

Mainstreaming the Gender Perspective in Addiction Services – How Does It Translate in Practice?

Dianova and WFAD organized an interactive Round Table to reflect on how to mainstream gender perspectives in prevention, treatment, harm reduction and socio-labour reintegration services for people with addictions

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No one questions the need to implement gender perspectives into addiction programs. The question is how to do so in a comprehensive and holistic way, implementing effective and sustained practices over time.

Dianova together with the World Federation against Drugs (WFAD acronym in English) organized a virtual round table on June 16, 2021 where they brought together professionals from several fields such as prevention, treatment, programs and services, harm reduction and social and labour reintegration from different parts of the world to share their experiences, knowledge and practical recommendations when implementing the gender perspective in programs and services.

WFAD and Dianova collaboration

WFAD and Dianova have been collaborating for years in regards to addiction and gender. Last April, they jointly published the infographic [“The Way Forward: Development of addiction treatment programs with gender perspectives to eliminate barriers for women”](#) that states the six main gender barriers to explain in a pedagogical and clear way which the main barriers are when it comes to accessing and staying in treatment and making concrete proposals to overcome them. The infographic was presented at a side event during the [64th session of the United Nations Commission on Narcotic Drugs](#).

“Developing Addiction Programs with Gender Perspectives”

Given the success and high level of participation in this last event, the two organizations decided to assemble a meeting that went beyond the scope of treatment with representatives from different parts of the world and make it as interactive as possible. The meeting took place virtually on June 16 13:30 - 15:30 CEST and featured professional Spanish/ English interpretation. Recording in [Spanish](#) can be found here.

The Round Table was attended by:

- **Diana Joseph**, Manager of the Fourth Wave Foundation, India. She works in the field of prevention. With more than 15 years of experience at the field and advocacy level combined with research work. Special interest in the case of children with special needs.
- **Jorgelina Di Iorio**, Coordinator of the intervention area Exchanges Association, Argentina. She works in the field of harm reduction. Doctor of Psychology, professor and researcher interested in the intersection of social inequalities / mental health, particularly among vulnerable groups.
- **Edward Carlson**, CEO of Odyssey House Louisiana, USA. He works in the field of treatment. More than 30 years of experience in the field of addiction. He has been responsible for more than 39 treatment programs throughout his career. He is currently the president of Treatment Communities of America.
- **Jayne Mwangi**, Founder of the Willing Way Wellness Center, Kenya. The organization she represents works in treatment and rehabilitation. Jayne is also the Executive Director of Unheard Voices Africa, a community organization that works with women, children and youths.

Participants

70 people from countries such as Spain, the US, Uruguay, Nigeria, Sweden, Turkey, Nepal, South Africa, Ireland, Malta, Italy, Bosnia and Herzegovina and Portugal participated. Attendees were mainly from the fields of prevention and treatment with significant participation from the field of harm reduction and reintegration.

When asked what they consider to be the main barrier to accessing and staying in treatment, the participants highlighted stigma, lack of treatment with gender perspectives, lack of funding, gender-based violence in conjunction with problematic drug use and the masculinization of services... Without a doubt key issues that were addressed in the Round Table.

Main gender barriers

Regarding the question of what the main gender barriers in their respective services are, the experts highlighted the following aspects (this list represents the individual points of view of the panelists, not the entire panel as a whole):

- **The double stigma** faced by women users, especially due to the transgression of gender roles.
- **Lack of fixed protocols** to address the specificities of women and their situations such as chronification and invisibility.
- **The lack of awareness of women's rights** (Asian view).
- **Underrepresentation of women in addiction programs, especially in residential settings.** There is a lack of information on use by women and the LGBTIQ + groups and the conception of the people treated as a homogeneous whole from an androcentric perspective.
- The persistence of a stigmatizing approach and **punitive systems** that make it difficult to come in contact with and request support (Latin America).
- **The lack of recognition of gender identities** by the professionals who accompany people who use drugs and, in some cases, of the legislation itself.
- The **connection** of women with the **drug trafficking** chain is not considered as a means of economic subsistence in accessing services (Latin America).
- **Androcentric style of treatment.** We must take into account the situation and acknowledge women and the LGBTIQ + community and design programs that address gender specificities in conjunction with substance use.
- Difficulty of access to resources due to social and cultural barriers, but also in the design and implementation of services.
- Treatments in some countries **are not affordable for women and the feminization of poverty in conjunction with social stigma discourages women from seeking help.**

