Drug Users Deserve Agency

WHRIN Good Practice Series

Gender Sensitive Harm Reduction Programming

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This compilation aims to document and highlight various elements of good practice in harm reduction programming designed for women who use drugs. A common thread through the strongest and most efficient approaches is demonstrated meaningful involvement of women who use drugs in planning and delivering services. This series also shows that such approaches remain, at this time, quite rare particularly in the global south (see also the global WHRIN mapping of harm reduction services for women). In highlighting good practice elements and examples, it is anticipated that this series can be used as an advocacy tool for further expansion, adaptation and replication to better meet the needs of women who use drugs worldwide.

Acknowledgements:

This compilation would not have been possible without the contributions from our allies around the world. Gratitude also to Jamie Harary for the amazing cover art.

Women Nest, Kenya

Can you tell us about your interest in women and harm reduction?

Women who use drugs (WUD) in Africa are subject to many demeaning labels such as being an incompetent and careless mother, a bad, valueless and sinful woman. Punitive drug policies add another label for WUD, that of a criminal. These labels cause women to experience elevated levels of stigma, discrimination, violence and other human rights violations in all spheres of life, compared to women in the general population. While I was working directly with WUD through a harm reduction service, I became more aware of the challenges experienced by women who use drugs.

In community-based harm reduction programs serving people who use drugs, only 10% of clients are women. However, HIV prevalence among women service users are three times higher than among male clients. These statistics were very worrying because they showed that are the harm reduction programs were missing the HIV prevention needs of women. As well as not accessing services, WUD were left out of service planning and research.

I felt that this situation needed to change, and that an organisation focussed on women who use drugs would be the best way to start. This created an interest which also led to the concentration of my doctoral studies on women and harm reduction.

How and why was Women Nest established?

Women Nest was established in 2019 by a group of women who use drugs and women working in harm reduction programs. Women Nest aimed to focus on the specific needs of women that were not being catered for or were only partially addressed by existing harm reduction programs as well as providing much needed safe spaces. The specific activities included sustainable livelihood projects, childcare services, follow-up supports for incarcerated women, sexual and reproductive health including family planning services and efforts to address gender-based violence (GBV).

Women Nest's board of directors is composed of women who use drugs, women harm reduction advocates and women health care professionals. Through the board of directors, Women Nest has managed to raise funds to provide resources and create environments that respond to the various issues and challenges experienced by WUD as well providing mentoring to facilitate empowerment.

Women Nest activities are contextually relevant as community engagement is at the heart of everything we do. We advocate for the health and human rights of WUD, we fight stigma and discrimination, and we fight for drug policies that prioritize the rights of people who use drugs.

How does Women Nest engage with women who use drugs?

Women Nest has a resource centre in the informal settlement of Mathare in the Eastern region of Nairobi's Central Business district. This location is close to where most women who use drugs live. This means that the services are accessible as women do not need to find money for transport costs. This resource centre also provides a women only safe space.

Women Nest applies a comprehensive program where all the activities are planned and run by the women themselves. In all the work of Women Nest, we recognise that WUD are the experts on their own lives and so self-determination is a consistent theme in all program design and activities. Women Nest has established support groups where WUD meet to share and discuss issues. The women encourage and mobilize each other to meet and carry out their activities. Women plan, design and

implement all the activities of Women Nest with support from women harm reduction advocates. Given the limited resources of Women Nest, most of the participants are currently volunteers.

Can you share more on what actions Women Nest takes in relation to gender-based violence?

WUD experience elevated levels of GBV, especially intimate partner violence which is rarely reported to authorities for fear of backlash from male partners. Women Nest has provided a safe space for WUD to report all forms of GBV. For example, when an incident of GBV is reported to us, Women Nest can work with government facilities as well as other NGOs to support

women during the reporting process.Women Nest also runs a GBV intervention program that aims to change women's perceptions of intimate partner violence as 'normal' or an 'acceptable' part of their lives and discusses strategies to prevent violence. The sustainable livelihood project feeds into GBV prevention by providing a potentially transformative source of income via the sale of beaded items to reduce financial dependence on male partners.

The COVID-19 pandemic escalated GBV against women who use drugs which resulted in many of the women becoming homeless. WUD were at additional risk of physical and sexual violence because the curfew laws required all people to be indoors. To escape violence at home, women sought shelter under bridges, in bushes and in derelict and partially built buildings where they were at escalated risk of rape and acts of physical violence from strangers. These circumstances prompted Women Nest to establish 3 safe houses where women could spend the night in safety. Women who use drugs created a system where they identified homeless WUD and directed them to the shelters. To avoid backlash from male partners, the women kept the location of the safe houses confidential. The WUD community also identified women who had been sexually assaulted and linked these women to the albeit limited services available during the pandemic.

How do you think Women Nest makes a difference to the women who use drugs community?

Women Nest has helped to give women who use drugs a sense of belonging and confidence to run their own lives. The women identify the things that are important to them and then focus on achieving them. Secondly, Women Nest has empowered women economically through the sale of beaded items created through their sustainable livelihood projects.

Thirdly, Women Nest has established supports for women released from prison by facilitating reintegration into the community and re-establishing relationships with their children. Women Nest provides childcare for the children of incarcerated women and, following their release, Women Nest provides accommodation for women thus also supporting access to their children. The prison release program also incorporates overdose awareness in efforts to reduce fatal overdose that is otherwise common following imprisonment.

How significant has the COVID-19 pandemic been in shaping the current activities of Women Nest?

Soon after Women Nest was established, the COVID-19 pandemic happened. As I discussed earlier, the pandemic had a direct effect on increasing rates of GBV against women who use drugs, which resulted in Women Nest establishing 3 safe houses. This action decreased cases of violence and rape.

Secondly, Women Nest fundraised both locally and internationally to meet the food and other needs of WUD as, during COVID, drop-in centres providing food had closed. Also, food distribution services established in the informal settlement discriminated against WUD, so most of the women had been missing out on receiving a food quota. Women Nest advocated through the local administration to have some food specifically allocated for WUD and their children.

Clinica Wound, Mexico

How did you become interested to work with women and harm reduction?

For almost 3 decades I have been involved in HIV medicine and research and as a physician, delivering a range of services at homes and on the streets of Tijuana, Mexico. During this time, I witnessed how the outdated norms and bureaucratic practices of Mexican health and social services exclude women who use drugs (WUD) from accessing services. These barriers to accessing services include constant discriminatory behaviours and stigmatising practices towards WUD, including acts of 'micro-aggression', which cause repeated traumas and violations of women's human rights. These issues combine creating environments where women are not only marginalised but also institutionally and socially isolated, which contribute not only

to causing illness, but worsening existing illnesses and creating unnecessary suffering for these women and their families.

For example, I have witnessed medical staff placing WUD who are ill at the end of the Emergency Room list. In the maternity ward I have observed WUD who, immediately after giving birth, are coerced into signing consent forms to undergo a tubal ligation. And handcuffed women who are experiencing withdrawal symptoms not being given OST or medicines to treat their pain. If a woman is found to be using drugs during pregnancy, the common practice is to separate mother and baby at birth, sending babies to orphanages or revoking parental custody rights. If the mother cannot follow the imposed abstinence rules, the State can opt to surrender the baby for adoption instead of providing the mother with alternative supports or treatment. Moreover, within the current environment of no public access to OST, and forced rehabilitation, many WUD are subject to severe cruelty and forms of abuse, and in the extreme, even murder.

If we really understand the philosophy of harm reduction, at its core is the intersection of social justice issues, access to care and treatment and public health. In Mexico, the concept of harm reduction in general is not well understand, it is either limited to medicalized strategies or the decriminalization efforts of the higher socioeconomical class, which exclude the dignity of the marginalized communities and also fails to consider the limits of the marginalized to exercise agency. Often, news headlines and media campaign use sensationalist language which reproduce and perpetuating the stigma and violence towards people who use drugs. Unfortunately, terms like "Substance abuser", "adicta", "heroinomana", "toxicomana" are still common in medical, legal and social services fields.

