

## Gender Barriers in Addiction Treatment What Are They and How Can We Overcome Them?

*Dianova and the World Federation Against Drugs publish an infographic that make gender barriers in the treatment of addictions visible and proposes ways to overcome them*

*\*On behalf of WFAD, we would like to thank Dianova for this significant collaboration and shared aim to work towards eradicating barriers for women in accessing drug addiction treatment. With the infographic and the following elaborated article by our partner Gisela Hansen Rodríguez from Dianova, we hope that a greater insight, visibility, and an increase of gender-sensitive addiction treatment programmes will be developed. A special thanks go to Frida Nerdal, illustrator, and Nenad Arslanagić, Graphic Designer.*

### Author: Dr. Gisela Hansen Rodríguez

Dianova participated in the 64th session of the Commission on Narcotic Drugs last April, organizing a series of events, including [“Way Forward - developing gender-sensitive treatment programs to eradicate barriers for women”](#). In this event, a novel infographic was presented to showcase gender barriers in the treatment of addictions, and propose ways to mitigate them.



### Gender and addictions: Why should this relationship be taken into account?

It is essential to introduce a gender perspective in the field of addictions because it provides a better understanding of the specific relationships that men, women and people with different gender identities have with substance use. We do know now that men and women are subject to different social and cultural conditionings. As a result, each analysis, strategy or intervention should be designed based on a gender perspective. Maintaining a rigid view of drug use and considering the population as a single, static and homogeneous whole can only lead to an androcentric perception of the situation that precludes the implementation of the meticulous and specific interventions men and women need, based on their different situations and realities.

Addressing substance use disorders from a gender perspective means taking into account gender differences and specificities, not only in terms of factors that may condition use, but also in terms of use patterns and health, social and individual consequences. The gender perspective also makes it possible to address the unequal conditions of adherence and retention in prevention and care services or programmes.

The lives of women with addiction problems involve a number of situations that limit access, adherence and effectiveness of treatment, not because of their nature, but because they are not taken into account in the design and implementation of programmes. Gender barriers are a major reason why, after more than a decade of discussion in forums and the political agenda, women are still in a minority among patients in addiction treatment services (20% at most) and why they, as well as other gender identities and the LGBTI+ community, do not benefit from addiction treatment programmes genuinely tailored to their needs.

## An infographic on addictions and gender barriers

The "Way Forward" infographic presents six main gender-related obstacles with a twofold objective: to "make visible the invisible", i.e. to explain what these obstacles are in a pedagogical and clear way and to make concrete proposals to mitigate these obstacles, and to encourage addiction professionals to play a more active role in this aim, for example by rethinking the design of programmes, improving training plans, questioning their own attitudes and beliefs during interventions, and by promoting networking. It should be noted that these proposals are much more about changing approaches than demanding large budgets. Each one of us can therefore be part of this change.

- The infographic is available in several languages - download in [English](#) - [Castellano](#) - [Français](#) - [Català](#) - [Euskera](#)

