Webinar notes: Women and Harm Reduction: A Forgotten Population

1. Introduction

On 5 November 2020 Harm Reduction International (HRI) and Women4GlobalFund hosted a webinar on women and harm reduction: a forgotten population. A total of 33 participants attended the webinar. To listen to the recoding, click here

One third of all people who use drugs are women and girls, yet only one in five of those women receive treatment. The webinar sought to bring attention to the needs of women who access harm reduction services as well as assess the global situation and how the Global Fund is responding. Invited speakers included:

- Angela McBride: Executive Director, South African Network of People who Use Drugs (SANPUD)
- Zeinab Ahmed: In charge of programming for women at Muslim Education and Welfare Association (MEWA), Kenya
- Sam Shirley-Beavan: Public Health Consultant, Harm Reduction International
- Palani Narayanan: Senior Technical Advisor, Community, Rights and Gender, Global Fund.

2. Presentations

These notes seek to capture key points made by speakers.

Sam Shirley –Beavan made the following key points. Slides are available here

- HRI defines four key categories of barriers facing women when accessing harm reduction services including: stigma; gender based violence; lack of services tailored to the needs of women; and criminalization.
- Stigma is faced by all people who use drugs but in addition to this women face the patriarchal conceptions of what womanhood is and how women should behave. This includes stigma from society at large, from family and social contacts, and in health and harm reduction services. Stigma pushes women into hidden spaces making them less likely to access harm reduction services and less likely to return if services are discriminatory. One way of mitigating the effect of stigma is to increase the presence of peers in service delivery - women who are currently using or formerly used drugs. This also refers to the involvement of women who use drugs in the planning, design, delivery and evaluation of services.
- Gender based violence is another structural and direct barrier. Service providers reinforce gender dynamics and imbalances by providing gender neutral services that in turn become male dominated as the large majority of people who use drugs are men. The services then tend to be responsive to the needs of men and not women.
- Intimate partner violence leads to women not accessing harm reduction services when their partners forbids it. Women also are at risk of seeking services together with the same perpetrators of violence and this could lead to conflicts of interest. Female only services can provide a safe space for women who use drugs and can be essential in providing referral services and linking women to other services that address past or current experiences of violence.
- Gender based violence response and sexual reproductive health services are some of the services women who use drugs can't access in non-female-centred services. Women and gender non-conforming people have different needs to men. Women continue to carry the vast majority of parenting responsibilities but services for pregnant or parenting women who use drugs are largely absent from harm reduction services and women have to navigate these parallel systems to address the interrelated health and social concerns. There is need to address sexual reproductive health and rights in harm reduction.
- Criminalisation comes in the form of legal barriers which might prevent women from accessing services based on clinical restrictions including to register as a client; and losing custody of children based on admitting to drug use in instances where confidentiality is not respected.

Criminalisation also drives increased interactions between women who use drugs and law enforcement, which can be associated with harassment and sexual, physical and psychological violence which may deter women from accessing health services. Criminalisation leads to incarceration and harm reduction services are rarely available in prisons. Funding for advocacy for decriminalisation is crucial.

Angela McBride (South Africa) made the following key points. Slides are available here

- Where would you go if you are constantly turned away from accessing health care or trying to report something that has happened to you? Stigma, discrimination, gender-based violence and police brutality are some of the harms that happen to women who use drugs.
- Addressing discrimination includes law enforcement, includes society and health care providers and must include advocacy for more supportive systems services rather than more punitive services.
- Services need to give compassion and encourage vulnerability and ask "how are you?" rather than saying "you brought this to yourself". Women who use drugs need to address stigma on multiple levels and that includes in their own homes and in the streets and what is really needed is a smile and to acknowledge a person's humanity.

Zeinab Ahmed (Kenya) made the following key points. Slides are available here

- MEWA provides HIV prevention services and treatment for drug dependence in Mombasa and Kilifi counties in Kenya. MEWA has been working with women who use drugs for the past seven years through providing innovative temporary female adherence shelter housing; providing friendly at drop in centres to encourage and promote access to health and rights based services. Services include support groups, provision of employment opportunities, legal and advocacy services, and integrated outreach services including the provision of methadone.
- Barriers to access harm reduction services to women who used drugs have been the: Lack of enough support from the law enforcement agencies; stigma and discrimination from self and sexual partners, family and community members; No provision of mental health interventions; lack of harm reduction services for women in correctional facilities; no clear gender based violence response system and other forms of violence; harsh regulations and policies and laws that hinder access to harm reduction services.

