



# Mapping harm reduction services for women who use drugs Western Europe region.

WHRIN survey results May 2020.

## Key findings

- Less than half of survey participants knew of harm reduction services designed for women who use drugs.
- Criminalization of drug use was identified as a key barrier for women who use drugs to access harm reduction services.
- The majority of survey participants identified a lack of women specific harm reduction services as a key service gap in their country.

## 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 resourced 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.

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

In total, 15 people responded to the survey, and were either women who use drugs (WUD) or other key informants. Participants were based in the following countries; Greece, Netherlands, Italy, Spain, Sweden, England, Portugal, Germany. The majority of the respondents (80%) identified as WUD.

Out of the 15 respondents, 43% knew of harm reduction services designed for WUD. These services were based in Sweden, Germany and Spain. WUD and key informants from Italy, Greece, Netherlands, Portugal and England reported the absence of such services. The survey identified the following harm reduction services designed for women who use drugs in W Europe:

- **Spain:** Metzineres are integrated harm reduction program based in Catalonia exclusively for women who use drugs. <https://metzineres.net/>
- **Sweden:** Stockholm syringe exchange have special women only days and a midwife attends once a week. This is at two locations in Stockholm. The Stockholm OST program also provides a Woman only group. There is a special unit, Mika Hälsa, which offers gynaecological services to women who use drugs. These are run by Region Stockholm as part of the national healthcare system. <https://www.beroendecentrum.se/vard-hos-oss/sprututbyte/> There is also an NGO, who support drug using women according to exposure to gender-based violence <https://qjouren.se/> The rest of the women only services in Sweden are just different rehabilitation homes. Not aware of any other services across the rest of the country.
- **Germany:** 1. <https://frausuchtzukunft.de/einrichtungen/frauenladen/Consultations> and support for Women and Girls who use drugs. Include different offers, from consultation, to housing and jobs.  
2. <https://drogennotdienst.de/nur-fuer-frauen/frauentreff-olga/> Low threshold services for women who use drugs and involved in sex work.  
3. <https://www.belladonna-essen.de/> Harm Reduction services for women and girls. Wide spectrum of services, from consultation to housing.  
4. <https://www.skf-zentrale.de/> Support and help for women who use drugs, offered by the Catholic church in Germany. As an extra to usual offers, there is a cafe in Cologne for WUD and involved in sex work.  
5. <https://www.lagaya.de/> Services for WUD in Stuttgart.  
6. <https://www.wigwamzero.de/beratung-und-hilfe/drogen-und-sucht/> Services for pregnant WUD and WUD with Children.  
7. <https://www.lilith-ev.de/index.html> Different services for WUD with children in Nürnberg.  
8. <http://www.reichstiftung.org/ragazza-e-v-hilfe-fuer-drogengebrauchende-und-sich-prostituierende-frauen/> Support and services for WUD sex workers in Hamburg.  
9. <https://www.la-strada-hannover.de/> Low threshold services for WUD in Hannover.

### Key barriers to access

When asked to rate the top three barriers to accessing harm reduction services for WUD, 80% of respondents listed criminalization of drug use in their top three. The domination of male clients in service centres, lack of relevant services (eg sexual and reproductive health care) and gender-based violence also scored highly. WUD vs other key informant responses were not widely divergent on the top three barriers.

Other barriers were mentioned as follows:

- Lack of community-based services. The dominance of abstinence based closed community philosophy.
- The stigma and prejudice attached to the idea of women using drugs. Much higher than the general stigma of drug use. (Greece)
- An absence of cultural mediators. (Italy)
- Lack of specific answers for mental health and active drug use. Lack of funding for harm reduction led by and for women. (Spain)
- Narrow acceptance and understanding about harm reduction in general amongst politicians and decision makers in general. The hard-line politicians, who are in the majority. Things are slowly changing for the better. There are not many hard-core activists around. (Sweden)
- Lack of relevant services. Lack of women staff. Limited autonomy and gender inequality. (England)
- Not enough funding. A lack of harm reduction services with opening hours just for woman and woman peers. (Portugal)
- Lack of child care facilities. Lack of understanding of specific needs of WUD. Violence and discrimination. (Germany)

### Key service gaps

- A total absence of support or facilities for women domestic violence victims if they use drugs. Organized women who use drugs and NGOs that tackle the issue head on. Motherhood support, mixed ethnicity services engaging with the Muslim community. No employment opportunities. (Greece)
- The main problem is the absence of services for women only. (Italy)
- Shelter for women and non-binary gender people who use drugs. Institutional violence (access barriers). A lack of intersectional approach in institutional harm reduction programs. Male chauvinist violence. (Spain)
- Lack of knowledge about the violence women who use drugs have to face in daily life. (Sweden)
- Lack of harm reduction services tailored to women's specific needs. Traditional addiction and recovery-based services dominated by non-drug using staff and a horrible lack of harm reduction services in general (and non-drug using staff at the very limited harm reduction services that are available). Horrible national drug policies that continue to criminalize and/or pathologize all drug users, and this disproportionately affects female drug users when it comes to accessing services. A criminalized subculture of illicit drug use where men have all the dominant roles, and gender-based violence is rampant because the drug trade is run by gangsters who, again, are overwhelmingly male; overwhelming, systemic and wide-spread racism and poverty that disproportionately affects black and minority ethnic women. These factors have a knock-on effect of over-policing and over-incarceration of these vulnerable women (extreme poverty also forces them to engage in the most dangerous forms of sex trade and drug running/being mules etc., to make ends meet and take care of their needs - and often the needs of their kids, by themselves, because many of them are single mothers lacking adequate support and finances - further making them vulnerable to exploitation). Finally, an on-going cultural norm of toxic masculinity that dominates all aspects of the illicit drug trade in the UK. (England)
- Lack of services responses for woman due to bureaucracy, delay, lack of funding, shame, majority male. (Portugal)
- Support programmes that go beyond basic harm reduction services and housing programmes. (Netherlands)
- No peer involvement. Women prefer to stay "under cover", probably because of fear of discrimination, prosecution and shame. (Germany)

**Discussion**

The results of this survey suggest that despite progress in some European countries for the provision of harm reduction services for women who use drugs, the majority are still lacking women-specific design. Moreover, even within countries that do offer such services, there are still service gaps that need addressing including a lack of adequate funding, holistic services that can address wider issues such as mental health and institutional discrimination and violence. It is imperative that policy makers within Western Europe invest in harm reduction services that prioritizes the health and human rights of women who use drugs.