



Submission to the Universal Periodic review of Iceland

26th UPR session November 2016

The Root – Association on Women, Alcohol and Addiction

An individual contribution

Reykjavík, Iceland, 24 March 2016

1. The Root maintains that the Icelandic state is in breach of its obligations regarding human rights, as the state fails to meet its obligations regarding equal rights for women and ban against discriminations against women – as women’s requirements for health care, aimed and tailored to their needs, are not met, *de facto* in the health care system in Iceland; *i.e.* in relation to addiction-problems and other – often comorbid mental health problems that should be treated in accordance with the recommendations of the World Health Organisation – WHO.ⁱ These issues will be discussed further in this submission. Gender equality is at the very heart of human rights and United Nations values and a fundamental principle of the United Nations Charter. By failing to meet women’s need for health care the Icelandic state is in breach of its international human rights obligations regarding equality for women, as stated in the UN International Covenant on Economic, Social and Cultural Rights and according to the Convention on the Elimination of All Forms of Discrimination against Women, as well as the Icelandic constitution and national law, as the state does not meet the requirements of the Gender Equality Actⁱⁱ and the Art. 3 of the Patients’ Rights Act No. 74/1997ⁱⁱⁱ in this respect.

2. In the same way, as in regards to women – which is even worse – the Icelandic state fails to meet its human rights obligations towards children, both children that have addiction problems and mental problems/diseases in general. It is a well-known, and widely publicised, fact that the Icelandic state does not provide sufficient medical (and/or psychological) services for all children who have mental problems, not even those that suffer from serious mental diseases – this has been the situation for years, without the state acting to rectify the situation and the wait for services can even be years. Also, children, as young as 13 years old, who suffer from addiction problems, that are often comorbid with other mental problems/diseases, are detoxified with grown-ups, and are thereby put in the situation where they can even be, and sadly often are, an easy pray for grown-up men looking for their next victim, that they then abuse for their (and sometimes others) sexual gratifications. The Root has, sadly, heard many stories, both from the victims themselves and/or their parents of just such a nature, besides quite a few stories of the same kind have appeared in the media. So it is certainly so that the Icelandic state has knowledge of that situation as well, but has not done anything to ensure that children with addiction problems are, at least, safe from predators while being hospitalized during detox. As said above; children who suffer from addiction and/or mental problems/diseases are being discriminated



against, by the Icelandic state, and thereby the state also fails to fulfil its obligation according to the UN Convention on the right of the Child, as well as according to other conventions on human rights.

3. It should be emphasized here that those groups being discussed here, i.e. women and children with addiction diseases, as well as other psychiatric diseases, are certainly **vulnerable minority groups**, even more so when it is taken into consideration that the individuals in question are often, and even by a large majority, also victims of violence and exploitation.

4. The Icelandic state has an **obligation to respect, in all areas of law and society, equality and ban against discrimination - and to ensure that those basic human rights are not only incorporated in law, but also applied de facto**. The duty to respect equality and combat discrimination is especially relevant and substantial in areas that are within the state's own realm, like in the health care system; that is either run or financed by the state itself.

5. Certainly a state concern and responsibility. In Iceland most of the treatment facilities for people with substance use problems are run by private bodies, but nevertheless they are funded by the Icelandic state and are therefore, a part of the public health system. For instance, the largest detox-facility, Vogur, that has the status of a hospital, is funded by the state as it gets funds in accordance to the number of patients and per day.

6. One of the reasons the Root was established is that there was a widespread knowledge amongst women in the so-called "sober community" that treatment for women with substance use problems is entirely insufficient, as there is, in most cases, **no account taken of the special problems of women, their histories of violence and other traumatic experiences** in treatment in Iceland. Neither are other mental problems (other than addiction, that is) treated or addressed in detox or rehab. Women (and children) are subjected to detox/treatment alongside with men, and are therefore put in danger of being re-victimized. It is probably safe to say that the treatment industry in Iceland is **unable to perform the services they are supposed to provide**, not even to provide a safe haven from violence or women and children from being re-victimized and in fact the Icelandic State, by not making any efforts to meet the needs, in fact legal rights, of women and children.

7. The Icelandic state has an **obligation to meet the health care needs of women**, as well as men, but the fact is that in Iceland almost, by a very large majority, all treatment for addiction is tailored by men, for men, based on the so called Minnesota model, that has its foundation in the AA-movement and its doctrines' – and those, needless to say, are not tailored for women and/or anybody who suffers from comorbid disease(s) or has been traumatized, e.g. intimate partner violence.