Palani Narayanan made the following key points. Slides are available here

- The Global Fund recognizes the specific needs of women who use drugs and that not enough is happening to ensure services are gender responsive. The Global Fund also continues to grapple with not enough data on women who use drugs.
- The Global Fund provides guidance through its Technical Brief; Internal support by advocating for sex disaggregated data and for a gender lens in all funding requests, providing feedback to country teams on women who use drugs and the Technical Review Panel is active in promoting gender sensitive programming. And country level support is offered through Technical Advisers to countries.
- Recommended interventions in the Technical Brief include:
    - Safe spaces for women who use drugs (separate from male-centered spaces);
    - Providing free childcare at, or linked to, drop-in centres;
    - The availability of both male and female outreach workers; integration of harm reduction services into sexual and reproductive health services;
    - Supporting women's access to harm reduction services in prison and other closed settings, on an equal basis to men;
    - Supporting access to prevention of mother-to-child transmission (PMTCT) for pregnant women who use drugs, including in prison and other closed settings;

- Linkages with gender-based violence services; services tailored for women who use drugs who are also engaged in sex work; and
- Supporting access to Opioid substitution therapy for pregnant women who use drugs.

. To access technical assistance for local networks of people who use drugs & networks of women who use drugs click here.

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3. Questions (Q), Answers (A) and Discussion

Q: How is the Global Fund supporting countries to track sex and age disaggregated data especially in amongst women in all their diversity who use drugs? Not enough data exists around women who use drugs. A: The Global Fund has been clear on what countries must report on: indicators and sex and age disaggregated data. There are other opportunities during the grant making and also pushing programmes to report more nuanced data to Global Fund and to raise awareness and sensitize programmes to track sex and age disaggregated data. We need to think about bringing in communities into programmes to see how things are working and ensure gender equality is respected and it is possible to access TA to support this work. In Kenya women are less visible and therefore not captured in the data so whilst there is some data being collected by MEWA it is not enough to fill a national data gap.

Q: In Kenya, at the beginning of the program you only had 10 women. Were you surprised by how many women are now accessing services? A: We initially had very few women accessing services. Then an assessment showed us the need that was there so once we started providing more specific women centred services many more women came forward. We can see there are even more women out there who are in need. It is a catch 22 as there is such little data that can be found and it does not help when there are no incentives for women to access services fit for purpose so that these women can be counted. And sometimes researchers come in and collect data but there is not enough focus is on the quality of services alongside the numbers. Communities and networks need to provide support for this to happen and this includes more tailored support so that women who understand the reality can actually do this work.

Q: What are the experiences in Southern Indonesian and the experiences of women who use drugs and the structural barriers? A: A survey (supported by Global Fund) was run region by region looking at the services designed for women who use drugs. There is need to bring women into contact with essential services and this needs to happen at a much larger scale.

Q: Has anyone found a creative way to ensure women know what is in the Technical Briefs as an essential advocacy tool? A: The Global Fund focuses on making its processes and documents accessible and understandable for communities through the regional platforms who hold community consultations to discuss these documents and processes and also translate into a language that is accessible and friendly to communities.

Mainline also shared that in the first phase of bridging the gap services to support MEWA with this work – it was women themselves who were able to tell the programmers what was needed to be in place. Data collection tools must be accessible and usable by partners and this helps to improve the work and helps more understanding around creating successful projects and what capacity is required. From next year Mainline will introduce a gender sensitive approve to their work across key populations.

Participants: Ahmed Abdallah, Ajeng Larasati, Angela McBride, Barbara Magathaes, Brooke S. West, Catkins, Claire Mathonsi, Daisy David, Ena Lynn, Gayane Arustamyan, Gerel Jargalsaikhan, Halyna Korniienko, James Nondi, Mercy Annapoorani, Muna Handulle, N Brechet, N Pavlova, Nonso Maduka, Positivego, Robert Csak, Ruth Birgins, Zeinab Ahmed. Global Fund Secretariat was represented by: Ed Ngoksin, Heather Doyle, Keith Mienies, Palani Narayanan, and Rukia Mannikko. HRI was represented by Colleen Daniels, Naomi Burke-Shyne, Sam Shirley-Beavan. W4GF was represented by Lucy Wanjiku Njenga; and Sophie Dilmitis.