

# CAMPAIGN BRIEFING

## "A gateway within all women's reach"

26th June 2023

### 1 SCENARIO

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Information extracted from the [World Drug Report 2022](#).

#### Current trends

In 2020, an estimated **284 million people** worldwide aged 15-64 years had **used a drug** in the past 12 months (representing a 5.6 % of this age group), which resulted in a 26% increase compared to 2010, partly to be attributed to the increase in the global population. The report also highlights the **dramatic increase in direct and indirect drug-related deaths**, with an estimated 494,000 deaths in 2019 alone, and an overall increase of 17.5% between 2009 and 2019.

Global cannabis and amphetamine use increased in 2020, opioid use remained mostly stable, and ecstasy and cocaine use trends changed during the pandemic, possibly due to forced closures of entertainment and hospitality venues. However, several indicators show that cocaine use has resumed in 2021. In fact, global cocaine production reached a new record high in 2020, with an 11% increase over the previous year.

**Addictions without substance or behavioral addictions** such as gambling, sex addiction, addictions to new technologies, shopping or online games are increasingly visible. These addictive behaviors can lead to a deterioration in personal, family, social, educational, occupational and economic spheres and can cause psychological distress. These can also have health consequences through insufficient physical activity, unhealthy diet, sleep deprivation or depression. The World Health Organization indicates that the prevalence of video game disorders varies from one country to another, ranging between 1.3% and 9.9% of the population, depending on the measurement instrument used, while the prevalence gambling addiction is between 0.1 and 5.8% of the adult population.

#### Differences in consumption by gender

Drug use is unevenly distributed in the population, but apart from regional and national differences, the main factors related to these differences are gender and age. **Males are more likely than females to use**

**most drugs and young people are more likely to use any drug**, which is true for most regions and substances.

However, **women show a similar prevalence of use for some substance groups and may outnumber men**. This is often the case with the **non-medical use of pharmaceutical drugs, especially opioids, sedatives and tranquilizers**. According to the most recent data available to the UN for 64 countries, women account for more than 40% of those who use amphetamine-type stimulants and make non-medical use of pharmaceutical stimulants and opioids, sedatives and tranquilizers.

Factors that may influence stimulant use include a greater vulnerability to the **rewarding effects** of stimulants in addition to certain reasons that lead women to use drugs, such as **responsibilities related to home care, childcare, and family**. The misuse of sedatives, tranquilizers and opioid drugs for non-medical purposes is often associated with **self-medication of pain, anxiety, depressive symptoms, tension and sleep disorders**, all of which are more prevalent in women than in men.

In addition, the report highlights that **women who use drugs face multiple vulnerabilities**. While the prevalence of drug use is higher in men, women are more likely than men to have a faster increase in rates of use and **possible progression to drug dependence**. Women who inject drugs are more vulnerable than men to **HIV, hepatitis C and other blood-borne infections**, and the **risk of excess mortality** in women who use drugs is generally higher than in men.

Another important vulnerability to highlight is **gender-based violence** as an initiating or aggravating factor in drug dependence. Many women who attend addiction-specific treatment programs are survivors of multiple forms of violence. There is a high prevalence of sexual violence in childhood or adulthood, as well as gender-based intimate partner violence, and women who use drugs are two to five times more likely to experience gender-based violence than women who do not use drugs.

In addition, many other factors contribute to drug use and dependence among women, including **the burden of responsibilities in the family environment** (whether of minors or elderly dependents) and **socioeconomic factors** such as lower levels of income and savings, less job security, lower social support, which result in greater difficulties for women who use drugs.

Finally, it is important to **consider all gender identities**, and in particular to take the **specific vulnerabilities of LGBT+** into consideration, in terms of drug use and consequences of drug use. It should be highlighted for example that transgender people have a higher risk of drug use, violence and discriminatory experiences compared to the general population.<sup>1</sup> It is important to note that there is little data and research done towards this collective.

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<sup>1</sup> Pompidou Group, Council of Europe. "Implementing a gender approach in drug policy: prevention, treatment and criminal justice. A handbook for practitioners and decision makers." April 2022. <https://rm.coe.int/2022-ppg-implementing-a-gender-approach-in-drug-policies-a-pg-handbook/1680a66835>

Important gender differences are also observed regarding the addictions without substance. For example, women tend to have greater compulsive behavior with online shopping, while men are more prone to compulsive exercise and video game addiction.

## 2 THE SITUATION

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### Underrepresentation of women in treatment programs

In the period from 2015 to 2019, it is estimated that, globally, only one in five people with drug dependence had received treatment. According to UN data, which vary widely from region to region, less than 20% of these people were women in 2020. While it is true that more men than women use drugs, **women are clearly underrepresented in treatment programs**. As early as 2015, the UN estimated that while one in three people who used drugs was female, only one in five people in treatment for drug dependence was a woman.<sup>2</sup>

On average, **women enter treatment later** because of family burdens, stigma and invisibility of use, resulting in chronic use and more severe drug dependence once they do enter treatment.

### Barriers to access and adherence to treatment programs.

There are structural, social, cultural and gender barriers to the access and adherence of women in addiction services. It is not only about being able to access, but also about being able to adhere to and complete these programs.

It should be emphasized that the LGBT+ community tend to face similar barriers to women regarding the access, and adherence to, addiction services, including the lack of a gender perspective, the burden of stigma and fear of legal sanctions, as described below. However, the **LGBT+ community may also be exposed to additional obstacles**, including denial of care, discriminatory attitudes, and inappropriate pathologizing in treatment or support settings.

