

Summary Webinar – Developing Gender-Sensitive Addiction Treatment

The roundtable gave a platform to four knowledgeable speakers, representing the four areas of prevention (*Diana Joseph*), harm-reduction (*Jorgelina di Iorio*), treatment (*Edward C. Carlson*), and rehabilitation (*Jane Mwangi*), have come together to discuss the necessity of developing gender-sensitive addiction treatment. They shared their knowledge and experience to other practitioners, highlighting their challenges but also the opportunities and the needs to ensure the limitation of barriers for women and the LGBTQ+ communities. Several discussion questions were asked by the moderator as well as by the audience.

Contact details/information from Speakers

Diana Joseph - Fourth Wave Foundation - <https://www.fourthwavefoundation.org/>

Jorgelina di Iorio – Intercambios - <https://www.intercambios.org.ar/>

Jane Mwangi - Willing Way Foundation - <https://willingwaywellnesscenter.org/>

Ed Carlson - Seeking Safety Curriculum <https://www.treatment-innovations.org/seeking-safety.html>

Video on OHL and Gender-Sensitive Programming:

<https://www.youtube.com/watch?v=ENsNkbw1VDA>

Questions Contact: Ed Carlson, Chief Executive Officer ecarlson@ohlinc.org

Rosa Thomason, Transitions and OHMEGA Program Manager rthomason@ohlinc.org

Main takeaways

- Stigma around women and LGBTQ+ communities need to be reduced and treatment for these communities needs to be made more accessible, affordable, and normalised.
- Increase gender-specific treatment protocols and separate treatment groups for women
- Empower women and educate them on their rights within their socio-cultural setting
- Decrease the cultural barriers
- More representation on women using substances and in treatment in data and research.
- Need to focus on and include trauma-related treatment
- Educate treatment centres, staff, and clients on women rights and issues
- Need for more advocacy from grassroots levels on governmental level
- Engage youth and communities in prevention measure programmes
- Strongly engage family in treatment
- Get together as a global community to work collect and share data on evidence-based treatment through experience.
- Approach the programme from a transversal basis with a strong link with Human Rights
- It is key to learn from other programmes with a gender perspective

Recordings

The webinar has been recorded in English and Spanish

Find the English recording [here](#)

Find the Spanish recording [here](#)

- 1) What are the main gender-barriers that women face to access and remain in your services? What are the most urgent aspects to be tackled from a gender-perspective? And LGBTQ+?

Diana Joseph:

- Women enjoy different statuses in different communities, depending socio-cultural factors. There is not a one-size fits all for treatment
- Women are hindered in their perspective or rights and often do not understand their right to say no [to substance use] within, for example, marriage, household, community) or demand for treatment and care
- Stigma is attached to women using substances which complicates coming out, accepting that they have a problem, and seeking help
- There is no gender-specific treatment protocols

Jorgelina di Iorio

- It is unknown how many women are in need of help, who use drugs, etc. Because of stigma, it is difficult to gather information about the consumptions.
- No recognition of gender identities by the professionals that work with people who use drugs and even from the legislation in some cases. Trapped in a binary perspective.
- No recognition of gender patterns
- Fear of violence and being of penalised
- Age bias as well
- In Latin America, many women are charged for minor drug trafficking for their economic subsistence and this is not considered for the access of drug-related services

Edward C. Carlson

- Educate the treatment centres, the people providing services, and clients for more inclusiveness
- Lack of understanding of gender sensitive protocols
- Women and people from the LGBTQ+ community tend to suffer from more trauma
- Seeking safety programme
- Need for gender-specific focus, including various gender-related issues
- Make everything seem much more normal through the process (no matter which history, sexual identity, race, etc.)