Please describe your role at Clinica Wound.

I am the director of a group of volunteers which includes international and local physicians, medical students, nurses, social and mental health workers, lawyers and residents. We provide medical care and harm reduction supplies to people experiencing homelessness and those unable to access services https://myhero.com/a-moment-of-compassion

I am also a strong advocate for women's rights, which includes upholding respect for women's bodily autonomy, the right to be happy and, if they choose, the right to have children and the right to access unconditional health and social services. I work to amplify the voices of women to heal collective trauma by creating an inclusive healing space filled with art and joy, at least while we are conducting our clinic. Also through my work, I speak out to the community in general about the need to have a more humane community- one that practices kindness, compassion and values the dignity of all people.

What do you think is the biggest challenges facing women who use drugs in Mexico?

The biggest challenges to WUD are extreme violence, 'machismo' culture and the impacts of male dominance. Women are the ones who suffer the cruellest punishments if they are involved either directly or indirectly in drug related events. Also, the combination of the criminalization, stigma, myths and misconceptions around the use of drugs, and patriarchal and moralistic social perspectives intensifies the challenges faced by WUD in Mexico.
I am also really concerned that abstinence and drug rehabilitation are the only accepted options referred to when we talk about how to address drug use in our region.

How does your organizations attempt to address or minimise some of these challenges?

We try to increase public awareness and demystifying drug use by referring to evidence based information about drugs. Our aim, through our community of volunteers and service users, is to create a safe and humane space. A few years ago we started a women's art and support group and we had regular meetings, but COVID impacted has disrupted such support activities. We were able to continue to have our monthly clinic, but we noticed less and less women were attending. Over the years we became aware that the causes of the small number women attending the clinic stems from the male control of women, the social shame and stigma surrounding drug use among women and women's social isolation.

How does Clinica Wound facilitate the meaningful involvement of women who use drugs?

By talking and listening to women and inviting them to participate in the planning of all our future activities. We also encourage participation in the 'Support Don't Punish with a Focus on Women' campaign which helped us to see what women who use drugs in other parts of the world are doing to raise awareness about these issues.

In your opinion, what changes in Mexico would bring the biggest benefit to women who use drugs?

To teach evidence-based facts about drug use. To conduct open education spaces that are inclusive of the voices of WUD to help demystify assumptions about the good and the bad, the moral versus the immoral and health versus disease. To help promote compassion, dignity, respect for human's rights, and communities free of violence. To uphold the autonomy of women's decision making on issues concerning their bodies, and to debunk the existing moralism of patriarchal beliefs.

Wound
Clinic
LOS
3
PASOS
WONDER
WOMAN

Por una Tijuana + humana
Wound
Clinic

Metzineres, Spain

What motivates you to work with women who use drugs?

I'm from Mallorca where we have a very serious problem with the use of injectable drugs, especially heroin. I experienced it very closely. At the age of eighteen I lost a friend to an overdose and the number of friends lost as a result has not stopped increasing. The last direct friend I lost because of this died not long ago. This personal part weighs heavily. More than once, I thought that if I needed help with drug problems, if I needed it, I would not find it. Metzineres works with people who identify as womxn who use drugs, survivors of violence and those who have not been able to access or adapt to the requirements

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of drug treatment services. Participants face multiple barriers in accessing drug treatment services as these spaces are male dominated and do not provide womxn focused services. The services also do not provide or offer referral to allied services addressing gender base violence issues. I am an anthropologist and I did a master's degree in criminology and legal-criminal sociology and I remember a class with Oriol Romaní in which he said that 80% of the people who are in prison are there for drug-related crimes. And so I realised that if we want to change prisons, if we want to close prisons, we have to change drug policies. Metzineres therefore focuses on providing a full range of women-centred harm reduction services and applies an innovative and pioneering service model based on human rights and gender mainstreaming, underpinned by social ethical and feminist values. Our innovation is underpinned by a shared sense of community and the adoption of reliable, pragmatic and cost-effective financial strategies. In this way, Metzinres ensures a customer-focused approach for every womxn service user.

Please share with us how Metzineres evolved?

When I went to work in Canada, in the only supervised drug consumption room in North America, I discovered a system based on the conception of people who use drugs as protagonists in the design, implementation, monitoring and evaluation of programmes. When I returned to Barcelona I participated in a study on women who inject drugs and for the research, a network of women was created, which later became the embryo of Metzineres. At the beginning, We met every week to have a snack together, then these meals became particularly interesting as a meeting point for women and non-binary people who use drugs. So Metzineres started in 2017 and in October 2020 was registered as a non-profit cooperative.

Daily accompaniments to access public services are committed to comfort the well-being of the womxn and they have shown extraordinary results after just 4 years of implementation, exceeding the highest expectations.

A lack of funding and infrastructure endanger the sustainability of Metzineres itself, despite worldwide admiration and acknowledgement of pace setting good practice evident in the Metzineres approach, not to mention national level media coverage and acknowledgement from various government agencies, here in Spain.

Can you please describe what you mean by 'holistic' service provision and why it is important?

Metzineres works with an all-women transdisciplinary team which includes experts in drug policy, gender mainstreaming, and harm reduction; a legal project officer; a women's harm reduction coordinator; a doctor; a social worker; a social educator; a nursing assistant; a Kundalini Yoga workshop facilitator; a social integration specialist who is also a graphic artist and designer; and workshop facilitators, volunteers, interns, and neighbours.

The holistic mission of the Metzineres is complemented by various components or principles aimed to respond to the complex, often overlapping issues experienced by our users. These principles include:

- ‘The Cover’ -providing a caring and healing environment
- ‘The Powerful’ - addresses self-protection and empowerment
- ‘The Ivy’ - focused on community and neighbourhood engagement
- ‘The Howl’ - advocacy, production and entrepreneurship
- ‘The Plucky’ - participation and activism
- ‘The Artisan’ - fostering art and creativity.

Metzineres aim to mitigate potential for womxn to feel that they have failed and reduce exposure to traumatic situations. Many womxn who attend Metzineres have previously accessed other services, however these services were unable to adequately engage or link them with wraparound services to support their multifaceted needs. For some women, this is their first encounter with a service. For all, this is the first time they have engaged with a womxn focused service where they are encouraged to actively participate in the service design, implementation and management.

How is collaborative decision-making implemented and encouraged by staff and users at Metzineres?

Metzineres has a horizontal structure. All team members attend weekly meetings to discuss any issues or concerns. Financial and structural decisions are discussed at the weekly staff meeting, however all decisions must take into account the contributions of the entire Metzineres community. These decisions are then channeled through the “Network of Women who use Drugs-(XADUD)” and are also included in the weekly meeting of participants in our local, “La Vida Alegre”.

Can you please describe why Metzineres places importance on the creation of safe places for women who use drugs?

Women and non-binary people who use drugs often find it difficult to enter or adhere to social mainstream healthcare networks. The are often excluded from specialized services, including those focused on drugs or gender-based violence. Metzineres welcomes all those who have experienced marginalisation by creating safe spaces and places for womxn that offer individual-focused, compassionate responses to their complex and ever-changing realities.
Data compiled by Metzineres shows that the issues experienced by our services users include:

- drug-related problems (72%)
- homelessness (69%)
- migratory experiences (37%)
- LGTBIQ+ (20%)
- sex work (16%) and/or sex for survival (20%)
- imprisonment (29%)
- mental health disorders (46%)

- functional diversity (6%).

This range of experiences and the trauma they engender highlight the critical need to provide safe and nurturing environments for womxn.

What advice would you give to other organizations hoping to establish safe spaces for women who use drugs?

Trust the expertise of the women who use drugs and include them in the design, implementation, monitoring and evaluation of services. These womxn are experts on their own needs and practices, they know the dynamics, as well as the care networks. They provide particular information that is essential for the effective delivery of services. WUD must be engaged and incorporated as equal partners in the organization. In this way, bonds are built that reinforce autonomy and utility of the organization.

Be rigorous about collecting data that demonstrates the cost effectiveness and social benefits of the organisation and its services.