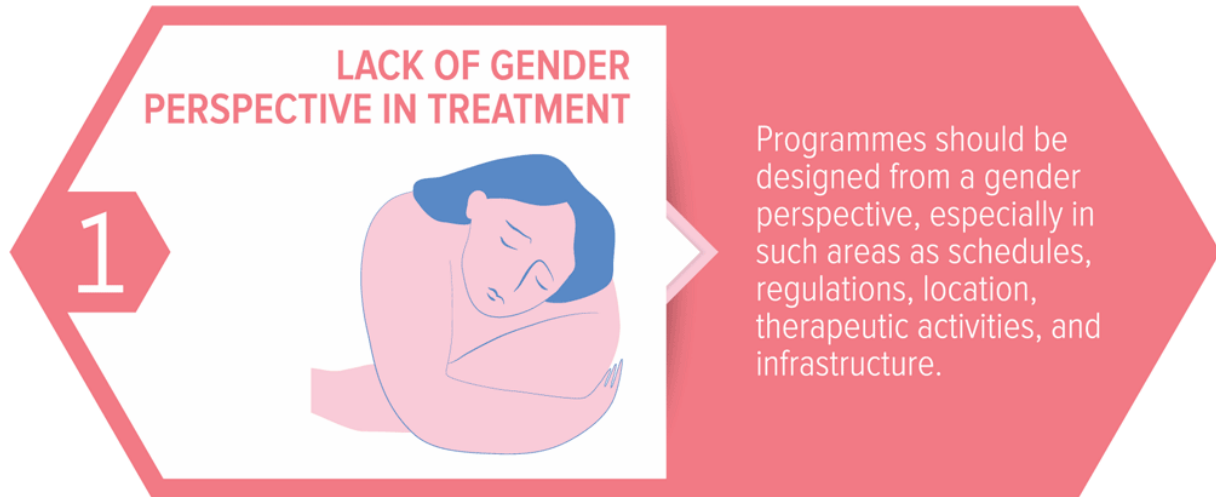
# THE WAY FORWARD

## *One barrier - one proposal*

### **1. Lack of gender perspective in treatment**

Programmes are generally not gender sensitive, which means that women's specific needs are not taken into account in the design, development or implementation of these programmes. The people in charge of planning interventions not only fail to recognize the differences between genders but they also consider male subjectivity as objective.

*In order to overcome this barrier, it is critical to give special consideration to the design of programmes based on a gender-sensitive approach in terms of schedules, regulations, location and therapeutic activities.*



**LACK OF GENDER PERSPECTIVE IN TREATMENT**

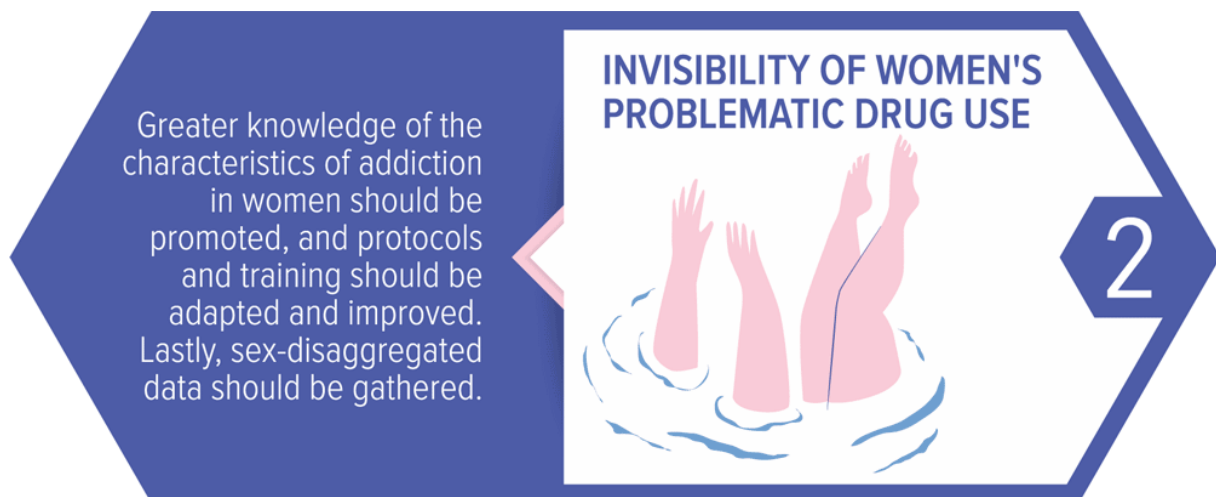
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Programmes should be designed from a gender perspective, especially in such areas as schedules, regulations, location, therapeutic activities, and infrastructure.

**2. Invisibility of women’s problematic drug use**

The invisibilisation of women’s drug use and the obstacles associated to the traditional model of care are linked to the fact that many of the women concerned are able to maintain a normal and functional life, which makes it harder for addiction professionals to identify their problems. In addition, data collection protocols do not allow for the differences between men and women, while they only to identify the sole ‘disruptions’ that characterise male addiction.

*It is essential to better understand the characteristics of addiction in women, improve and adapt protocols and training, and start collecting sex-disaggregated data in order to mitigate this obstacle.*



**INVISIBILITY OF WOMEN'S PROBLEMATIC DRUG USE**

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Greater knowledge of the characteristics of addiction in women should be promoted, and protocols and training should be adapted and improved. Lastly, sex-disaggregated data should be gathered.

**3. Lack of collaboration between addiction services and other services**

Women have more mental health problems related to substance use than men due to the invisibilisation of their substance use, and the stigmatization and social sanctions they face because of it. For this reason, a range of services complementary to addiction treatment should be implemented, either internally or externally, in close coordination with the programme.