Jane Mwangi

- Aspect of stigma
- Cultural barriers are in existence for women in developing countries
- No designed programmes for women only rehabilitation
- Invisibility for women abusing drugs makes it difficult for care givers and other related organisations to take care of them.
- Decision-making is not fully in hand of the women. Family is strongly included. Women have to conform to the norms and the culture
- There are not many centres only for women. Treatment centres are mainly mixed and often private, which makes treatment very expensive.
- LGBTQ+ community face struggles. Civil society is still fighting for their legal rights. Still ongoing. You can't come out. Hopefully something is going to happen in the future. Hard for this population to come and speak out.

2) What concrete measures would improve women's engagement in your services? Please specify and provide concrete examples.

Diana Joseph

- Certain issues lead to women not seeking for support.
- Women are underrepresented, data is lacking. Underrepresentation from the policy making, to the funding, to the care programmes sanctioned by the government, to the civil society. Issue to lead to concrete measures.
- Women delaying in seeking help due to social cultural issues accepting the need to seek support.
- Rights-based measures are needed. Call for dignity and status, and the right to seek help.
- Not being able to decide for the household. Lot of dependents around them. Addressing that support system.
- Largest issue of trauma. Various reasons women get into the habit of substance use.
- Support systems while women are in treatment

Jorgelina di Iorio

- In the field of harm reduction, they have launched two programs with adolescents and young people in vulnerable contexts, and in recreational consumption environments to create spaces for women and communities to denounce the difficulty of access to services because they are women and raise actions.
- They have launched a program of solidarity women aimed at reinforcing the collective / group dimension. Targeted for women who do not have necessarily to be drug users and who promote solidarity and the elimination of stigma.
- Implemented specific research that allows us to know more about consumption patterns of trans people, pregnant women, etc.

Edward C. Carlson

- Embrace the concepts and allocate time necessary to separate the genders and include gender-specific components
- Need to address trauma related issues. Women often play down or deny the trauma they experienced [which is also related to their addiction]. Help them to understand that the trauma was not their fault.

Jane Mwangi

- Encourage women to be able to speak up and come out for treatment.
- Educate them on the aspect of gender-based violence.
- Out-patient perspective – set up a community-based approach through the gender office, have volunteers/counsellors on call, activities on how to engage the women, and educate the community.
- Cultural barriers put women into stigma. We need to speak out that seeking help is not a big deal

3) What would be the main difficulties for implementing gender-sensitive programmes at the operative level (i.e. lack of training of professionals, lack of space, funding, etc.)? What strategies have you implemented in your programme to overcome those difficulties?

Diana Joseph:

- Prevention is important regarding preventing women and substance use. Yet, prevention is still to be given a primary space.
- Engage early on – early intervention among young adolescent. Prevention programmes to bring out the young girls from their cocoon and give them a social space.
- Educate the youngsters on CEDAW, food, access to care, etc.
- Efforts to destigmatise easily turns into normalising the use of drugs. Fine line we need to make clear and avoid.
- Currently an increase of mental health issues and opioids dependency.
- Working with the rights of women
- No support system to standardise the treatment system.

Jorgelina di Iorio

- Not part of the public health system. There is a need to maintain a well organised society. Yet many are not registered, several programmes in the region have more unfavourable resources since the COVID-19 pandemic.
- Lack of information.
- Need to normalise penalising views.
- Stop standardising as if all drug problems come from the same source.
- Deal with the legal aspects.
- Work to overcome social prejudice on treatment, the response, and the gender aspects.

Edward C. Carlson

- Part of the difficulties is that there is a lot of men. They tend to look at treatment from a male perspective.
- Engage and work closely with women in need. Women and LGBTQ+ communities should be represented in the treatment process of their community.
- Treatment should be open and inclusive, accepting people who and where they are
- Access to resources and information.

Jane Mwangi

- Having well-trained staff that can deal and understand women issues and well-tailored programmes.
- Most staff is usually male.
- Carry out assessments and research to increase data
- Outreach to community and help them
- How to make treatment more affordable.

4) What would be your main asks to the authorities? What kind of support do you need?