Proposals on how to overcome gender barriers

Ideas on concrete measures that could improve the involvement of women in services include:

- **Make the problem** of addiction **visible** among women: collect and provide data on the situation of women with drug addiction problems to better understand the phenomenon and provide an adequate response.
- **Empowerment as a key to recovery:** Promote the creation of knowledge and information spaces on the rights of women and LGTBIQ + communities, help women to express themselves, promote safe spaces for the prevention and eradication of gender violence.

- **Educate the professionals involved** in treatment centres on gender perspectives and create safe spaces, even mixed, where there is a vision of caring and respect.
- Presentation of OHL's "**Seeking safety**" program. Provide a special service with a perspective to address trauma, with specific groups, for those who have suffered trauma, stigma and use.
- Design a **support system** for those in the family environment who depend on women so that, if the latter require support for drug addiction problems, their relatives, including their children, will not be left helpless.
- **Address the trauma** associated with drug use by women and understand the role that addiction trauma plays during the recovery process in each person's life.
- In the area of harm reduction, two programs with adolescents and youths in vulnerable contexts are launched, and in recreational use environments **to create spaces** for women and communities to report the difficulty of access to services because they are women and plan action.
- A **women-only solidarity** group aimed at reinforcing the collective/group dimension. Aimed not only at women who have an addiction problem but also who promote solidarity and the elimination of stigma.
- **Generate specific research that allows us to know more** about consumption patterns of trans people, pregnant women, etc.
- Implement awareness campaigns for specific groups: sex workers, the trans community...
- Hire a number of therapists to **help women at home**.
- Pay attention to the de-stigmatization of use programs, so that **drug use is not standardized**.
- **Prioritize prevention programs** with gender perspectives so that they reach women and especially the most vulnerable (disability, women with HIV, etc.). Working with early intervention programs is effective in ensuring that issues do not escalate. The support of the authorities is required to scale up these programs (especially in highly populated countries, like India, that do not have social security systems).

Requests to authorities

Regarding initiatives which would facilitate their work, the panellists indicated that it could be:

- Design and implement a clear prevention strategy with strong **early prevention** programs at a state level.
- **Train health professionals** as the first line of strategic action.

- Invest in programs that can **facilitate the recognition and request for help** by people with drug addiction problems.
- Design programs that facilitate **dialogue with other services** (health, accommodation, child support system services etc.), that is to say, work between networks.
- Modify **punitive laws** that especially affect women (Latin America).
- **Finance** and promote activities with gender perspectives and the empowerment of women.
- **Clear policy-making by** the authorities.

It was followed by questions of the public on various topics such as: Collaboration with consumer networks for the design and implementation of programs, how to work the gender perspectives with older drug users, how to implement services more focused on the needs of families, what to do in the absence of recognition of the LGBTIQ + community, how to work with men on gender perspectives or ensure evidence-based interventions.

Call to Action

At the end of the event, we asked the attendees if the Round Table had encouraged them to promote gender perspectives in their services, receiving very encouraging responses. From a further substantial promotion of human rights, a greater investment in training professionals, advocacy work on the political environment to focusing on eliminating stigma with the intention of focusing services on the needs of families.

The event demonstrated the need for the different services to work together to achieve a comprehensive and holistic implementation of gender perspectives.

We would like to highlight one of Edward Carlson's conclusions that encouraged professionals in the sector to work on gender issues: *"If you are not doing anything, then start some specific treatment for women and the LGBTIQ + community. If you build it, they will come. If you're already doing something, make it better. Listen to the users, the services, focus on improving"*.

It has been particularly rewarding for Dianova to have experts from different fields and from other parts of the world, to have a different approach to a problem that affects us globally. From Dianova we thank the panellists for sharing their experiences and knowledge, the public for their participation and we are grateful for our colleagues from WFAD!