the Law 6284 : "Violence: The acts which result or will probably result in person's having physical, sexual, psychological and financial sufferings or pain and any physical, sexual, psychological, verbal or economical attitude and behaviour which include the treat, pressure and arbitrary violation of person's freedom as well and conducted in social, public and private space."</p> <p>Law 5237, "Turkish Criminal Code", the following provisions are included: Offenses against Sexual Immunity: "<b>Sexual abuse</b>:"</p> <p><b>Art. 102-</b> (1) Any person who attempts to violate sexual immunity of a person, is sentenced to imprisonment from two years to seven years upon complaint of the victim.</p> <p>(2) In case of commission of offense by inserting an organ or instrument into a body, the offender is punished with imprisonment from seven years to twelve years. In case of commission of this offense against a spouse, commencement of investigation or prosecution is bound to complaint of the victim.</p> <p>(3) If the offense is committed: a) <b>Against a person who cannot protect himself because of corporal or spiritual disability</b>, b) By undue influence based on public office, c) Against a person with whom he has third degree blood relation or kinship, d) By using arms or participation of more than one person in the offense, the punishments imposed according to above subsections are increased by one half.</p> <p>(4) In case of use of force during the commission of offense in such a way to break down victim's resistance, the offender is additionally punished for felonious injury.</p> <p>(5) In case of deterioration of corporal and spiritual health of the victim as a result of the offense, the offender is sentenced to imprisonment not less than ten years.</p> <p>(6) In case of death of vegetal existence of a person as result of the offense, the offender is sentenced to heavy life imprisonment.</p>	<p>No registered DFSA rape cases. The <i>Turkish Medicines and Medical Devices Agency, Department of Pharmacovigilance and Controlled Substances, Narcotic Drugs and Psychotropic Substances Control Unit</i> are interested in rape drugs trends, and indirectly other subjects. However, there is not a standardized classification methodology in compatible to Turkish population. Research of the <i>Ministry of Family and Social Policies &amp; the Hacettepe University</i> (2014), which have been shared in "<i>Combating Domestic Violence Against Violence National Action Plan (2016-2020)</i>";</p> <p><b>Sexual violence:</b> 12% of married women have been exposed to sexual violence at any stage of their life, 5% of married women said they had been exposed to sexual violence for the last 12 months. The region where sexual violence is most voiced is the Northeast Anatolia Region. 38% of married women have been exposed to physical and / or sexual violence live in any period of their lives.</p> <p><b>Physical Violence:</b> The proportion of women indicating that they have been experienced physical abuse throughout the country at any stage of their life is 36%, and in the last 12 months the proportion is 8%. In other words, about four out of every 10 women have been subjected to physical violence by her spouse or the men she was with. According to the research conducted in 2008, the said rate is 39%.</p> <p>2015: Report of <i>Parliamentary Research Commission</i> issued According to a study of Women Societies; in 2011, 160 women were killed by their husbands, boyfriends, fathers and or their close male friends. In 2011, at least 610 women were subject to sexual harassment and 179 women were raped. The Number of Women who applied to any healthcare provider because of violence: 2013: 12.946 /2014: 11.915</p> <p>232 Direct <i>Drug-Related Deaths</i> (DRDs) occurred in 2013. According to general mortality registries provided by the <i>Turkish Statistical Institute</i>, 0.06% of all the deaths (372 094) in 2013 were described as DRD. Compared to 162 DRDs in 2012, the number of DRD cases reached 232 with a 43.2% increase in 2013.</p> <p>When drug-related crimes of violence, homicides, forgery, robbery, border violations, arms trafficking, and terrorism is considered, it is very clear that drug-related crimes are not simple, on the contrary they are highly complicated, international, and organized crimes.</p>

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# Appendix II

## **Experts Nominated By Pompidou Group Permanent Correspondents**

### **CROATIA**

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**EMCDDA** (European Monitoring Centre for Drug and Drug Addiction)

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### **FRANCE**

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INSERN (Institut national de la santé et de la recherche médicale)

### **GREECE**

Mrs Eleni MARINI

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### **ISRAEL**

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### **ITALY**

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# Appendix III

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