Don't wait for permission, just do it!

How does Metzineres facilitate the active involvement of womxn who use drugs in advocacy actions?

Metzineres is based on specific values that are the foundation of our work:

- genuine creativity
- radical tenderness
- collective resilience
- rogue courage
- activism of care
- complicity
- mutual support,
- anti-prohibitionist commitment
- evidence-based transdisciplinary practice
- transformative passion
- confidence
- adaptability
- flexibility
- love
- joy

- enthusiasm

The Metzineres 'Howl' component focuses on activism and fights against exclusion by encouraging awareness, protest and demonstrations emboldened by the motto "Nothing about us, without us".

We attend conferences and seminars, organize informative talks, and participate in the development of policies that advocate for the human rights of womxn. We collaborate with local, national, and international organizations, including the Catalan Network of People who Use Drugs (CATNPUD), the Network of Anti-Prohibitionist Women (REMA), the International Network of People who Use Drugs (INPUD), the International Network of Women who Use Drugs (INWUD), and the Women and Harm Reduction International Network (WHRIN).

What do you think is important for other service providers to know about 'good practice' in engaging with women who use drugs?

We would suggest to others working with womxn who use drugs to explore approaches drawing from intersectional feminism, harm reduction and human rights. These approaches should be focused on each individual to strengthen their physical, emotional and psychological well-being. It is also necessary to include womxn in all aspects of program design, implementation, and management. Encourage and empower womxn to advocate for gender equality through political, and social actions.

If you had to choose one most important 'success' ingredient in the work of Metzineres what would it be and why is it critical?

What makes Metzineres' work successful is our holistic approach. Broadening our focus from the one issue of drug use by also responding to multifaceted forms of violence and trauma experienced by womxn who use drugs is critical. These issues cannot be separated as they are interwoven and have to be addressed in tandem to heal and grow. When we say harm reduction we mean policies and practices aimed at reducing the harms of substance use. I like to say that it is no longer about fighting drugs but about harm reduction, because perhaps the most serious harm that a person receives does not come directly from the substance, but, for example, from lack of employment, or housing, stigma, criminalization and discrimination.

SisterSpace, Canada

Can you please introduce yourself and explain the work of SisterSpace?

My name is Janice Abbott and I am the CEO of the Atira Group of Women Serving Agencies, the parent entity of which is Atira Women's Resource Society. I have been the CEO for 29 years as of September 28th, 2021. More about me here: https://atira.bc.ca/who-we-are/our-people/leadership/

SisterSpace is a women-only, inclusive of transgender women and transfemme individuals, shared using room (safe injection site). It is public so women can use the space whether or not they live in the building where SisterSpace is located. Our goal is to provide a safe and welcoming space that reflects and honours women, is de-medicalized (no stainless steel booths or maximum lengths of stay) and encourages connection and mutual support amongst women using the space; mutual support that extends outside of SisterSpace.

Why did you choose to work in this field?

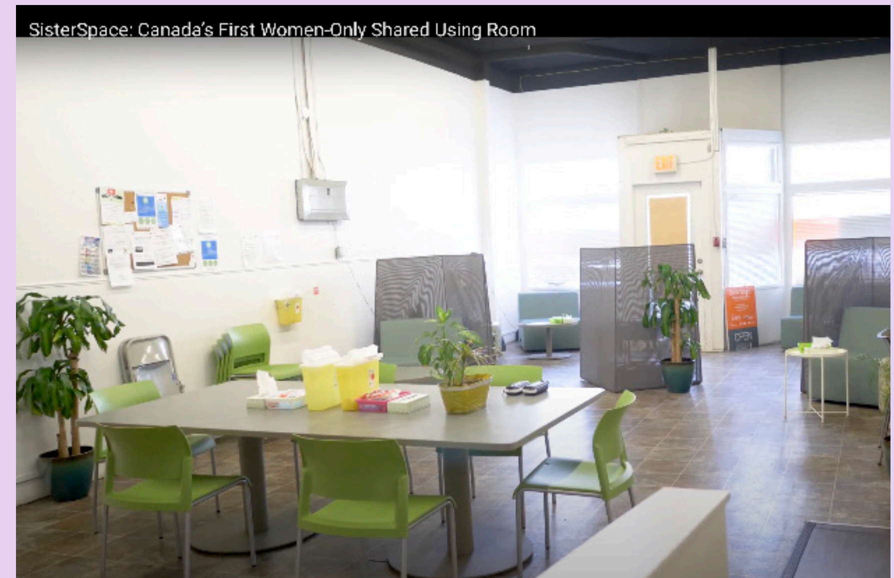
I started using substances at age 13 and struggled with problematic substance use until I got pregnant in my early 20s. While I was a polysubstance user, alcohol was what almost always triggered my use of other substances. I stopped drinking for about three years and when I started again I made some choices about what I drink and how often, in order to prevent a relapse back into problematic use. Abstinence was not an option for me and I understand why and how it is not an option for others, especially women who are coping with violence and trauma, and I am committed to creating both emotionally and physically safe places and spaces for women to use.

Why was it important and necessary to set up a women-only overdose prevention centre?

For years women in the community had been sharing with us how for them, the only safe injection site in the City (and country) was not safe and or comfortable for them – for some women it was never safe or comfortable and for others it was intermittently unsafe and uncomfortable. This was not about the operators necessarily, but about who else was using the site; often men who had caused them harm. Some also expressed that it was too perfunctory and or reminded them of being in hospital where many women experience ongoing stigma, racism, misogyny. Women who were pregnant were especially resistant to being seen at the site.

What were some key factors involved in establishing SisterSpace?

Well, first it took a lot of advocacy (years), and failed drug policy that resulted in an opioid poisoning epidemic (in other words, a crisis). After that it was finding the right location; a location that felt safe for women (SisterSpace is in a commercial unit of a women-only housing building, across the street from a women-only housing building, next door to a women's shelter, around the corner from women's housing and from a drop-in centre for women involved in the sex trade): setting up the space so that it looked less like a medical centre and more like the open space of a home (with a kitchen table, lounge chairs, murals, etc.); and employing peers and other women who had lived expertise. We also commissioned a developmental evaluation, which allowed us to get real-time feedback from women and make adjustments based on same.



What kind of feedback are you getting from clients of the service?

Feedback is overwhelmingly positive. In a recent utilization-focused evaluation report - https://atira.bc.ca/wp-content/uploads/2020-21-PHAC-SisterSpace-Evaluation-Report-FINAL.pdf - women told us overwhelmingly that they had benefited from the space and programming at SisterSpace. They validated our decision to set it up as a living room/kitchen and to not limit their time in the space. One of the most important findings to me was that 85% of the women, when asked, said they had friends at SisterSpace. 89 women participated in the evaluation surveys, which is also telling in that in this neighbourhood, it is hard to get much participation in evaluations/research/etc. More reports/information here: https://atira.bc.ca/what-we-do/program/sisterspace/

How do you address any concerns from surrounding businesses and residents located near the centre?

We chose a location where we knew this would not be an issue; and it hasn't been.

Do you have any tips or suggestions for advocates wishing to establish a women who use drugs only service in their locale? And *any tips specifically for establishing a women's medically supervised injecting centre?*

Listen to women. Build space in a location that is comfortable/familiar to them. Resist medicalizing the space. The health care system has not typically been friendly to women who use substances, especially if they are racialized, poor, pregnant, involved in sex work. Employ peer workers; women who reflect the women being served. Be radical (e.g. we were told we could not assist women using, but peer workers do). Don't rush women out. Building relationships with each other takes time and is critical to women's wellbeing. If offering additional services, have them delivered by an outside organization on an in-reach basis and never pressure women to access services they don't want or are not ready for. Resist seeing abstinence as the golden goal (there is a lot of pressure to do this). For women who have experienced a life time of violence/trauma, their relationship with substances is what keeps them going. Our goal is to ensure they have access to health care, good food, safe drugs, help when they need it, that they feel valued and valuable; and most of all to keep them alive if and until they are ready to make other choices.

