



HARM REDUCTION
INTERNATIONAL

Women and harm reduction

Global State of Harm Reduction 2018 briefing

Women are estimated to account for one third of the 275 million people who use drugs globally. Women who use drugs are consistently reported to have less access to harm reduction services and to be at higher risk of HIV and hepatitis C infection than men who use drugs. Despite these reports, robust data on this subject is scarce, and research on drug use and related health issues rarely produces information about women.

The *Global State of Harm Reduction 2018* identifies a number of key issues and themes reflected across the world that limit women's access to harm reduction services, and highlights cases of good practice.

THE LACK OF GENDER-SENSITIVE HARM REDUCTION SERVICES

Harm reduction services worldwide remain overwhelmingly gender-blind or – more commonly – male-focused. This leaves women underserved and the specific issues they may face poorly understood.

Gender-based violence can contribute to a reluctance to engage with harm reduction services among some women. Women who use drugs are more likely to experience intimate-partner violence, non-partner violence and sexual exploitation than women who do not use drugs. For example, women who use drugs in Indonesia are up to 24-times more likely to have experienced intimate-partner violence. In some cases, women may be required to attend harm reduction services in the presence of their abusers.

For women who use drugs that are mothers, many services around the world will rarely accommodate children, even if the woman has no option to attend without them. This has been documented at low-threshold services in Australia, as well as residential and semi-residential projects in Latin America working with women who use cocaine.

RECOMMENDATION: Harm reduction services should work to provide women-only spaces. This may mean separate facilities or certain hours dedicated to serving women.

RECOMMENDATION: Harm reduction services must work to meet the needs of women with children; for example, by providing childcare facilities.



**THE GLOBAL STATE
OF HARM REDUCTION 2018**

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STIGMA AND DISCRIMINATION

Around the world, women who use drugs face double stigma based on both their gender and their drug use. Entrenched patriarchal social norms in many contexts lead to women, and especially women who use drugs, being reluctant to access health care in general. Pregnant women and women with children experience even greater stigma: in some jurisdictions, drug use alone is grounds for the removal of children or prosecution for child abuse.

Women can face direct discrimination because of their gender when accessing harm reduction services. In some cases, health professionals have refused women access to opioid substitution therapy, and women are reportedly more likely to be subjected to breaches of confidentiality when accessing harm reduction services.

RECOMMENDATION: Policy-makers must ensure that women who are mothers are not discriminated against on the basis of drug use.

RECOMMENDATION: Women who use drugs should be involved in service design to minimise the impact of stigma. Training health professionals and employing female outreach workers can also support this.

BARRIERS TO HARM REDUCTION FOR WOMEN IN PRISON

Punitive drug policies disproportionately impact women, and drug use and drug offences are a significant contributor to the incarceration of women around the world. This is often due to the roles women play in the drug trade. Evidence from Latin America shows that women are more likely to occupy low-level positions in the drug trade, and are more likely to be convicted once at trial.

Chart 1: 90% of women in prison in Indonesia and the Philippines are imprisoned for drug offences

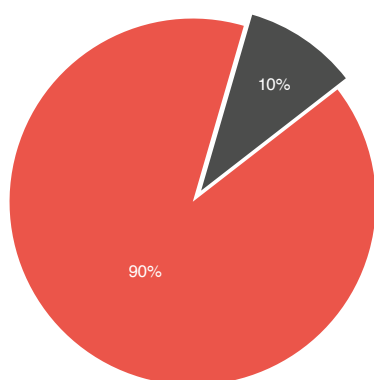
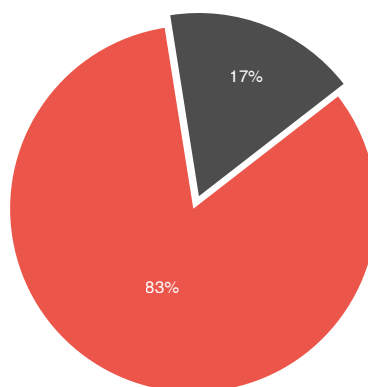


Chart 2: 83% of criminal sentences given to women in Thailand are for drug offences



When women who use drugs are detained, access to harm reduction services is severely lacking. Worldwide, only 54 countries provide opioid substitution therapy in any prison, and only ten provide needle and syringe programmes in any prison. This is compounded by the even greater absence of services in women's prisons: for example, in Canada, opioid substitution therapy is reportedly implemented to a lesser extent in women's prisons.

RECOMMENDATION: Policy-makers must work to ensure that people do not face criminal penalties based on drug use.

RECOMMENDATION: Prison authorities must provide harm reduction services in male, female and mixed-gender prisons.

RECOMMENDATION: Harm reduction interventions in prisons must aim for the standards of service and coverage set out by the WHO, UNODC and UNAIDS.

CASES OF GOOD PRACTICE AND GENDER-SENSITIVE HARM REDUCTION SERVICES

The Muslim Education and Welfare Association in Kenya, Metzineres in Spain, Khaneh Khorshid in Iran, and COUNTERfit in Canada are just a few examples of organisations providing harm reduction services specifically tailored to the needs of women and girls who use drugs. Services provided include support groups, childcare, sexual and reproductive health services, improved testing and treatment of blood-borne diseases, employment and education support, and opioid substitution therapy.

Canada's first women-only drug consumption room, Sister Space, opened in Vancouver in 2018, and similar – though currently unsanctioned – services operate in Tunisia. Studies have found that such spaces increase feelings of safety, respect and dignity among women who use drugs, particularly those who have experienced physical or sexual abuse.

Women-only needle and syringe programmes are reported to operate in Kenya, Malta and Mexico among others. A women-only shelter for women who use cocaine and its derivatives is operated by Atitude in Brazil, with a focus on those threatened by violence, who are pregnant or who are mothers.