The Way Forward – Developing Gender-Sensitive Treatment Programmes to Eradicate Barriers for Women

Side Event at the 64th Commission on Narcotic Drugs, 10:00-10:50 CEST on April 15, 2021

Organised by World Federation Against Drugs, Dianova, Proslavi Oporavak/Celebrate Recovery, and the Women's Organizations Committee on Alcohol and Drugs Issues (WOCAD)

Abstract

Women who use drugs face barriers limiting access to treatment and recovery options and, as reported by the UNODC (2015), are underrepresented in treatment and research. This makes it is essential to raise awareness for gender-sensitive treatment and eradicate barriers in place. Therefore, Gisela Hansen Rodriguez presented the Way Forward, developed by Dianova and WFAD, addressing the main barriers and actions to consider in programme design and implementation. Britt Fredenman highlighted the importance of trauma-specific interventions and the recognition of the interrelation between trauma and symptoms of trauma within treatment. Also, she put forward nine demands to the United Nations and all member states calling for further inclusion of gender and minorities. Sara Esmizade presented a practical example of gender-sensitive treatment in Iran, focusing on the pilot programme 'Khane Parvin'. She provided a clear insight into the background of the pilot, discovered identified needs, needs for compromise with reality, etc.

Watch the Recorded Webinar here

Speaker 1 – Gisela Hansen Rodríguez

Gisela Hansen Rodriguez represented Dianova, an organisation with a network of 25 organisations from 19 countries. Gisela elaborated on the gender barriers in addiction recovery. Women who use drugs experience gender-based barriers, the impact of which should be considered. The report by the UNODC (2015) showed the underrepresentation of women in treatment. One out of 3 drug users were a woman, whereas only 1 out of 5 in treatment was a woman. Women face barriers to access and remain in treatment and face a double stigma. It is essential to raise awareness for gender-sensitive treatment and eradicate the barriers in place. Based on this, WFAD and Dianova have developed a "Way Forward" which Gisela Hansen Rodriguez, addressing the main barriers and actions to consider in programme design and implementation.

1) Lack of Gender Perspective in Treatment
   A gender perspective should be included in schedules, regulations, location, therapeutic activities, and infrastructure.
2) Invisibility of Women's Problematic Drug Use
   Greater knowledge is needed of the characteristics of addiction in women and protocols and trainings should be adapted and improved.
3) Lack of Collaboration between Addiction Services and Other Services
   It is necessary to establish effective working linkages with other services, such as child service, mental health services, etc., to provide comprehensive assistance to women who use drugs.
4) Stereotyped Attitudes and Beliefs on Behalf of Service Providers
   Gender-sensitivity awareness and training are important for all staff, including sessions to question their belief and attitude to improve treatment and implementation.
5) Lack of a Gender-Based Violence Focus During Addiction Treatment
   Violence is a contributing factor in substance use and, therefore, both problems should be addressed comprehensively.

6) Women Who Use Drugs Face a Double Stigma
   The stigma related to women who use drugs should be reduced, their quality of life improved, and access and adherence to treatment made available. Through training, health care provides can help to reduce the stigma.

Find the full Way Forward here

Presentation Gisela Hansen-Rodriguez

Speaker 2 – Britt Fredenman

Britt Fredenman represented the Women's Organisations Committee on Alcohol and Drug Issues (WOCAD), which is a collaborating body for issues concerning alcohol, narcotics, and addictive drugs, working with prevention and targeting girls and women. Britt Fredenman highlighted the importance of trauma-specific interventions, where the survivor is respected, informed, connected, and hopeful regarding their recovery, the interrelation between trauma and symptoms of trauma is recognised, and collaboration with survivors, family, friends, and other human services and agencies is included. A trauma-informed approach realises, recognises, responds and actively seeks to resist re-traumatisation.

Britt Fredenman also presented nine demands to the United Nations, including 1) better recognition of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); 2) need for a gender-sensitive approach in all global conventions on psychotropic substances; 3) commitment by all countries to develop policies and strategies to reduce and eliminate the health and crime caused by the targeted marketing of alcohol and other psychoactive substances; 4) consultation with and meet the needs of indigenous and minorities, including accessible, gendered, and culturally sensitive care and research; 5) gender-balanced and inclusive research; 6) the design of an action plan with a women perspective; 7) gender-sensitive training for all [professional] actors/stakeholders to produce effective and proactive interventions; 8) design of action plan ensuring availability of appropriate treatment, prevention, support, and empowerment for mothers with young children; 9) intensification of efforts implementing CEDAW in all services and ensure gender and cultural sensitive treatment.