Note in this interview Janice discusses SisterSpace. Atira expanded/added an additional service, SisterSquare, in May of 2020, to ensure they could continue to offer support to women during the pandemic (given they had to limit the number of women inside SisterSpace). See https://atira.bc.ca/sistersquare-one-year/.
It is interesting that in this outdoor pop-up SisterSquare space they are seeing that more than 2/3 of women who use the service smoke, a reality they can't accommodate at SisterSpace because there isn't adequate ventilation.

Janice mentions several written reports about SisterSpace. Note that the Centre of Excellence had the opportunity to create a video with Janice and others who work at SisterSpace which gives a view into the space and well captures the important, women-centred, trauma and violence informed, harm reduction oriented work they do. See https://www.youtube.com/watch?v=UU-QwGwUJmg

Médecins du Monde (MdM), Myanmar

How was the group formed and what are the main reasons?

In Myanmar women who use/inject drugs have a higher risk of blood borne virus transmission, higher mortality rates and experience additional layers of stigma and discrimination compared with men who inject drugs. Most women who use drugs (WUD) in Myanmar have difficulty in accessing harm reduction services because of being 'shamed and blamed' due to their status as 'deviant' drug users and 'bad women'. WUD experience physical and emotional abuse from a range of people from their communities including relatives, husbands, men who use drugs, police and some local anti-drug civil society organizations.

Before peer groups were established, informal social WUD networks shared news and information amongst themselves. Some members of these networks raised their experiences and perceptions about barriers to accessing services with different health service provider organizations. In September 2018, with the support of members of the WUD community, MdM formed the Women's Advisory Group (WAG) to address the needs of WUD.

Why did MdM decide to assist with development of a women who use drugs advisory group?

It has become increasingly clear that WUD have a central role to play in advancing community empowerment and community-led interventions to enhance the quality of services and build the sustainability of HIV programmes. Considering the importance of increasing coverage and enhancing the quality of harm reduction services for WUD and the sexual partners of men who use drugs, MdM adopted the strategy of providing gender specific services. A key component of this strategy was the formation of the WAG. MdM not only facilitated the formation of the WAG but importantly continues to support the WAG to work more efficiently for the community and with the community.

Can please describe the role of the Women's Advisory Group?

The role of WAG is mainly to provide advice and lend support to MdM harm reduction programs to improve service reach to women and to support participation and involvement of WUD in all aspects of program.

Overall, the role of the WAG is to identify gaps in services for WUD and to communicate this information with service providers. The feedback provided by the WAG is crucial for harm reduction providers so they are aware of priority issues and in turn respond to the specific needs of WUD.

What methods are used by the advisory group to consult with women of who use drugs and can you give some examples of how the advisory group has influenced service delivery for women?

The WAG facilitates small community consultations to collect information concerning the difficulties, service gaps and challenges women experience in accessing health care services. This information is documented and reported to respective organizations.

An example of the how the WAG has influenced service delivery for WUD involves the implementation of gender-based violence prevention and response services. These much-needed services commenced following the WAG advocacy with relevant organizations for the urgent need to respond to this problem.

What change/s or addition/s do you think has had the most impact on how women access services?

An important way for us to reach women is by working with peers (women volunteers) to engage with communities of WUD to ensure effective delivery of services. For example, 3 years ago, the stigma surrounding WUD plus the fact that most service provider staff were men created significant challenges for women to access harm reduction services. Now, we have 13 women peers at 1 drop in centre supporting more than 15 WUD and partners of people who inject drugs access health care services. Having more women on staff enabled woman-to-woman communication, creating a more comfortable environment for women to discuss their concerns and establish rapport and build trust between themselves.

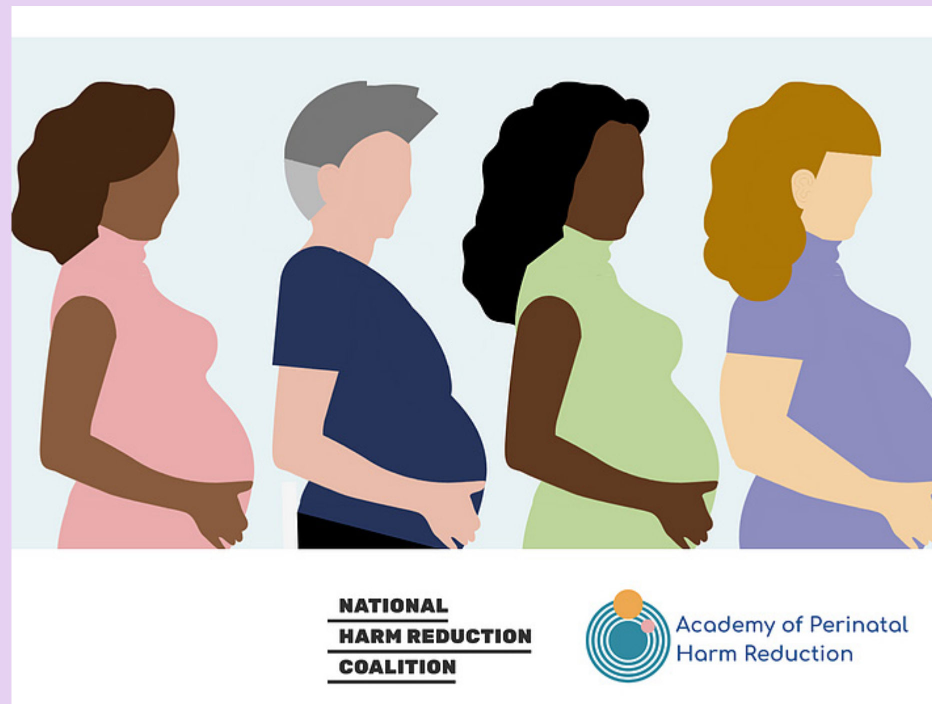
Secondly, the impact of women specific days has had a big impact on how women access and engage with services. Since most of the drop in centres are male dominated spaces, it was difficult for WUD to attend. During 2018, women only days were initiated so that WUD could have their own safe space where they feel comfortable. The practice is a success according to both the WAG and women attending the centre on these days. Women using the service report they are able to communicate openly about what is happening in their lives without fear of being judged or worry of being humiliated because of their drug use.

What advice would you provide for others who wish to support establishment of a women who use drugs advisory group?

For the WAG, capacity building is essential. The group is comprised of active members who have a strong will and commitment to work for and with the community. Training and capacity building is important to support these women acquire the range of skills and experience to help them work more efficiently and confidently. Unfortunately, to date only a small number of capacity building workshops have occurred. These have included group management and facilitation modules alongside specific technical trainings such as gender based violence, and Training of Trainers. Training supports are fundamental to ensure that the advisory group can organise and mobilise effectively in their work to create positive change for WUD.

In addition to the vision and mission to work for and with the community, the realities of limited financial and material resources constrain the activities of the WAG. Therefore, income generation activities, strategic fund raising and grant writing skills are also important elements.

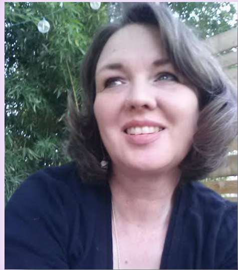
Academy of Perinatal Harm Reduction (APHR), USA



Can you tell me a bit about yourself and why you are involved in harm reduction work?

Joelle Puccio: I got into Harm Reduction for a school assignment to write a paper about service work, and then kept coming back for 11 years. I was drawn to the needle exchange because I had been in so many churches and schools and communities that claimed to be based on love, but this was the real thing. I had also been slowly realizing that everything I had been taught about drug use from childhood to nursing school was wrong. The mix of radical love and the practical philosophy of "Any Positive Change" made sense to me.

Ria Tsinas: I live in Portland, OR. I have been working in harm reduction for over a decade. Much of my work focuses on harm reduction and its intersections with reproductive health and justice. I am a person with lived experience. I do this work in an effort to improve availability of gender specific services in harm reduction spaces, as well as to improve the lives of pregnant and parenting people who use drugs. I hope to ensure that people who use drugs will not have to suffer such egregious losses as a result of bad policy and bias. I do this work because I cannot think of doing anything else. It is my passion, my community, and the space in which I am always pushed to grow, question, and advocate.



