



Mapping harm reduction services for women who use drugs. Oceania region. WHRIN survey results 2020.

Key findings

- In total, 26 responses were received from New Zealand and Australia.
- Just over half of survey participants knew of harm reduction services designed for women who use drugs.
- All participants listed the criminalization of drug use as a key barrier for women who use drugs to access harm reduction services.
- Survey participants identified the lack of peer-led women specific harm reduction services, that are safe for both women and their children, as a key service gap 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
Asia	April
W Europe	May
EECA	June
MENA	July
Oceania	Aug
N America/Canada	Sept
Africa (E,W,S)	Oct
Latin America	Nov

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/country. 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 26 respondents, 70% of whom identified as a woman who use drugs. Participants were based in either New Zealand or Australia.

Harm reduction services for WUD

Just over half (54%) of the survey respondents knew of harm reduction services designed for WUD. These services were based in both New Zealand and Australia and included the following:

New Zealand:

1. The Auckland CADS (Community Alcohol and Drug Service) have a Pregnancy and Parental service which can help support pregnant women and parents of under 3s access various services including OST, parenting services and more.
<https://www.cads.org.nz/>
2. The Hamilton CADS (Community Alcohol and Drug service) has a women-only harm reduction group <https://www.waikatodhb.health.nz/about-us/a-z-of-services/mental-health-and-addictions/community-alcohol-and-drugs/>

Australia:

1. Toora Women Inc <https://www.toora.org.au/>. This is the most known, biggest and the most influential service for women who use drugs in the Australian Capital



Territory. It offers homelessness services, drug and alcohol treatment and domestic violence support.

2. Directions Pathways to Recovery <https://www.directionshealth.com/treatment-support/>. This is an AOD service, operating in New South Wales and the Australian Capital Territory, that has a wide range of programs for people who use drugs, with a strong focus on person centred care and harm reduction strategies. They host a women specific service called SMART, a recovery women's group.
3. Women's alcohol and drug service <https://www.thewomens.org.au/health-professionals/maternity/womens-alcohol-and-drug-service>
This service in Victoria provides medical care, counselling and support to women with complex substance use, neo-natal care, OST and related services. (Specialist hospitals in other states may provide similar services however 'the women's' appears particularly holistic in approach.
4. Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) <https://www.cahma.org.au/>. This peer-based organization runs several smaller projects/campaigns committed to addressing specific issues of women who use drugs. These projects have been successful in engaging a number of women who use drugs who require assistance.

Key barriers to access

The top three rated barriers to accessing harm reduction services for WUD, were respondents listed criminalization of drug use (100%), a lack of harm reduction services for women who use drugs (80%) and harm reduction centres being dominated by male service users (70%). A lack of women peer support staff and gender-based violence also scored highly. However, all of the issues were listed by at least one respondent as being in their top three. WUD vs key informant responses were not widely divergent on the top three barriers.

Other issues

The following issues were highlighted in both New Zealand and Australia:

- Insufficient investment in gender specific harm reduction services for women who use drugs.
- A lack of understanding amongst health and social care services of harm reduction approaches, particularly in the area of child protection.
- Fear amongst women who use drugs with children of losing their children due to stigma and punitive measures imposed by the state.
- Stigma and judgement from healthcare organisations towards women who use drugs.
- The widely held view within society that harm reduction enables drugs use, which has resulted in a lack of, non-abstinence based, harm reduction services.
- Harm reduction services not tailored for the needs of women who use drugs and are not child friendly.
- A lack of access to mental health and peer support for women who use drugs.



Further issues identified by respondents based in Australia included:

- Difficulty for women who use drugs to access harm reduction services in remote rural areas of the country.
- Women refuges are often not available to women who use drugs (and their children) who are subject to gender-based violence.
- Resources are diverted away from harm reduction towards policing and incarceration of women who use drugs.
- A lack of availability of opioid substitute therapy (OST) for women in prisons.
- Stimulant treatment programmes are almost exclusively based in cities and urban areas.

Key service gaps

In both countries the following service gaps were identified:

- Gender specific harm reduction, health and social care services (including detox and rehab) that are a safe place for women who use drugs and their children.
- Prison OST and needle exchange.
- Gender based violence refuges that adopt a harm reduction approach and will accept women who use drugs, and their children.
- Wider availability of safe injecting rooms, that accept all women, including those who may be pregnant and/or underage.
- Peer led harm reduction and mental health support tailored for women who use drugs.
- Access to ongoing support with practical life skills and housing, as well as free education and training.
- Counter discrimination and de-stigmatisation initiatives for women who use drugs.
- Harm reduction services specifically for women sex workers which are peer run.

In Australia, the following key service gaps were also mentioned:

- Access to gender specific harm reduction services for women who use drugs in rural and remote areas.
- Services that support older women who use drugs who may have other age-related conditions.

Conclusion

This survey of 26 participants based in New Zealand and Australia, identified that there are still major gaps in the provision of gender specific harm reduction services for women who use drugs in both countries. Only half of those surveyed knew of any harm reduction service tailored to the needs of women and all respondents identified criminalisation of women who use drugs as a key barrier to accessing harm reduction support. This survey highlights 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, not only for women who use drugs, but also their children.