Diana Joseph

- Clear governmental prevention strategies
- Investment in societies
- Trained professionals
- Safe environment for women and allow and encourage LGBTQ+ community to come out which needs systematic effort by the government.

Jorgelina di Iorio:

- Modification of punitive laws that especially affect women in Latin America.
- Design programs that dialogue with other services (health, accommodation, child support system, etc.), that is to say, work between networks.

Edward C. Carlson:

- Money is the main need to fund to drive programmes., especially gender-sensitive treatment programmes.
- Make programmes more specific and more inclusive for women and LGBTQ+ communities.
- Make programmes tailored to different cultures

Jane Mwangi:

- Funding to make treatment accessible
- There is a lack of economic empowerment
- Training of the community from health workers to educate women. When women are affected, their children will be affected also, which we should avoid. The child should not get affected by a parent in treatment.
- Need for safe houses

Audience Question

- 1) What concrete policies are missing for you in order to meet the necessary results? Are you working with drug users' networks in your programmes?

Diana Joseph: as an organisation and as our policy, we have clear rules that we engage with the population that has already gone the full cycle and trying to regain their life back. We are looking at what policies will actually facilitate and help this full process while also being signatories to various international conventions. It is important to integrate policies into the programmes and also the beneficiaries.

Jorgelina di Iorio: it is key to work with people who use drugs. There could be no harm reduction programmes unless we work with people who use drugs. They are central to our programs and transform into health promoters. They are well aware of the problems and barriers that need to overcome but as well of possible answers to those that could be effective. This is also key to apply into housing and health services.

Edward C. Carlson: emphasis and focus on policy and policy implementation to make sure that they are followed through, clear and enforced. Funds/money is needed to help the implementation part.

Jane Mwangi: there is a lot of policy on paper but not adhered to on the ground. Decriminalising the aspect to not make the drug use as a criminal offence but to see that they are in need of help. Crime and substance use is usually often intertwined but need to be separated in order to provide help.

- 2) Women's age has to be considered when planning treatment programmes. Even elder women have the right to treatment and equal rights.

Edward C. Carlson: it is important, especially since the population is also aging. An older person has different issues than a younger person. You can also use it as an advantage. Having, for example, older people mentor and interact with the younger people to share experiences and life experiences.

Diana Joseph: Currently, we see a normalisation push by the alcohol and tobacco industry targeting the older [female] population. Putting pressure on providing care for the elderly when needed since there is not a systematic programme existing right now.

- 3) From prevention to treatment, how can providers make their services more family-centred. What is a first good step?

Jane Mwangi: Family is sometimes avoided in treatment and the issue not addressed at a family level. Yet, it is important for the family members to come and become engaged with the treatment process to understand the [usual] underlining issues driving the individual to substance abuse as well as change the environment for their recovering family members. Substance use affects the whole family.

Edward C. Carlson: Connecting and re-connecting with the family is an essential part in treatment. Many times, the family is angry with the family member using substances, which has to be resolved. New funding has created the possibility to establish a family unit where no family needs to be separated, can join treatment together, and transition together.

Diana Joseph: Looking at the child in treatment, there is currently no support system for the children to go through treatment in India. Law obliges that the child needs a caretaker at all times during treatment. However, family often does not have the time/facilities to be around all the time. Things have to be changed that either the caretaker does not need to be around all the time or that the facilities have someone to take over that role. Also recognise that the family needs support when the child goes into treatment. Overall, money is not going to solve this. It has to come from a prevention process

Jorgelina di Iorio: It is key to also include families and communities as well. There should be a community-level answer to discrimination. Another important aspect that I would like to raise given our experience working with adolescents, is that families are sometimes part of the problem. It would be important to distinguish when it is necessary to work with families and when not.

- 4) What happens when the government or the legislator seemingly ignore the outcry of the LGBTQ+. Just this past week, we saw a lady getting murdered and dismembered. I won't even talk about rape, certain communities' practice what they term correctional rape. There is an enormous need for education and awareness across the board.