Erika Goyer: I come from a background in Neonatal Intensive Care Unit (NICU) parent advocacy. When I began learning about Perinatal Substance Use, I was struck by the shaming and guilt experienced by mothers. It was so different from the typical NICU experience, where mothers are told "It's not your fault. These things happen." In contrast, with substance use, despite any strong evidence of harm, we tell mothers "This is your fault. You don't deserve to be a mother." Once I saw that, I could no longer stand by and let it happen.

Please share on how the Academy of Perinatal Harm Reduction was founded.

Joelle: I met Ria in 2010, volunteering for the needle exchange. We recognized that there was a lack of evidence-based information and wrap-around services for pregnant and parenting people who used drugs. We knew that this was something we wanted to work for in the future. After a conference in 2015, a group was formed to work on a comprehensive guideline for care of families with perinatal substance use. Erika was a founding member, and I didn't waste any time asking Ria to join. We worked on the guideline under the umbrella of the National Perinatal Association (NPA) for 3 years until we had a first draft product. At that time, NPA decided that they would only support some of the documents, declining to approve certain content, such as safer injecting. For us, that was a deal breaker. We looked for a new home for about a year, and then the National Harm Reduction Coalition offered to work with us to expand the guideline into the Perinatal Substance Use Toolkit. We decided that since we had a client, we should form an organization, and so we founded APHR in June 2019.

What are the main principles of the Academy of Perinatal Harm Reduction? Are there feminist underpinnings you might detail for us?

Joelle: Our mission is to improve the lives of pregnant and parenting people who use substances. We work toward a community where all families are safe, intact, and informed – regardless of what they put into their bodies. We know that in order to

realize this vision, we must celebrate the expertise, honor the courage, and center the voices of members of our community who have lived experience. We see Reproductive Harm Reduction as essential in any intersectional feminist framework. The drug war is a war on women and children; it is a war on us. We know that people within our systems of healthcare do not experience one oppression at a time, but all intersecting and all at once. We recognize that to achieve equity and end the drug war, we have to fight against misogyny, white supremacy, ableism, capitalism, United States imperialism, homophobia, environmental destruction, and the drug war all at the same time.

What kind of feedback are you getting on the work of the Academy?

Joelle: Most of the feedback we get from participants in our trainings is positive. There is a saying in Harm Reduction that we "meet people where they're at". This can be literally where they are at, like exchanging needles with people in a park or at their homes, or it can mean finding common ground with someone who disagrees with you. The beauty of Harm Reduction is that it is so simple and so broad that everyone can be included. We all want to do good. Our goal is to help our trainees realize that they are already Harm Reductionists and give them the tools and resources to go out and do good in the world.

What specific challenges do pregnant women who use drugs have to face and how do you assist with those challenges?

In addition to many intersecting oppressions, pregnant people who use substances in the United States face systems designed to sabotage them at every step as well as a culture of misinformation and stigma that has been absorbed as truth by everyone in their life from doctors to family members. They become accustomed to being treated as "less than". They come to believe that they deserve it. The most important thing that APHR does is to counter this ugly and false narrative. We know that people who use drugs are smart and capable of making decisions for their health and their families. We know that doctors, social workers, and other professionals are in these jobs because they want to do good, and that they are positioned to use their power within systems to advocate for positive change. APHR provides evidence-based information and resources that challenge our systems and give people the tools to make informed decisions and advocate for themselves, their families, and their patients.

Do you feel that the impact of drugs in pregnancy are overstated in popular media?

The impact of substance use in pregnancy is not only overstated in the media, but it is overstated in academic literature. It is typical to find a research study with data showing no effect that is misinterpreted as an effect, or an article openly blaming pregnant people for being victims of violence or poverty.

Please tell us about "NAS" verses "NOW" and why the distinction is important.

The concept of Neonatal Abstinence Syndrome (NAS) was developed in the 1970s by Dr. Loretta Finnegan solely to describe withdrawal from opioids. Despite this, some infants with no opioid exposure at all have been diagnosed with NAS and treated with unnecessary medications. There are no long-term or permanent effects of NAS, different from more well known "syndromes" such as fetal alcohol syndrome. The term Neonatal Opioid Withdrawal (NOW) specifies that it is a condition associated only with opioids, and withdrawal is better understood by the general public as temporary.

Do you have any tips for advocates in other countries who may wish to emulate harm reduction perinatal work?

We know that many of the practical challenges faced by other countries will be different from ours, but we also understand that US imperialism has spread our harmful and ineffective drug policy all around the world, with disastrous effects. We believe that information is power and we would love to translate and share our work with anyone interested. We want to collaborate with more international allies and learn from work that is being done outside the US.

Club Eney, Ukraine

Could you please introduce yourself and explain how you came to join Club Eney?

Hello, my name is Velta Parkhomenko. Currently I am the Project Manager, and Chair of Club Eney, a Ukraine based Harm Reduction NGO. I am also Vice Chair of the Women and Harm Reduction International Network (WHRIN), an activist with the community of women who use drugs, a member of All-Ukrainian Union of People with Drug Addiction, the Country Key Populations Platform and the Eurasian Network of People who use Drugs. I have been involved in harm reduction for 16 years.

I first came to the Club Eney as a client, then later I was employed as a social worker and two years ago I became the head of the organization. Club Eney's main functions include project management; communication with donors; building

partnerships with government agencies and other NGOs and advocacy for the rights of people who use drugs at the national and local levels - with a special focus on women.

How does Club Eney work with women who use drugs?

Beginning in 2000, Club Eney implements harm reduction strategies in Ukraine. We involve women with lived experience of drug use as peer outreach workers to interact with women clients. Women also work as peer consultants in the organization. Club Eney strives to implement innovative approaches that are women oriented in focus not only with WUD but also for other service users who include other people who use drugs, sex workers, internally displaced women and veterans of anti-terrorist operations.

While implementing harm reduction projects, Club Eney identified a high prevalence of Gender Based Violence (GBV) and the need for GBV prevention services for WUD and sex workers. In 2018 we began providing gender sensitive and non-discriminative GBV prevention services for women from our target populations who have experienced violence.

Club Eney was funded by the International Renaissance Foundation for the "Implementation of a Comprehensive Approach by the Communities with Problems of Violence Against Women Who Use Drugs' project. Through this project, Club Eney was able to pilot screening, brief intervention and referral to the treatment tool WINGS/Women Initiating New Goals of Safety among WUD and sex workers in Kyiv. During 2019 we conducted WINGS research which confirmed a very high prevalence of GBV among sex workers and WUD as well as serious gaps in services for these women. During 2020 we provided WINGS to over 800 GBV survivors across 8 regions of Ukraine.

What are the key issues facing women who use drugs in Ukraine?

The COVID-19 pandemic has created particular risks for the WUD community. During 2021, many long-term Ukraine donors, including the International Renaissance Foundation, cut funding for GBV and HIV prevention activities. Most new grant opportunities switched focus to COVID-19. The Ukrainian government likewise focused on COVID-19 at the expense of other services, including HIV prevention and other healthcare services for our clients. For example, during 2019 the cost of hygiene kits and gynaecological consultations were subsidised by the government, however, in 2020 these both ceased. Similarly, the government and donors reduced funding for condom distribution programs and GBV prevention services. As well as intensifying competition in an already resource constrained donor environment, this decreased funding for GBV and HIV programs has resulted in a larger service gap than before.

The COVID crisis in Ukraine has been exacerbated by the rapid increase in unemployment, which puts additional strain on

families and communities. According to Amnesty International, police in Ukraine recorded a 60% increase in reports on GBV during the pandemic. Treatment for COVID is not covered by government healthcare programs so COVID patients carry the financial burden of treatment, which is too expensive for our primary service users. In addition, our clients are excluded from some other services (such as non-COVID hospitalization, detox programs, shelters and some employment opportunities) which are available only with a COVID test which costs $32 USD - well outside the reach of many of our clients.

