

## Mapping harm reduction services for women who use drugs. North America region. WHRIN survey results 2020.

### Key findings

- The criminalization of drug use was listed as the top issue for women who use drugs to access harm reduction services.
- 67% of survey participants said they knew of harm reduction services designed for women who use drugs.
- Survey participants consistently identified the lack of childcare/fear of child apprehension and stigma, as well as a general lack of female-specific services, and funding for such services, as key gaps in both countries.

### Background

In their [Global State of Harm Reduction: 2019 updates](#), HRI note that the spread of harm reduction services is still stalling globally in continuation of a trend observed since 2012. The 2018 [Global State of Harm Reduction 2018 briefing](#), highlights that although women are estimated to account for one third people who use drugs globally and are consistently reported to have less access to harm reduction services and to be at higher risk of HIV and hepatitis C infection, robust data on this subject is scarce, and research on drug use and related health issues rarely produces information about women.

While tools exist to enable harm reduction services to institute a gender lens and gender mainstreaming in their programming in order to improve relevance and reach to women who use drugs, services that have introduced such approaches are thin on the ground. Where they do exist, there is not necessarily scope to document and promote experience. In order to leverage greater accountability from governments that have endorsed UN guidelines and resolutions around provision of services for women who use drugs, it is important to document and promote such services where they do exist, so that models of replication can be resources and established at other harm reduction programmes, while pressure builds to reverse the stalling of actions that improve respectful access to health for women who use drugs. With this in mind, WHRIN undertook a survey, in order to attempt a 'mapping' of women friendly services around the world.

### Method

Regional focal points identified among membership worked with WHRIN coordinator to create survey participant lists targeting two well networked women who use drugs and two additional key informants (KI) with a good understanding of harm reduction services in their country. Per country (or state/province in Canada, US and Australia). Separate short survey monkeys were created per region, applying the same 7 questions aimed to identify key barriers to service access and to 'map' harm reduction services designed for women who use drugs. Data was processed into short reports, and where needed, data was clarified with original survey participants before finalisation and dissemination.

Region	Month 2020		
		Oceania	Aug
		N America/Canada	Sept
Asia	April		
W Europe	May	Africa (E,W,S)	Oct
EECA	June	Latin America	Nov
MENA	July		

WHRIN acknowledge some limitations to the approach of relying primarily on participation from membership and other recommendation contacts where available. In some cases, a country or

state respondent could not be identified, or there was not a full complement of 4 respondents for every state. The survey was short and simple and may not have delivered on required specificity in all cases. For these reasons, the survey reports cannot be said to be exhaustive, but they do serve a role in beginning to map and promote services for women who use drugs around the world.

## Results

### Participants

There were 40 respondents based in either Canada or the USA, 62% of whom identified as a woman who use drugs. Most respondents were from Canada, with only 9 of 40 from the USA (with attendant impact on data collected).

### Harm reduction services for WUD

About 2/3<sup>rd</sup>s (67%) of the survey respondents reported that they knew of harm reduction services designed for WUD as detailed below.

#### **Canada:**

1. St. John's, NL: Safe Harbour Outreach Project: offers harm-reduction drop-in, outreach, workshops and more to sex workers. <https://sjwomenscentre.ca/programs/shop/>
2. Sherbrooke, QC: Elixir: offers harm reduction support for women 16+, including a service for sexual violence, drug use and nightlife. <https://elixir.qc.ca/sois-pro/>
3. Toronto, ON:
  - COUNTERfit (South Riverdale Community Health Centre): offers weekly drop-in breakfast, support groups including for mothers who have lost children to child welfare authorities, pre-employment and one-on-one support for women who use drugs/do sex work, staffed by women who use drugs. <https://www.srchc.ca/programs/harm-reduction/counterfit-womens-harm-reduction-program/>
  - Sistering: offers 24/7 drop-in for homeless women, including meals, showers, harm reduction, housing support, counselling and more. <https://sistering.org/harm-reduction/>
  - Toronto, ON: Maggie's - By and for sex workers, it offers education, advocacy, and support to live and work with safety and dignity - <http://maggiestoronto.ca/about>
  - Toronto, ON: KAPOW (Parkdale Community Health Centre) – offers weekly drop-in support & education program with some staff with lived experience. <https://pqwchc.org/programs-services/harm-reduction/kapow-knowledge-and-power-of-women/>
4. Winnipeg, MB:
  - Manito Ikwe Kagiikwe/Mothering Project, and Sage House at Mount Carmel Clinic: offers one-on-one, groups, health care and Indigenous cultural/spiritual support for pregnant women who use drugs, and comprehensive drop-in services for women who do sex work. <https://www.mountcarmel.ca/health-services-listing/?service=278>
  - Our Place Safe Space: offers weekly (Friday) drop-in with harm reduction resources for sex workers of all genders, but largely accessed by women. <https://www.spenceneighbourhood.org/opss>
  - West Central Women's Resource Centre Drop In: offers harm reduction supplies, meals, hygiene supplies, info/workshops and includes childcare. <https://wcwrc.ca/dropin/>
  - North End Women's Centre: offers drop-in harm reduction services and follow up housing, health, counselling and family services. <https://newcentre.org/>
5. Vancouver, BC:

- SisterSpace - offers harm reduction services for women who inject drugs, including a casual, staff and peer-supported injection room, health education, access to treatment and health care services, housing support, legal advocacy and other related services on site - <https://atira.bc.ca/what-we-do/program/sisterspace/>
  - Sheway: offers health and social services for women who use drugs to support positive pregnancy and early parenting experiences, including advocacy, health, housing, legal support and music therapy. [http://www.vch.ca/Locations-Services/result?res\\_id=900](http://www.vch.ca/Locations-Services/result?res_id=900)
6. Victoria, BC: Her Way Home: offers pregnancy and parenting supports for women who use drugs, including health care, counselling, infant & child services, nutrition, info and outreach supports. <https://www.islandhealth.ca/learn-about-health/pregnancy-birth-babies/herway-home>

#### **USA:**

1. Washington, DC: Honoring Individual Power & Strength: offers drop-in & outreach services to people who do sex work and people who use drugs, including groups, housing, mental health and treatment support. <https://www.hips.org>
2. Minneapolis, MN: Shot Clinic: offers hormone injection support to trans folks and needle/syringe distribution & support to people who use drugs. <https://www.mntransgenderhealth.org/shot-clinic>
3. Duluth, MN: Harm Reduction Sisters: offers feminist-based harm reduction distribution, including mobile delivery. <https://harmreductionsisters.org>
4. Minneapolis, MN: Southside Harm Reduction Services: offers harm reduction distribution & support, and serves majority female-identified clients. <http://www.southsideharmreduction.org>
5. Ogema, MN: White Earth Nation social services offers outpatient Suboxone/treatment & in-patient with children. [https://whiteearth.com/divisions/behavioral\\_health/services](https://whiteearth.com/divisions/behavioral_health/services)
6. San Francisco, CA: St. James Infirmary: offers services to sex workers, HIV & health care, mental health support, harm reduction distribution and is trans-positive. <https://stjamesinfirmary.org>

#### **Key barriers to access**

The top three rated barriers to accessing harm reduction services for WUD, were respondents listed criminalization of drug use, a lack of harm reduction services per se, and gender-based violence. Other highlighted issues were:

- Stigma: in general towards women who use drugs, but particularly around parenting and using substances, where women in caretaking roles have too many responsibilities with too few resources.
- Criminalization of drug use leading to police harassment and fear of calling 911 due to threat of children being removed by the state – particularly impacting indigenous and black women.
- Systemic racism and lack of cultural safety, especially in relation to child apprehension (where child welfare authorities have unchecked power), with a lack of services for black and indigenous women.
- Lack of political will to end the opioid crisis and fund crucial services like supervised consumption, safe supply, sex worker/female-only spaces led by people with lived experience outside of business hours to escape violence.
- Disparity between urban and rural access to services.

#### **Key service gaps**

Lack of meaningful public education and engagement in harm reduction and women's issues, as well as lack of political will to consider services for women who use drugs underlie service gaps identified in both countries. Respondents further identified the following issues:

With not enough harm reduction services generally, services by and for women, with sufficient funds to operate them, are rare. In rural areas and on reserves and reservations, services for WUD are practically non-existent. Respondents were clear in identifying a need for a range of service options for women who use drugs that operate with an intersectional feminist perspective

The need for resources: housing, financial support, basic needs/hygiene supplies, supervised consumption services, pregnancy supports, emotional support, and a community welcoming of strong sisterhood mentality.

Programs that address the unique needs of women are scarce. Issues such as sexual exploitation, violence, and threats to call child welfare authorities reflect deeply entrenched double standards between various genders in North America. Women in caretaking roles are viewed as morally bereft in comparison to their male counterparts who use drugs. Women are expected to manage children, households and work full time, and "self-care often comes last". This can also lead to women being fearful to access co-ed services, as their aggressors will also be present. There is a clear indication of the need for female-identified or gender non-confirming spaces, led by peers, that include support groups and childcare

Services for parents who use drugs are needed. The criminalization of drug use, and the subsequent stigma and lack of public health education and approaches, along with a legacy of colonial policy and practice, have created the perfect storm for failing to support women, children and communities in North America. There is a distinct lack of services that support families who are struggling with substance use, trauma, poverty and racism. Most services that purport to do such in fact do so with judgement and in collaboration with health care, law enforcement or child welfare agencies, and operate fully within the law with a complete disregard for human rights or privacy protections. These systems were built on colonial, patriarchal, and capitalist systems to create systematic barriers for women who use drugs, and contribute to high rates of incarceration with subsequent and ongoing removal of children from families and communities, particularly those who are indigenous or black. All drug use is considered problematic, and the systems move slowly, creating long-term harms for individuals, families and communities. One respondent stated, "Thinking particularly of mothers who use drugs and all the barriers to treatment they face – as detailed in this recent article - <https://www.healthaffairs.org/doi/10.1377/hblog20201002.72121/full/#.X33PusssAuw.twitter> "

## **Conclusion**

There are major gaps in the provision of gender-specific harm reduction services for women who use drugs in both countries. Although over half of those surveyed knew of any harm reduction service tailored to the needs of women, most identified that there is a distinct lack of services available across the continent, and particularly for those who live outside of urban areas and/or identify as black, indigenous or gender non-confirming. Existing WUD responsive services are not available to scale, while the war on people who use drugs was clearly identified as a key barrier to accessing harm reduction support. Findings highlight the need for decision makers to tackle discrimination and stigma head on and to decriminalise women who use drugs in both countries. There is also an urgent need to provide peer-led women specific harm reduction services that are a safe and non-judgemental space, for women who use drugs including those with children.