Edward C. Carlson: it is horrible endeavour especially the ignorance from the government. It takes a lot of grassroot efforts and advocacy. Long haul to get the awareness associated with it. Educate and work with the elected official to hopefully change perspective.

Diana Joseph: peer support is the biggest strength area where they are available for each other. Communities standing up to help those that have to go through the cycle of care.

- 5) What strategies do you recommend for care organizations to work with men who use drugs from a gender perspective?

Edward C. Carlson: We split men and women into separate groups. The men group will be educated on women's issues and other cross education, including LGBTQ+, to reduce stigma and normalise. We need to focus more on the side of women and LGBTQ+.

Jorgelina di Iorio: By promoting peer work. In Argentina, as an outcome of the feminist movement, we started generating multiple spaces among men deconstruct the stereotyped images of gender and even to express their own feelings. Patriarchy has affected them to freely express their feelings particularly linked to consumptions that are seen from a hegemonic masculinity point of view. It is also

important to generate space that go beyond the particularity of drug consumption and focus on other problematics that arise in their daily lives. We also work on generating spaces of tolerance of the differences that go beyond the women-men or consumers-no consumers ranges.

- 6) How do I get help as an organisation that will help enable said organisation to carry on awareness, sensitisation, of the risks and dangers of drugs and substance abuse, and also to train people who will carry on awareness, sensitisation, and education of how to prevent drugs and substance abuse and addiction?

Edward C. Carlson: Advocate towards your government and educate them. Educate and working with them. This will change policy.

Diana Joseph: Working with communities by involving them to safeguard spaces where children are in schools, etc. When community members become involved, they are the first defence lines. Engagement programme does help in long term prevention.

- 7) What can be done for ensuring evidence-based interventions?

Diana Joseph: Lots of best-practice material is needed and the contextualisation to socio-cultural perspectives. With the limited resource setting and no support from the government, how can models be effective. Evidence is lacking here. We need to bring in a discipline of collecting and sharing our data and documentation with each other. Together we can create a trend analysis based on our experiences and results.

Jane Mwangi: Creating programmes engaging youth with activities. Also, do the mapping and have proper evidence-based programmes. Find out where the gaps are and have correct information. Proper data on substance usage is often lacking in third world countries. Finally, we need to move away from the old tradition of treatment and come up with evidence-based models of treatment.

What are the key take-aways you would like people attending this roundtable to have from your contribution? What have been the key learnings of these years that you would like to transmit to the attendees?

Diana Joseph:

- Need to stay together. Share our stories, need to bring out in the open our methods. Everything we do contributes to the greater perspective of keeping kids safe, help women in treatment and them helping with their rights. We need more platforms to come together.
- Besides women's rights, all vulnerable segments in society (LGTBQ+, disabilities, etc.) need to be addressed in all our discussions.

Jorgelina di Iorio:

- Mainstream the problem from a human rights perspective. It is indeed not only a problem if the substances and of the people consuming those.
- There are no "one size fits all" answers. Given the diversity of consumption patterns and the diverse legal, physical and psychological consequences, it is necessary to think of a variety of answers according to the people we work with.
- Participation at the core. The inclusion of people who use drugs is crucial.
- Need to decriminalize behaviours related to drug consumption and gender identities elections. If we want to advance towards a more fair and dignified society.

Edward C. Carlson:

- If you haven't started something yet, start doing something with a gender-sensitive perspective and LGBTQ+ inclusion. If you have started already, start to work on improving it. Listen to the clients and listen to the surface.
- Advocate more among people in the government and educate them. Find those that can champion your cause.

Jane Mwangi:

- Funding
- Gender treatment
- Respect the Human dignity of those seeking treatment
- Organise for more webinars to learn from each other. Have a global programme to share knowledge. Engage the government more in advocacy.