Women who use drugs including sex workers were the most seriously impacted. In the COVID environment, the income earning potential of these women has been limited as they were the first to lose their jobs. Many WUD depend on their partners who provide housing and drugs and who in turn suffered job losses and hardship. Furthermore, many of the Club Eney WUD clients have health issues and are at higher risks of COVID related complications, which further limits their opportunities in the competitive job market. So with decreased service availability and access as well as increased GBV, unemployment and poverty, the current situation for many WUD in Ukraine is dire.

Can you tell us a little more about the GBV and why it was seen as relevant to the Ukraine context?

Unfortunately the data and accounts we have collected paint a very grave picture for women who use drugs. According to UNFPA, in Ukraine 1.1 million women (19%) per year experience GBV. Forms of GBV are relevant as they create varied barriers for women accessing services. In December 2018, our organization conducted focus group discussions with WUD in Kyiv and all participants reported experiencing violence from their partners or family members. WUD also reported forms of institutional violence ranging from judgemental treatment and brutality from the police through to threats from social workers to revoke their parental custody rights. WUD, due to their drug use, are barred from the sanctuary of women's domestic violence shelters. The majority of WUD report not accessing other services because of stigma, discrimination and fear of persecution. Over 50% of WUD who participated in our focus groups have also experienced abuse in rehabilitation centres.

Is Club Eney involved in other activities to prevent or respond to violence against women who use drugs?

We conduct information campaigns and create alliances with other women's organizations. For example, Club Eney have been an active participant in the Elimination of Violence Against Women who Use Drugs campaign since initiated by WHRIN in 2019. We also work with women's organizations in 9 cities and have expanded our services with the help of partner organizations. This year we have submitted 22 project applications for additional funding sources to maintain our GBV services

Based on this experience, what would be your advice to other organizations around the world wishing to improve safety for women who use drugs?

COVID has increased need for services and advocacy for WUD due to quarantine, emotional, safety and financial strains. It is necessary to be flexible and to adapt to a changing context and re-organize work by, for example, shifting to online interactions with service users. Importantly, we have learned to build partnerships with other women's organizations, including national organizations we would not have naturally partnered with in the past, in order to improve our positioning and efforts to provide continued services that hopefully reduce the stigma experienced by women accessing our services and improve safety for women who use drugs.

CAHMA, Australia

Can you tell us about your involvement with CAHMA?

I am the Community Development Operations manager at CAHMA (Canberra Alliance for Harm Minimisation and Advocacy). I run a community development project which aims to provide new professional opportunities for people who use drugs and ATOD (alcohol, tobacco and other drugs) treatment – volunteering, mentoring, skilling up, casual work, supervision and further education. I am also in charge of student placements harm reduction trainings from the perspective of peer work, for ATOD professionals. In addition, I design health promotions and run campaigns at CAHMA.

Can you describe CAHMA efforts that have targeted women who use drugs in particular?

Over the course of the last few years, CAHMA run a few successful actions aimed at reaching women who use drugs (WUD) in Canberra. These actions were mainly inspired by WHRIN's campaigns and opportunities they provided to raise awareness about specific issues experienced by WUD (eg WHRIN's grants for Support Don't Punish with a Focus on Women, and the Elimination of Violence Against Women who Use Drugs (EVAWUD) 16 Days of action. As a grantee for these inspiring campaigns, CAHMA organised:

a. The 2019 Support Don't Punish with a Focus on Women campaign, with a special focus on the elimination of violence against women. An art exhibition was launched on 26th of June as CAHMA's Global Day of Action event ("Wear Orange, Paint it Orange"). Many visitors attended the painting exhibition, read the artists' stories and purchased artworks. All of the visitors had the opportunity to take photos in front of the "Orange wall' specially decorated for this purpose. The popularity of the exhibition prompted us to take further action, so CAHMA invested in building a website where paintings are promoted and purchased. This has developed into a continuous action that is hugely empowering for CAHMA service users and staff, also attracting the attention of other alcohol and drug services and of the wider community. CAHMA now participate in Orange the World Action with Orange Art Group monthly meetings every 25th of the month, where we continue to create artworks and stories that help to combat stigma and discrimination against WUD.

b. As part of the SDP with a Focus on Women 2020 campaign, CAHMA's weekly radio show News From The Drug War Front, invited its women listeners to send in personal stories themed around "Stop the war on women who use drugs, invest in harm reduction services that work for women!" involving:

- examples from their life of how they experienced harmful influences of the war on people (women) who use drugs.
- their suggestions of what gender sensitive services could minimise that harm and how.

The action lasted for 8 weeks, each week two stories were be read by Marion Watson in the radio show, and each rewarded with $30. All stories were stored and made available to listen on in the Cloud, and were saved to be used as valid documentation in different CAHMA regular advocacy activities.

In November-December 2020, CAHMA participated in WHRIN's Elimination of Violence Against Women who Use Drugs (EVAWUD) campaign with large number of activities exclusively designed for WUD:

a. The Orange Room - a special room within the CAHMA drop-in space designated to be a "free from violence safe place" with the purpose not only to symbolize a refuge from violence but also a passage to a new life, space for self-exploration, self-expression and positive changes. Women used the room to meditate, relax, rest and self-express in artistic ways (painting, collage, storytelling or knitting orange scarves to wrap trees at the end of the campaign).
b. A series of specific one-off activities such as: naloxone training, empowerment and self-esteem workshop, afternoon tea, domestic awareness session, Collage Art Therapy etc. many of which were organised in partnerships with other Canberra alcohol and other drug/harm reduction services.

The campaign ended with the Orange march and community event with a BBQ, yarn bombing trees and a self-defence class organised by community members.

The campaign had a strong presence in social media (on every day of the campaign calls-to-action and campaign photos were shared) and in CAHMA's radio show News From The Drug War Front. One of the participants of the CAHMA Orange art room made a video with artwork "Orange Lady" promoting the campaign.

Over the many years of supporting women with ATOD issues it has become apparent that one of the systems that is most detrimental to the health and wellbeing of WUD is the Child, Youth Protection Service (CYPS) system. CAHMA clients who are engaging with CYPS often find the experience extremely challenging, with few positive outcomes for their children/family. This has been observed by CAHMA, especially over the past 2 years since the inception of our peer treatment support system which involved CAHMA workers attending appointments including CYPS appointments to advocate for the best outcomes for service users.

As a result of this work and knowledge, CAHMA identified the need to establish a support group for WUD who are dealing with CYPS. The group had to be suspended because of the recent COVID lock down in Canberra, but will start its regular weekly gatherings in January 2022.

Of these efforts, which do you think had the greatest impact (and why)?

They all resonated really well with the community and evolved into CAHMA permanent projects. If we have to choose one, that would probably be the 2020 EVAWUD campaign because of the wide range of different activities that involved a very diverse group of participants. Also the street march at the end of the campaign was a very powerful experience for all participants and made them feel very empowered and hopeful that something can be done in terms of sensitising the wider community about issues that WUD face in our society and world. Also, the fact that it was a worldwide campaign had a strong positive impact on all participants.

What skills do you think are essential in working with women who use drugs?

- Harm reduction knowledge
- Social justice awareness
- Empathy, respect, appreciation
- Good knowledge of identity politics, diversity, understanding of feminist theories, of the strategies of systemic oppression and good understanding of discrimination strategies
- Lived experience and use of peer health education models in working with WUD
- Person-centered approach, which means that those who work with WUD must suspend their ego in order control their urge to “fix” WUD and impose on them their own ideas and solutions
- A huge ability to listen to the person, respect their choices and respond in the way that is acceptable to them
- Understanding the difference between helping people and empowering them

What would be your tips for other harm reduction service providers wishing to facilitate meaningful involvement of women who use drugs?

Our main tips come from the material we gathered through the SDP with a Focus on Women 2020 writing competition campaign; all services working with WUD should have (more) peer workers who experienced the same issues that WUD are dealing with.