8. Women are de facto discriminated against in the health system. The state must meet its obligations to provide itself, or ensure that private bodies funded by the state, provide proper health care for women with addiction problems. Treatments, provided or funded by the state must be in accordance to today's scientific knowledge, and treatment for women has, also, to be based on evidenced based empowering ideology – that is fit for 21st century healthcare services – and therefore the state, and all relevant bodies, must gather knowledge on gendered views, and the methodology that goes along to meet the requirements of gender equality. WHO has issued a factsheet on Intimate Partner Violence and Alcohol^{iv} where one of the key responsibilities of public health, in relation to violence and alcohol, is defined as following: "*Ensure close links between intimate partner violence and alcohol support services, allowing those presenting at one to receive screening and referral to the other*" - the Root has, but to little or no



avail, made efforts to make the relevant bodies aware that by not providing psychological/psychiatric health services for trauma victims, during, or in relation with, rehab, women are being discriminated against.

9. By a large majority women with addiction problems have history of being victims of violence, even according to the little research that has been done in Iceland. A screening made in Vogur Hospital^v, the majority of women, 70%, who enter rehab have been victims of violence^{vi}. As noted in the report, this percentage is probably too low since the screening takes place when the women enter treatment and there is no reassessment made at another time. According to the report, for many women entering treatment, violence is such an integral part of their life that they don't define it as violence.

10. In Vogur Hospital, men, women and **children, as young as 13 years old**, are detoxified. The hospital has long been criticized for avoiding procedures similar institutions must undergo, such as delivering discharge letters, as noted in an article in the Icelandic Medical Journal^{vii}; for not notifying to the child protection services, as discussed in an interview with the director of The Child Protection Services in Reykjavík^{viii}; for not protecting women and children attending treatment, as criticised by a member of the Multicultural Council of Reykjavík^{ix}. This practice is in conflict to Art. 27 in the Patients Act on the rights of sick children, as in health institutions that surroundings and care “shall be suited to their age, maturity and condition”.^x There is also a tragic lack of resources for pregnant women with addiction problems, but according to the Child Protection Act, i.e. article 37, child protection committees have the right to protect the child^{xi} also before birth. It may be recalled that Ombudsman for Children pointed out in its submission to the Office of the High Commissioner for Human Rights in 2011 that amongst the areas in the health system **needing improvement were professional psychiatric services for children**.^{xii} It may safely be said that very little, if anything, has been done by the Icelandic authorities yet (2016) to rectify that situation.

11. There has also been criticism for **lack of collaboration** between health service providers, and that patients are not referred to appropriate services, when called for, as noted in a lecture by a senior staff member at the Addiction Department at the Landspítali - The National University Hospital of Iceland.^{xiii} This last point should be considered in relation to the level of privatization in the treatment industry in Iceland, where there is payment for every patient, from the state there is quite an interest, for each facility, in holding on to the patients. The Root holds that this practice is in contrast to article 3 of the Patients Act.^{xiv}

12. Lack of security The Root gets substantial correspondence on the lack of security of women in the treatment system, and has sent numerous complaints to ministers and institutions of the state. The Root's submission is based on the testimony of women, and men, who have attended treatment, worked in the treatment system or on official information. The main prerequisite of a successful treatment is a secure environment in accordance with the high rate of violence experienced by women who seek treatment and principles of trauma informed care.^{xv} Many of them consequently suffer from PTSD. The vulnerable minorities, i.e. women and children with addiction problems, are in danger of being re-traumatized in mixed male and female treatment.

13. The correspondence of the Root with the authorities. The Root has sent complaints to the Directorate of Health (Surgeon General) and the Ministry of Health regarding the lack of security in treatment - and on the grounds of men convicted of violent crimes are in treatment with young women



and children and have caused much harm. The Directorate of Health is well aware of this problem of this mixture of vulnerable women, and indeed children, which is very irresponsible, to say the least. Since there is very little interest or knowledge in the treatment industry in theories of power relations and gender, this makes things even more severe.

