

"A Gateway Within All Women's Reach"

Statement for decision makers

While drug use and the need for drug dependence treatment is increasing worldwide, it is not being met by access to or availability of treatment and harm reduction services. The huge gap between need and intervention is of particular concern because it may have dramatic consequences on people's health.

According to the World Drug Report 2022, only one in five people with drug use disorders worldwide receive treatment each year. If we look into the matter more closely and take gender-related aspects into consideration, the situation is even more bleak: among those who have access to treatment services, only one in five is a woman!

Even though men are more likely than women to use almost all types of illegal drugs, women remain clearly underrepresented in treatment programmes. As a matter of fact, gender has a notable impact on substance use initiation, progression to drug dependence, harms related to alcohol and drug use, and people's access and adherence to treatment. On the latter issue, women are at an obvious disadvantage due to the multiple barriers they face.

To mark World Drug Day, June 26, Dianova launched a new campaign "**A Gateway Within All Women's Reach**" to shed light on the multiple obstacles women face when trying to access treatment and harm reduction services, and on the need to have these obstacles removed, once and for all. To achieve this goal, decision makers have a critical role to play.

What are these barriers?

The barriers faced by women are of a cultural, social, structural and gender-related nature. It is not the intention of this document to list them all, but rather to highlight those that appear to be the most important, based on women's experiences:

Most services lack of gender-responsive protocols and interventions – as such, they cannot respond adequately to women's and LGBT+ people's needs. Services are usually grounded in an *androcentric* perspective, which means that they are primarily targeted at men's needs – the most numerous beneficiary group.

As a result, they usually offer no family support or childcare services for participants' dependent children, nor do they propose services for pregnant women or flexible opening hours compatible with family responsibilities, to name just a few negative outcomes.

In addition, in the absence of gender-sensitive protocols, addiction services do not always offer interventions dedicated to addressing gender-based violence, albeit we now know that they represent a key factor in successful addiction services for women.

Lastly, the lack of a gender perspective also implies that health professionals lack training in these issues, even though they too may be subject to biases and prejudices against women and LGBT+ people who use drugs.

Fear of losing custody of their children – many women believe that coming forward as a "drug user" will basically turn their lives upside down, that they will lose their families and even be legally prosecuted due to their use of an illegal substance.

Stigma associated to drug use is still a heavy burden – the 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 worsen, substance use. Stigma can also lead to a certain normalization of the discrimination they face.

Moreover, women who use drugs tend to face a double, or even triple stigma: firstly, because of their substance use, secondly because they are perceived as not living up to gender-related expectations as women, such as assuming family care responsibilities, and, lastly, because many face additional, intersecting stigmas, including that related to homelessness or mental illness.

Gender-sensitive drug policies and services: key aspects to take into account

The barriers we evoked have a major impact on support seeking for women and as such they may contribute to the chronification of their problems and the deterioration of their situation.

It is urgent to develop gender-sensitive drug policies and services that go beyond pregnancy and maternity issues, to really overcome the gender barriers that stand in the way of women reaching their full potential in terms of health and wellbeing.

Over the last years, we've seen rapid progress and the need to implement gender-sensitive approaches and strategies has been recognized. Much has been achieved in terms of guidelines and recommendations, yet these advances have not necessarily translated into policy changes.

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.

Here are some of the measures that could be promoted at a policy and service level to reinforce gender-sensitiveness:

- **Assume a political commitment** to design and implement gender-sensitive policies that take into account gender-related specific needs. This would imply to gather **gender-disaggregated data** for informed decision-making processes.
- Actively work to **eliminate stigma** towards people who use drugs, while putting a particular emphasis on the double or triple stigma that women who use drugs have to face.
- Advocate to **mainstream gender** in all drug-related policies, initiatives, programmes and services. This means to include gender as a **crosscutting principle** of all actions designed and developed in this field, including in mixed, women-only, and men-only services.
- Pay a greater attention to the link between **gender violence** and drug dependence and develop specific interventions and techniques that can help women and LGBT+ people to better deal with trauma, in spaces where they feel both safe and understood.

- Promote the provision of initiatives that **encourage women with dependent children** to access addiction services: arrangement of childcare services, more flexible opening hours and admission arrangements, etc.
- Invest in the **training of professionals**. Prejudices against women are still widespread among service providers. Among other biases, women are supposedly less motivated than men, less compliant, and more prone to engage in manipulation. As a result of these biases, professionals tend to adopt a double standard depending on whether the beneficiaries are men or women.
- Understand gender in a broader way to include the needs, and specific needs, of **LGBT+ people** as well.
- Support the implementation of **women-only services** in order for them to have safe spaces where they feel confident to discuss their specific problems.
- Develop approaches and services **sensitive to the LGBT+ community** that respond to their specific needs.
- Develop, within all programmes and services (regardless of who they are aimed at) **awareness activities and workshops** designed to help beneficiaries understand the importance of gender-related issues.

These are only a few of the many initiatives where decision makers can be real change makers. All in all, we call on the decision makers to prioritize the integration of the gender perspective into policies and services to ensure that the gateway is, effectively, within all women's reach.