All services should create a more welcoming and friendly atmosphere for WUD, with open days for meeting the workers in a less official manner, with more health promotions, workshops and campaigns to raise awareness related to specific sets of problems and in particular the discrimination and marginalisation that WUD face every day.
Employ more women, more women’s groups, more programs targeting specific issues of WUD, more community consultations and platforms for voices of WUD, more programs around childcare and parents who use drugs and more programs for domestic violence understanding and awareness.

South African Network of People who Use Drugs (SANPUD), South Africa

What was your 'pull' to work in this sector?

In South Africa the rate of femicide and gender based violence (GBV) is the highest in the world. Women who use drugs (WUD) are even more at risk of experiencing these grave crimes when considering socio-economic status, living conditions and punitive drug policies. Seeing at risk women experiencing these preventable harms encourages us to continuously advocate for change, stand up for and be the voice of women who may not yet have the platform to do so themselves. Many of us have also experienced personal loss, trauma and abuse as women in South Africa and we are thus driven to effect change for our sisters.

Can you please describe the work of SANPUD (South African Network of People who Use Drugs)/TBHIV Care and your role in the organisation?

SANPUD has a large cohort of WUD staff members. Many of whom have been exposed to stigmatising, discriminating and traumatic experiences. We are all passionate about sharing our lived experience and advocating for significant change in this sector. SANPUD envisions a world where people who use drugs (PUD) can make conscious, well-informed decisions around their drug use; one where drug policies do not increase the harm that PUD face but rather encourage access to health care, celebrate autonomy and challenge oppression, marginalisation, stigmatisation and economic exclusion.

How does SANPUD/TBHIV Care respond to the needs of women of who use drugs?

TBHIV Care provides harm reduction services including needle and syringe distribution, opiate agonist therapy (OAT) and other commodities for people who inject drugs in South Africa. SANPUD supports TBHIV care's psychosocial services and coordinates networks and community consultations with at risk WUD. SANPUD works collaboratively with other partners and stakeholders to ensure inclusion across both urban and rural WUD communities. This includes sensitisation training, education, relationship strengthening and the distribution of essential women's health and wellbeing commodities.

Through partnerships with key role players such as HRI, INPUD and WHRIN, and supported by international donors such as UNODC, RCF, GFATM and OSFRA, we can host advocacy events and campaigns specifically for WUD who may otherwise not have access to these services. Although these may only be ad-hoc health events, this is our approach to addressing the gaps within service provision.

What issues would you say women who use drugs in South Africa face that may be different to those experienced in other countries/regions of the world?

Women in South Africa are exposed to extreme GBV and intimate partner violence, not only from community members but also from the individuals and entities who are supposed to protect them e.g. Metro Police, private security as well as other law enforcement agencies. This results in zero access to justice because women are less likely to report what happens to them when the perpetrators are those designated to protect them. Due to the fear of being ridiculed, victimised or blamed for what has happened to them, women who use drugs are less likely to report these abuses to law enforcement agencies.

WUD in rural areas of South Africa are largely unaccounted for and disregarded as services are nonexistent for substance use in these areas. In urban areas the funding is largely allocated to harm reduction services that are specifically tailored to those that inject drugs which leads to further exclusion of at risk women who may not be injecting substances.

In South Africa we do not have alternate incarceration options for women and they are exposed to the same prison conditions as men. This also means that many WUD who are the primary care givers are often imprisoned for non-violent crime (possession, shop lifting etc.) and are then separated from their children who become orphans of the state.

In what ways does SANPUD/TBHIV Care adapt services to improve relevance and access for women?

- Through regular consultations and engagements with WUD who are accessing various services, we ensure that the quality of services is continually being reviewed.
- Consciously allocating funding to gender specific activities and commodities.
- Encouraging the establishment of women led networks
- Contributing to events such as Support Don't Punish and Elimination of Violence Against Women who Use Drugs which are recognised on a global level to advocate for decriminalisation of PUD including WUD

How does SANPUD/TBHIV Care support the meaningful involvement of women?

Through mainstream and social media as well as other communication platforms, we actively engage in discussions, consultation and services that benefit WUD communities throughout South Africa. Where possible we ensure representation of WUD at high level National and Regional engagements.

SANPUD is also recognised Internationally for their awareness raising, research and advocacy efforts for these at risk women.

Do you have any insights, tips or suggestions for advocates wishing to establish or integrate services for women?

Wherever possible we use funds for events and campaigns aimed to improve the lives of women who use drugs, even if it is ad-hoc events. It is better to provide one box of sanitary commodities than none. If the opportunity is there to better or improve the lives of WUD, no matter how small it may seem, society needs to grab it.
Decisions concerning WUD, need to be made by WUD.

Best Shelter, Myanmar

Could you please tell us about your interest in women and harm reduction?

"It was 15 years ago, I was sick and in pain, I just heard my family cries and thought I was going to die. But I was being saved – because our village head treated me with "the magic drug - opium" from his back-yard opium plantation. Since then, I consumed it for the sake of my health every day, I can't live without it. Now the opium became very rare, expensive and my grandson d brought me white heroine from his jade-mining work, as it is cheaper. I am addicted to it. I wanted to get-off this, I need help and help me please…"

I met this 70-year-old, a healthy looking, grandma from Seng Taung, Kachin state during an outreach visit to a drug consuming site with our outreach workers. She had walked for miles from her villages to score drugs with the pocket money her son gave her. She was treated with respect by her fellow male-drug users. She might be discriminated against by her village fellows, but in this peer-environment, she is safe, secure and respected as a senior.

Since then, my interest in women and harm reduction grew. The calls for help women with health care, drug treatment and harm reduction services are lost to the male dominated responses. There are many un-heard and un-told stories by WUD that need the attention of donors and service providers. Since then, our team and I started and maintained women health responses for women despite shrinking donor funds.

How does Best Shelter Myanmar engage with women who use drugs?

Women who use drugs feels respected by women peers, so we engage with them by employing peers and empowering them with regular training and coaching. In addition, they live within the community as grandmothers, mothers, sisters, wives etc, so we also recruit women community prevention workers, working for the community by the community. It is our experience that the work is more successful with community-based engagement by involving peers in reaching WUD.

How has Best Shelter Myanmar designed services to be relevant to WUD?

Drug issues in Myanmar is not only an urban issue, but widely a rural issue. Drug use is found in all villages on drug trafficking routes, as well as those in contact with economic and conflict migration. Every village household in Kachin has faced challenges with drug dependency. Being a community-based organization, we involve women peers/CPWs from the villages who are interested in helping. They are being trained on different drug use related topics including drugs, dependency, overdose, HIV/TB and drug use, COVID-19 etc and they then provide health education to their fellow peers, offer them choices of drug treatment, HIV testing, TB screening and other services. After trust has been established, WUD who want to seek further services are referred to the Best Shelter mobile teams or nearby harm reduction service providers. It is the client's choice to seek the required service, ranging from a sterile needles and syringes, condoms, HIV testing and counseling, psycho-social support, or drug treatment. When women choose so, we assist, mostly with accompanied referral along with full transport and meal support so that they do not feel alone – a sort of buddy system. The community peers follow up with the women for support with treatment adherence on MMT, ART and TB if there are issues to resolve, by consulting with Best Shelter or harm reduction

teams. In summary, the peers are the bridge between the hidden women who use drugs who are looking for support and the harm reduction service providers.

Which would you choose as the most exciting part of your work (and why)?

> *"Despite of my HIV status, I get pregnant but I couldn't stop my drug use. I want to deliver a healthy baby. My friend introduced me to a free harm reduction clinic where I receive free medical consultations and drug treatment (methadone), and a hospital referral for delivery which covers all my expenses. I could deliver a healthy kid and thanks!"*
>
> *"Both my husband and I tested HIV positive. We felt like shit. After the counseling session, we came to know that there are options and not to lose hope. Now we both are on ART."*

Listening to client feedback on our work is the most exciting part of my work. Though they are not always success stories, WUD felt they are being respected and included, being heard and listened to – that matters for me since most are otherwise being ignored, neglected and discriminated against.