14. Staff and lack of education in rehab. The only treatment offered in Iceland that is entirely based on evidence based practices is the one offered to people with comorbidity at the Landspítali - The National University Hospital of Iceland, but that is only available for very certain group of patients. Other rehabs are, apart from medical staff at Vogur hospital, mainly staffed with addiction councillors with minimal education.^{xvi} The Root has sent various complains on grounds of those councillor's enormous responsibility in treatment centres - not the least when their scarce education is taken into account; education, that is, according to answers from ministries and Directorate of Health, not regulated by any state body. The councillors are educated within the NGO's, SÁÁ, facilities, by authority of the Directorate of Health - although, until recently, there was no curricula available, and in fact not until after the Root had complained to the Information Committee. Many of the teachers in the program have the same education as given to the students, which is not even on high school level. This education requires attendance to 300, loosely defined lessons. There is no mention of gender education in the curricula in harmony with article 12 in general recommendation No. 24 in CEDAW, where it is stated: "Ensure that the training curricula of health workers includes comprehensive, mandatory, gender-sensitive courses on women's health and human rights, in particular gender-based violence."^{xvii}

15. Background of discrimination. Treatment for addiction in Iceland is divided into three categories: treatment in the psychiatric wards of hospitals where medical methods are used; treatment in institutions using the 12 steps method and treatment in institutions that have the Christian religion as a guiding light^{xviii}. The majority of all treatment for addiction in Iceland is either directly based upon, or closely linked to, the Minnesota model. That program is, as is well known and admitted, built on the principles of AA (Alcoholics Anonymous), which again was founded and designed by men, for men - and is in addition based upon religious grounds, that, needless to say, has little to do with scientifically medical practices. This is the background of discrimination against women – and adolescents –in the health system.

16. Lack of quality. The Root has criticized the lack of quality of treatment offered in Iceland, on the grounds that medical treatment in a modern welfare state should not be based on religion, like the 12 steps method and Christian methods are, but, instead should be grounded on scientific evidence based knowledge. In Iceland there has been minimal research in the treatment field, perhaps partially because most of the treatments on offer are privatized, and not a part of, or linked to, the university hospital, or in fact linked to any university.

17. Incidents in health care/detox/rehab facilities. The Root has asked for information on number, type and gender, of incidents in the treatment industry in Iceland, from the Directorate of Health, but too little, or no, avail. One of the prerequisites in monitoring quality of health institutions is the registration of incidents – i.e. where something goes wrong and/or incidences of violence etc. The Root hears of many incidents, but the Directorate of Health says they are very few, although it will not provide the exact information. If the Directorate of Health is right it might be a concern that the criteria for an incident, per se, is not clear enough or that health facilities do not register, contrary to law, the incidents that occur, but then again it might be so that monitoring is not sufficient. It must be natural to ask, if the



supervising body, Directorate of Health, does not have those numbers, how does it go in monitoring the quality and security in treatment?

18. Recommendations. The Root urges the governmental bodies responsible in the sector to eliminate the human rights concerns mentioned. The recommendations are not exhaustive and there is space for grate improvement in treatment and services to women and children with substance use problems. The Root recommends the following measures to improve status of human rights for women and children with addiction problems:

- The government has to make strategic plans for addiction treatment, with special emphasis on women, girls and children, based on current knowledge on gender, and in harmony with gender-responsive and gender-mainstreaming principles.^{xix}
- The Directorate of Health needs to make strategic plans for treatment of addiction and related problems. Best practice guidelines for treatment for women has to be issued. Such models have been developed are being implemented in other countries.
- Addiction has to be seen in relation to its gendered perspectives and in relation to its social and gendered implications, not the least in relation to gender based violence.
- Sex-disaggregated data on drug and alcohol related matters has to be collected and made available to researchers.
- Research in the field has been very narrowly focused on biological theories of addiction. A broader scope is needed, not the least qualitative research on the experience of women with addiction problems. The system has to start to listen to the women and children involved.
- Treatment for addiction has to be more diversified and based individualized on scientific evidence.
- Urgent action is needed to develop appropriate treatment for young mothers with addiction problems as well as for children and adolescents.
- Access to treatment the in no way related to religious ideals has to be secured for all.
- The certification of the Directorate of Health's of chemical dependency practitioners/addiction Councillors, whose education is not in line with modern medicine standards, should be ceased.
- A centralized analysis centre should be established to hinder private health care providers to allot themselves patients.