**Some of the barriers** faced by women are as follows:

- Most addiction services **have not integrated a gender perspective**, and do not adequately respond to the needs of women as well as LGBT+ people. Most services are designed in an *androcentric* way, that is, taking only into account the profile of men, who are the most numerous beneficiaries. This results, among others, in **a lack of care services for the**

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<sup>2</sup> United Nations Office on Drugs and Crime. World Drug Report 2015.  
[https://www.unodc.org/documents/wdr2015/World\\_Drug\\_Report\\_2015.pdf](https://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf)

**dependent children of service users** (childcare, schedules compatible with family responsibilities, etc.), a **lack of services dedicated to addressing gender-based violence**, **persistent prejudice among professionals** towards women and LGBT+ in services, etc.

- **Fear of losing custody of children** when requesting admission to a treatment program, as well as of **facing legal sanctions**.
- **Stigma is a heavy burden**. Stigmatization of people who use drugs is an obstacle to prevention, health promotion, harm reduction and treatment efforts, and also drives people who use drugs to internalize their own stigmatization, which may result in higher levels of stress, low self-esteem and feelings of shame, guilt, anger and hopelessness that in turn may fuel, or even worsen, their substance use. Stigma can also lead to a certain normalization of the discrimination they face. **Women face a double stigma**, as drug users and for not meeting gender expectations as women (especially in terms of family care responsibilities).

These barriers significantly **deter requesting support and accessing addiction services** and contribute to **the chronification of the problem** and the health and well-being situation of women who use drugs is seriously deteriorating.

Therefore, it can be affirmed that gender influences the types of drug use and addictive behaviors, the progression to drug dependence and the social consequences of drug use and access and adherence to treatment and harm reduction services for women. There is **an urgent need for the development of gender-sensitive drug dependence policies and services** that go beyond addressing pregnancy and motherhood, and overcome the gender barriers that stand in the way of women enjoying a higher level of health and wellbeing.

### 3 CAMPAIGN

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What is the central message of the campaign, what do we want to communicate, what do we want to raise awareness about?

Slogan: **"A gateway within all women's reach"**

Brief description of the campaign: **Multiple barriers prevent women from accessing addiction services. It's high time we removed them!**

Campaign Hashtag: **#RemovingGenderBarriers**

Central message of the campaign: Gender significantly influences access to addiction services. Women have more difficulty accessing and adhering to addiction services due to structural, social, cultural and gender barriers. It is essential to address these challenges from a gender perspective and work towards inclusive and accessible services for all.

### Why do we want to pass on this message now?

At the drug policy level, there is an awareness of the importance of having a gender perspective. However, formal recognition does not lead directly to greater implementation. Political decisions with an impact on the ground are needed, as well as greater awareness of the problem to effectively eliminate the barriers to access and adherence to addiction services.

It is important to raise awareness about the implications of the broader concept of gender, that includes women and LGBT+ people. Nobody should be left behind. We recognize that the LGBT+ collective faces these same barriers, as well as additional obstacles given their specific characteristics and vulnerabilities that can further complicate access and adherence to addiction services.

With this campaign, Dianova wants to make this problem visible and make a call for action to effectively eliminate the various barriers in addiction services. It is critical to address this issue and guarantee access to addiction services for all.

## 4 TARGET

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- **Decision-makers** to make a call to action for the inclusion of the gender perspective in drug policies and services.
- Raise awareness amongst **health professionals**, particularly addiction professionals, of the need to integrate a gender perspective at the level of primary care, referral and in specialized services.
- **General public** to bring the stigmatization of women who use drugs to an end.
- **Women who use drugs** so that they can identify the problems they face and maintain high levels of self-esteem. We've got to encourage them to access addiction services.

## 5 CREATIVE CONCEPT

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The campaign poster depicts a woman reaching for a doorknob to open the door. In the image, the woman appears smaller than the door. She is standing on tiptoe and reaching out her arm, denoting the effort she is making. The door symbolizes the barriers women face to accessing addiction services.

"A gateway within all women's reach", the slogan, refers to the fact that women should have equal access "to the doorknob", i.e. to addiction services. The image plays with blue and orange colors, which are Dianova's corporate colors

## 6 STRATEGY

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The campaign will be launched at the international level by ordinary and associate member organizations of the Dianova international network in the following countries: Chile, Italy, Spain, Portugal and Uruguay and may be replicated by Dianova partner organizations in Slovenia, Canada, Norway, Türkiye, Kenya and India among others.

Launch Dates: 26<sup>th</sup> of June 2023.

Languages: Spanish, English, French, Italian and Portuguese.

This campaign has been developed by Dianova and is supported by Camurus through a sponsorship agreement. For compliance reasons Camurus has reviewed the campaign material(s) before release, but Camurus did not influence or control the content otherwise.

## 7 MEASUREMENT - GLOBAL INDICATORS

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To show the overall impact of the campaign online, we will use the following indicators:

- Size: number of publications, posts, tweets, number of online visits
- Visibility: reach, number of people impacted.
- Influence: number of interactions, likes, shares, comments, retweets.
- Growth: Evolution of followers in the different channels throughout the duration of the campaign
- Number of articles published in press/potential audience.

## 8 SUPPORT – RESOURCES

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- Dianova. "Gender perspective and addiction treatments". December 2019.  
<https://www.dianova.org/opinion/gender-sensitive-perspective-and-addiction-treatment/>
- Dianova. "Dependency or social mandate?". December 2020.  
<https://www.dianova.org/publications/addiction-or-social-mandate/>

### Other content

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<https://www.dianova.org/wp-content/uploads/2021/05/the-way-forward-en.pdf>

- AWARENESS CAMPAIGN: Dianova. "#QuitStigmaNow - End the stigma of people with addictive disorders". June 2018.

<https://www.dianova.org/campaigns/bringing-addiction-stigma-to-an-end/>