Is there anything you plan to work on more on WUDs in future?

Yes – specifically for the pregnant mothers who use drugs in Myanmar. If the WUD are facing "double stigma" for being a woman as well as using drugs, they face "triple stigma" for being a mother who still can't get "off drugs". They worry for the baby and consequence of their drug use with very little information or help available. They are challenged by huge stigma as well as very few services linking with women's maternal health, drug dependency and post-natal care for both the child and the mother. There is no attention paid by service providers in Myanmar. Best Shelter is currently working with Academy of Perinatal Harm Reduction (APHR) and the National Harm Reduction Coalition (NHRC) to revise and and translate the Pregnancy and Substance Use toolkits developed by APHR and NHRC, to transform them into digital information and edutainment (education/entertainment) for clients on a range of specific topics, for training harm reduction staff who are working with WUD and for advocating with donors for potential funding for WUD including the pregnant women who use drugs. The digital health education is a collaborative effort of BSM and APHR and will be seen at https://www.perinatalharmreduction.org/videos.

In addition, Best Shelter has created a dedicated page for WUD under Best Shelters-Myanmar website called "Best Shelter for Her" where Best Shelter and its sister organization Asian Harm Reduction Network (AHRN Myanmar) services for WUD are being launched. https://bestsheltermyanmar.org/best-shelter-for-her/. In future it will be linked with social media platforms to reach a wider audience in-country and promote awareness for WUD through entertainment activities, widely using the resources for pregnant women who use drugs.

Based on this experience, what would be your advice to other organizations around the world wishing to improve services for women who use drugs?

Many donors, politicians, head of the organizations, harm reduction program implementers –regardless of their gender, "unintentionally" forgot to include women who use drugs and to provide relevant services. Just look at my example! I came to know of this gap only after I heard the voice of grandma.

1) first WUD themselves should be assisted to be aware of their health rights and needs
2) listen to their voices
3) involve them in service delivery
4) even if you have funding limitations, try to integrate basic harm reduction services tailored to WUD (as part of general harm reduction activity) such as NSP, condoms and health education, having women outreach workers, a relevant referral system etc..
5) be aware of womens specific needs including GBV, family planning, SRHR, perinatal harm reduction services, and expand services accordingly.

Profile: Thinzar Tun, Program Director, Best Shelter

With almost two decades of Harm Reduction experiences in Myanmar with Asian Harm Reduction Network (AHRN-Myanmar), a local founder of the organization since 2003. Currently working as a Program Director at Best Shelter, a local NGO dedicated to the community-based Harm Reduction activities, including WUDs interventions. A woman leader for bringing in the capacity building of local staff, peers on WUD related knowledge and expertise as well as expanding community-based WUDs interventions through the international networks of WUDs expertise organization like APHR, NHRC, WHRIN etc.

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YouthRISE, Nigeria

Can you please describe how YouthRISE was established in Nigeria?

YouthRISE Nigeria was borne in response to growing drug use and incidence of HIV among people who use/inject drugs in Nigeria. An African representative of the YouthRISE International Working group on drug use who was also involved in Global Fund programmes on HIV in Nigeria, recognised that the response of the epidemic driven by drug use is not being adequately addressed and thus founded the organisation.

YouthRISE Nigeria organized a multi-stakeholder meeting in Abuja in 2010 with the theme- Drug use and HIV: "*A need for comprehensive response*, the first initiative of its kind in Nigeria. The meeting generated a lot of interest not just in Nigeria but across the sub-region. A call for sustained advocacy and implementation of comprehensive harm reduction programmes were key recommendations from the meeting. YouthRISE Nigeria initiated operations in 2012 with incorporation in 2014. One of the products a national report on *The impact of the Nigeria drug policy on the health and human rights of young people who use drugs*.

Nigeria applies a punitive drug policy and YouthRISE recognise that there is a need for that to change in order for public health services to be effectively implemented and scaled up for people who use drugs. So, since inception, YouthRISE Nigeria has been at the forefront of advocacy for evidence-based policies and programmes including for harm reduction approaches, engaging critical stakeholders to drive policy reform, improving HIV services and galvanising civil society actions. YouthRISE Nigeria also facilitated the formation of drug user groups and networks in Nigeria.

When comparing YouthRISE experience in Nigeria with that in other countries, what issues facing women who use drugs do you think might be different or more extreme in the Nigerian context?

Some of the extreme issues faced by women who use drugs in Nigeria include socio-economic disadvantage. The economic downturn in Nigeria particularly affects many women who use drugs who are young, have children, no job and no access to socioeconomic supports. Most of the time, they are without shelter living under extremely challenging conditions. Their survival depends on their own ingenuity and what is available on the street.

As in other countries, women who use drugs in Nigeria are heavily affected by gender based violence. According to YouthRISE Nigeria program data, at least 25-30% of women who use drugs are current survivors of violence. The violence manifests in the forms of intimate partner violence driven by relationship power imbalances and police brutality linked with the gendered impact of criminalisation of drug users. The normalisation of violence against women who use drugs makes it difficult for survivors to speak out and access justice.

In Nigeria, one out of every four drug users are women. Nearly 40% of drug users report that they need help or are in urgent need of treatment. Access to drug treatment services are limited for women, especially those with children. There are a lot of drug treatment and rehabilitation centres involved in the use of force and keeping women in dehumanising conditions. Some are referred to as religion or prayer houses. Most available treatment programs are not standardized, rarely monitored, have low 'success' rates and do not meet the specific needs of women who use drugs in Nigeria as drug use is seen primarily as a male practice.

Please tell us about the activities of YouthRISE that are designed specifically for women who use drugs.

Our women specific activities include women only drop-in-centres. These centres support the provision of integrated services such as community-based drug treatment, nutrition, relaxation and safe space for women and their children. We have peer sessions that are women led and reaches out to only women within the community. Recently, to bridge the gender gap identified in a needle and syringe programme pilot where a lower number of women participated, we established an additional gender responsive drop in centre.

YouthRISE Nigeria also implement sexual and reproductive health education, family planning, including contraception options, sexual transmitted infection screening and syndromic management, ante and postnatal care, cervical cancer screening referrals, post abortion care services, and provision of kits for birthing and menstrual hygiene (sanitary pads, soap, diapers etc).

In addition, our series of targeted gender sensitive capacity building efforts for health care workers is part of a strategic approach to ensure women who use drugs continue to access tailored services in the long term especially at the primary health care centres near their respective communities.

Further, YouthRISE Nigeria's empowerment program for women who use drugs is aimed at ensuring women acquire basic life building and vocational skills for transformative income generation which is seen as critical to improved health outcomes.

YouthRISE Nigeria gender based violence services include, but are not limited to, counselling, medical support, provision of psychosocial services, post exposure prophylaxis, para-legal support and access to justice. We also have established relationships with tertiary centers where cases requiring further management are referred.

We also have a women specific anonymous drug support group and family support programs. This activity provides a platform for learning, experience sharing, treatment and adherence support, networking, re-integration, and related referrals. Women who use drugs can be involved in our art therapy activity which provides opportunity to express emotions and experience of hardships through art such as paintings and poems.

Which would you choose as the most exciting of these activities (and why)?

The women only drop in centre is the most exciting of all the activities highlighted. The centres are a hub that supports the delivery of gender-specific activities for women who use drugs. The centres do not only ensure integrated services are provided to women and their children but they also provide a one stop shop to address a range of needs.

What are the issues faced by young women that are not also experienced by other women who use drugs in Nigeria?

Women who use drugs in Nigeria may be more likely to share injecting equipment. Cases of clandestine abortion are unfortunately common which shows limited access to contraception options to prevent unintended pregnancies.

In your experience, what strategies are the most effective in engaging with young women?

One of the most effective approaches used in engaging with young women includes the peer-led approach. Meaningful involvement and active participation in the designing of programs or advocacy campaigns ensure ownership and active involvement in the implementation process as well.