References

- ⁱ World Health Organization. Intimate Partner Violence and Alcohol Fact Sheet. See: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf.
- ⁱⁱ The Ministry of Welfare, Iceland. Act on Equal Status and Equal Rights of Women and Men. See https://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Act-on-equal-status-and-equal-rights-of-women-and-men-no-10-2008-as-amended-16.pdf.
- ⁱⁱⁱ The Ministry of Welfare, Iceland. Patients' Rights Act. See: https://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Patients-Rights-Act-No-74-1997.pdf.
- ^{iv} World Health Organization. Intimate Partner Violence and Alcohol Fact Sheet. See: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf.
- ^v Vogur Hospital is the biggest detoxification clinic in Iceland, run by an NGO, SAA -National Center of Addiction Medicine. SAA receives the lion's share of the state's funding for addiction treatment in Iceland according to the health ministers answer from 20.10.2014: <http://www.althingi.is/altext/144/s/0329.html>.
- ^{vi} The minister's of health report on measures in accordance with the governments strategy to combat men's violence against women in close relationships. 2010-2011, page 18 in a special report: „Rannsókn á ofbeldi gegn konum. Viðbrögð heilbrigðisþjónustunnar“. See: <http://www.althingi.is/altext/139/s/pdf/1214.pdf>.
- ^{vii} Gudmundsson, Eyjolfur. (2010). Icelandic Medical Journal. 96(4). See: <http://www.laeknabladid.is/media/tolublod/1440/PDF/u06.pdf>.
- ^{viii} Fréttablaðið. (2013). „Augljóst tilefni til að tilkynna fólk í meðferð“. 21. August. See: http://timarit.is/view_page_init.jsp?pageId=6138249.
- ^{ix}. DV. (2015). „Þorlaug efast um heilindi SÁÁ“. 28 October. See: <http://www.dv.is/frettir/2015/10/28/thorlaug-efast-um-heilindi-saa/>.
- ^x The Ministry of Welfare, Iceland. Patients' Rights Act: „Surroundings and care of sick children in health institutions shall be suited to their age, maturity and condition.“
- ^{xi} The Ministry of Welfare, Iceland. Child Protection Act. See: https://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Child-Protection-Act-as-amended-2015.pdf.
- ^{xii} Summary prepared by the Office of the High Commissioner for Human Rights, Geneva 3-14 October 2011, p. 9, Para 51.
- ^{xiii} The Icelandic Mental Health Alliance (Geðhjálp). (2014). Conference video. Listen to min. 4.20. Hjördis Tryggvadóttir psychologist and team leader of an addiction department at the National Hospital: <https://www.youtube.com/watch?v=TFBaDaUHWXM>.
- ^{xiv} The Ministry of Welfare, Iceland. Patients' Rights Act. „The patient has the right to the best health service available at each time. The patient has the right to service appropriate to his/her condition and prognosis at each time and the best knowledge available. The healthcare practitioner shall endeavour to establish a sound relationship with the patient. The patient has the right to continuity of service and cooperation between all healthcare practitioners and institutions involved in the treatment.“ See: https://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Patients-Rights-Act-No-74-1997.pdf.
- ^{xv} SAMHSA. Trauma-Informed Approach and Trauma-Specific Interventions. See: <http://www.samhsa.gov/ncitic/trauma-interventions>.
- ^{xvi} Ólafsdóttir, Hildigunnur. (2000). Alcoholics Anonymous in Iceland: From Marginality to Mainstream Culture. Reykjavík. Háskólaútgáfan, 2000:172: Hildigunnur Ólafsdóttir retraces the history of the profession of councillors in her doctoral thesis. See: https://books.google.is/books?id=IX-Um4BanhsC&printsec=frontcover&hl=is&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.
- ^{xvii} CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health) „Ensure that the training curricula of health workers includes comprehensive, mandatory, gender-sensitive courses on women's health and human rights, in particular gender-based violence.“ See: <http://www.refworld.org/docid/453882a73.html>.
- ^{xviii} The Ministry of Welfare, Iceland. Endurhæfingarstarfsemi og meðferðarstofnanir: See: <https://www.velferdarraduneyti.is/heilbrigdisthjonusta/endurhaefingarstarfsemi-og-medferdarstofnanir>.
- ^{xix} Jean Tweed Center. Best Practices in Action: Guidelines and Criteria for Women's Substance Abuse Treatment Services. See: <http://jeantweed.com/wp-content/themes/JTC/pdfs/Best%20Practice-English.pdf>.