Presentation Britt Fredenman

Speaker 3 – Sara Esmizade

Sara Esmizade, representing the Asian Drug Demand Reduction NGOs Association (ADNA), located in Iran, and presented the gender-sensitive treatment in Iran. Drug treatment in Iran was originally established for men and have not necessarily been adjusted to women-specific approaches. The organisation established a pilot programme, named Khane Parvin, focusing on providing a comprehensive treatment programme and develop a guideline for gender-sensitive treatment for women. It is targeting all drug-using women who need treatment services, its primary goal is to identify the different needs of women and providing a response, and developing a guideline to be used across the country. In reality, most of the clients are from poor socio-economic background. Or from families with parental drug use, homelessness, sex work, no family support, and the Afghan refugee community. Therefore, more needs were identified, such as parallel programmes for newborns, school programmes for the children, income generation programme, etc.

There remains a big need for compromises. The conservative environment that they are working in should be kept in mind since it limits the respondents to all of the identified needs. Also, it is necessary to constantly stay alert with culturally and legally sensitive issues, sometimes even scarify the basics, to be able to keep on doing the job. Other examples of compromises are: not being able to address

the sexual needs, which come right after detoxification, properly and a being a big challenge to keep clients in the programme; challenges around the legal issues regarding child custody if pursued since the law does not support women in child custody cases; anything regarding rape is off the limit, and; domestic violence cannot be properly addressed in therapy and trainings.

The programme was to provide a comprehensive guideline for a gender-responsive treatment for women to be applied in the country. Yet, there was an underrepresentation of the different groups/backgrounds of women using drugs. Also, the organisation got trapped by the promises of best-case scenarios, such as family reintegration, job finding, and successful mother-child reunion.

Presentation Sara Esmizade

Questions

- *Is it possible that terms like 'addiction' treatment can hinder some women from accessing treatment? (as many women who use drugs find the term stigmatising)*
  Gisela: Regarding the use of the term of addiction, as Dianova is working in different countries and different languages we do not understand this term as being a stigmatising one. In fact, an important part of our work is to work to eliminate stigma. Nevertheless, we take note of your comment and will analyse it internally.

- *How does gender-sensitive harm reduction fit with these treatment approaches?*
  Gisela: the gender perspective must be guaranteed in any type of approach to substance use, specifically in harm reduction services, stigma is a great barrier that must be overcome as well as providing basic needs such as housing, work, access to aid social, but above all the accompaniment of violence (especially sexual violence) and guarantee that the spaces for reducing harm are safe and that the infrastructure is adapted not only to male needs (separate bathrooms, provide sanitary napkins, gynaecology services) etc.

- *But surely criminalisation is the greatest barrier to treatment access for women (not yet mentioned)?*
  Gisela: Dianova clearly stands for the decriminalisation of drug use
  Addition by co-organiser: Removing criminal penalties for possession as part of a comprehensive drug policy is a must, as are other justice principles within a movement for higher standards of social justice. Legalisation, however, goes too far by creating a multi-billion-dollar industry whose impact exacerbates many of the underlying contributors to systemic injustice.

  The moderator addressed the question live, mentioning that our organisations have different standpoints on the topic. What is important is that when it comes to certain topics, such as everyone's right to equal access to interventions and women's rights in our field, this is something that we can join hands-on even though we have differing views on other topics. This partnership with Dianova, for example, and side-event is an important showcase of just this, that when it comes to these topics of women and children it is something we can unite on and work together to push for equal access for everyone. Which is one of the most brilliants things in this Way forward and the side-event itself.

- *The role of culture as a barrier to women, accessing treatment in Africa, can be a major challenge. What do you think is the way out of this?*

Gisela: Of course, stigma is a huge barrier to access to treatment, even for identify herself as someone who may need specialised help. It will delay the request for help and chronification of the drug problem. Stigma as a barrier should overcome with specific training to professional staff and awareness campaigns.

- *I would like to know your perspectives about feminism as a powerful tool to approach drug/psychedelic discussions inside topics like sorority, safe spaces for women and trans-people, women empowerment, etc. As a feminist and activist, I believe this political position could positively bring topics to the table, such as social exclusion, trauma, and stigmas around other women when we talk about drug use.*
  Gisela: feminism is not only a study; you have to believe it. Gender-sensitive treatment is important in any treatment, such as the creation of women groups. These should also be created in mixed treatment. These groups should become a safe space for women using drugs that need to talk about the sorority and understand each other issues.
  Britt: all have to do with rights. Women are representing half of the world population and should therefore not be forgotten and actively being included.