*Improving inter-service collaboration and communication (mental health, violence, children, vocational training, etc.) will lead to better care through the implementation of truly comprehensive prevention, treatment and harm reduction services.*



#### **4. Stereotyped attitudes and beliefs on behalf of service providers**

The low number of women in treatment services combined with a sexist imaginary are likely to reinforce stereotypes about women who use drugs and generalize them to all women with an addiction problem. One of the barriers to access and adherence to treatment is the gender bias displayed by some addiction professionals.

*It is essential to promote greater awareness and experiential training in addiction-related gender issues so that addiction professionals can question their own stereotypes and improve their interventions, thus ensuring effective support for the women concerned.*



**STEREOTYPED ATTITUDES AND BELIEFS ON BEHALF OF SERVICE PROVIDERS**

Gender-sensitivity awareness and training are of critical importance for all staff, including sessions to question their own attitudes and beliefs regarding women who use drugs.

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**5. Lack of a gender-based violence focus during addiction treatment**

There is an alarming prevalence of gender-based violence among female drug users compared to women in general and the general population. Many women undergoing treatment for substance use disorders have survived or are surviving multiple forms of violence. There is a high prevalence of sexual violence in childhood and adulthood as well as intimate partner violence. Therefore, such traumas should be addressed during treatment to ensure a comprehensive intervention.

*It is necessary to promote a comprehensive approach focussing not only on substance use but on the range of interconnected problems related to substance use such as violence and violence-related trauma, among others. This is the only way to stop looking at women's problems in a fragmented manner and to start providing comprehensive and holistic support*



**LACK OF A GENDER-BASED VIOLENCE FOCUS DURING ADDICTION TREATMENT**

Violence is a contributing factor in substance use. It is therefore necessary to address both problems in a comprehensive way in order to work not only on the determinants of addiction, but also on those of violence.

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## 6. Women who use drugs face a double stigma

Stigma is a major obstacle to accessing and adhering to treatment and to social and vocational reintegration (job searching, accessing decent housing, etc.). Women with an addiction problem are at a clear disadvantage compared to men when it comes to accessing treatment, because of their feeling of having failed in their role as caregivers and because of the isolation and social rejection they experience.

Women who use drugs are subject to a double stigma: firstly because they use drugs, but also because their behaviour is seen as a transgression of their 'traditional gender role'. When these women are pregnant or have children, social sanctions are even reinforced. If we add to this the fact that treatment is perceived as not meeting their needs, women are therefore strongly discouraged to get the help they need, thus contributing to making their problems chronic.

*It is essential to rethink the role played by the media and by addiction professionals in socially sanctioning drug using women. It is essential to: implement gender-sensitive prevention campaigns that can better reach women and girls (with whose they can better identify through inclusive images and gender-neutral language); make treatment spaces more flexible and open to reduce stigma-related barriers to accessing treatment; and train professionals on gender issues with a focus on public health, human rights and autonomy.*



### Collaboration between organizations

Dianova began its collaboration with the World Federation Against Drugs (WFAD) in March 2020 at a WFAD side event entitled [“Barriers in Access to Treatment and Recovery: Issues Faced by Women living with substance use disorders”](#), with the participation of EURAD, Proslavi Oporavak/Celebrate Recovery, the Committee of Women's Organizations on Alcohol and Drug Issues and the Stand organization. The event addressed some of the key elements

that need to be considered in gender-sensitive management of substance use disorders, including standards of treatment, the revision of international agreements to end discrimination against women, gender-based violence related to drug use, as well as the variables that need to be considered to improve women's access and adherence to treatment programmes.

Although there is increasing awareness on this issue, there is still a long way to go and organizations and decision makers need to make a joint effort in this aim. For this reason, WFAD and Dianova continued their collaboration through the production of a joint infographic describing the main barriers to accessing programs. This infographic was presented at a side event at CND64 entitled ["The Way Forward: Developing Gender-Sensitive Addiction Treatment Programs to Eradicate Barriers for Women"](#) organized on April 15 by WFAD, Dianova, Proslavi Oporavak/Celebrate Recovery and WOCAD.

As the speakers pointed out, the infographic helps to unravel each one of these barriers while identifying its possible solution. In addition, specific interventions for trauma were addressed, and a practical example of gender-sensitive treatment in Iran was presented. The event had high participation and great interaction from the public, who raised numerous questions.

- Access the event's [detailed summary](#) and [recording](#)

*On behalf of Dianova, we would like to thank the WFAD for its collaboration in the preparation of this infographic which we hope will serve to give greater visibility to the problem and, above all, help rethink treatment programmes in order to overcome the problems women face in accessing, and adhering to, treatment programmes.*