- *Could you say a few words about the ageing of the population (for example in Europe) focusing on recovering women and related consequences if there are any?*
  Britt: also, at the age of 50 years and older, alcohol consumption has changed a lot. The marketing targets all ages. Today, women around the world are making more money and become more self-sufficient. Therefore, they become a more interesting target-group in the alcohol, tobacco, and narcotic industries marketing.
  Sara: Not many clients here are ageing clients due to cultural taboos. Young women are in the centre.
  Gisela: The aging of the population highlights once again that programs must be flexible and adaptable to changing needs. The population of people who use drugs and who are aging have specific needs that must be taken into account in the designs of the programs, such as medical and health care, the activities that they can carry out in residential settings, the minimum social support they present in many times this population, especially women and people with other gender identity.
  Addition by the co-organiser: There is clear evidence that core dimensions related to the quality of life, such as low socioeconomic status, comorbid psychiatric conditions, and lack of family and social supports are among the most important predictors of relapse. The older population using drugs and people in recovery are also more likely to suffer from the negative social consequences of decades of drug use. Studies report that older drug users are often socially excluded and isolated from their family, friends, and social networks outside the drug users' networks. They are more marginalised, stigmatized, have higher levels of unemployment, lower education, more often homeless, and more likely to have been in prison. All the above may undermine already fragile recovery especially as the available information suggests that specialised treatment and care programmes for older drug users are rare. Hence, fostering opportunities for improved functioning in key areas of recovery and social reintegration.

- *Do you have any global reference/guidelines that may be used at a global level to ensure gender-responsive programmes in drug response?*
  Sara: many come from specific treatment programmes and not global guidelines.

Gisela: It is difficult to find specific guidelines since translating the gender perspective into specific actions is somewhat complicated. In any case, some platforms such as RIOD and the Catalan Federation of Drug Addiction are working on creating a checklist that gathers the main dimensions that involve having a gender perspective both in public policy and in the design and implementation of drug treatment programs

- *The illiteracy and the socio-economic situation can also undermine access to treatment for women in Africa. How to proceed?*
  Sara: having no legal document or being undocumented is an important barrier to access to treatment. The only way to deal with it is in good relations with the government. It causes big challenges but it is essential to work with governments and international organisations.

- *What are the areas where efforts can be put in to ensure better results? Please also do comment on the rate of relapse. I face this major issue because I try to not send them back to the community where a lot of people in the neighbourhood engage in drugs. The factor of poor socio-economic background also plays a huge role over here and the mental health aspect to it becomes secondary. I find that extremely discouraging. I personally try to send them to a long-term care facility (which is not always possible as well). We also follow a therapeutic community approach.*
  Sara: there is the main difference regarding mental health. Serious mental health issues and mental disorders are not well addressed in male programmes. On the other hand, reproductive and sexual issues are not addressed and very expensive. They will not recover when nothing is done on the issues. Men usually do not deal with reproductive and sexual issues. For example, taking care of children is a women's problem. Men can go to treatment without having to take care of the children. Women, however, women are expected to take care of the children and therefore face barriers wanting to go to treatment. Also, many women using drugs often face unwanted pregnancies and might not be able to take care of the child but do not have another option due to a missing safety net in law. So how to be effective, we have programmes lasting 6 months to one year and in some cases are extended. Some experts come to believe that for women it is possible to relapse since they go back to the same environment/family. The successful cases are those that detached themselves from the previous environments.
  Britt: CEDAW is important to spread info everywhere. There are too many working in the field that do not know what it is.

- *Do you have any information on or example of services tailored to the needs of young women and adolescent girls who use drugs? This population seems to be underrepresented in research, data collection, and service provision and seems to fall through the gaps between age-sensitive and gender-sensitive approaches.*
  Gisela: I totally agree, frequently when we talk about treatments we directly think of adults, leaving minors, young people and adolescents out of this imaginary. Residential treatment for minors is more marked by a judicial logic in general, than in the perspective of children's rights, and this makes the gender approach blurred. There are many more gender-sensitive experiences in prevention than in treatment

- *How can we handle cultural barriers that makes women not seek treatment because of stigma, especially here in Africa?*
  Gisela*:* The double stigma suffered by women who use drugs is a global issue, although there are areas of the world where the cultural factor amplifies this situation, the stigma delays the

request for help and magnifies the social penalization. I believe that it is essential that prevention campaigns have a gender perspective, and that the medical services personnel where women usually go first have training in gender and addictions and do not contribute to feeding this stigma.