

# Women and drugs: health and social responses

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## Introduction

This miniguide provides an overview of the main aspects to consider when planning or delivering health and social responses for women who use drugs. It reviews the availability and effectiveness of responses and takes into account implications for policy and practice.

## Summary

### Basic questions

Women's drug use problems have historically been overlooked and women are particularly affected by specific barriers that hinder their access to different kinds of treatment. In fact, in 2021, 45 % of people who had used amphetamine-type stimulants in the past year were female, but only 27 % of people receiving treatment were female (UNODC, 2023).

It is particularly likely that they:

- face stigmatising experiences, suffer discrimination, face economic disadvantages and have less social support;
- come from families, and have partners, with drug use problems;
- have caring tasks that fall exclusively on women, such as having children, or be the only source of income in the household, both of which can significantly influence their drug use and recovery;
- are exposed to situations of violence;
- have experienced adverse experiences during their childhood, including sexual and physical assault and abuse, and have related mental disorders;
- are victims of exploitation, human trafficking and violence, participating in the most vulnerable roles of the micro-trafficking chain, with a high likelihood of being tried as perpetrators of crime by judicial systems;
- encounter scarce public services and a lack of a gender-sensitive infrastructure.

There are a number of sub-groups of women with drug problems that have specific needs. These sub-groups, which often overlap, include pregnant women and women with children; underage women; women with a disability; older adult women; women in prostitution; sexually exploited women; LGBTQIA+ women; migrant women; women with mental health problems; women from ethnic groups; and women serving sentences in prison.

In addition, a problem that specifically affects women is the high use of psychotropic medicines, known as the 'medicalisation of women's daily lives'. Numerous research studies have shown the differential prescription of psychotropic medicines by healthcare professionals to women, compared to men, and how their use is socially normalised.

## Responses

- Specific services with a gender perspective in women-only or mixed-gender programmes, which integrate childcare services. These are delivered in welcoming, non-judgmental, supportive and safe physical and emotional environments, while promoting healthy relationships and strengthening ties with children, family members and loved ones.
- Collaboration between mental health and drug treatment services (where they are not integrated), to address co-occurring substance use issues and mental health needs.
- Specialised services for pregnant women, or women with children, who are facing challenges associated with drug use and potential comorbidities. These ensure obstetric and gynaecological care, address infectious diseases, take care of mental health and promote personal well-being, as well as provide a comprehensive approach encompassing both childcare and family support.

- Measures to overcome barriers to care for women involved in the sex trade, such as providing night opening hours, mobile outreach services and easily accessible assistance.
- Sensitivity to ethnic and cultural aspects and the possibility of interpretation services when needed.

## Latin America and Caribbean (LAC) perspective

It is important to begin this section by analysing the situation of women in the context of the LAC countries. In this regard, important movements for women's rights and gender equality have developed in recent years. These movements have contributed to an advance in gender parity that is reflected in improvements in women's access to non-compulsory education, increased participation in the labour market and greater participation of women in political office.

All of this is contributing to a gradual change in gender roles, especially among younger women. This change in traditional roles is also having an important impact on changing patterns of substance use among women and, probably, the stigmatisation of women's substance use. In addition, despite advances in parity, women still live with important economic inequalities, the persistence of gender stereotypes and an overexposure to violence. These factors add to the complexity of the problems faced by women who use psychoactive substances as they intersect multiple risk factors.

These complex and overlapping problems faced by women who use psychoactive substances require coordinated and integrated services. For all these reasons, it is necessary to offer residential institutions for women with dependent small children. In addition, there is also a need for outpatient institutions, such as day centres, which have spaces for care and activities for children who come with their mothers.

In the LAC area, there is no systematic information available on the availability of gender-mainstreaming responses to drug-related problems, although there are interventions addressing the specific needs of women who use drugs and information on such interventions.

## EXAMPLES FROM THE LAC CONTEXT

**ARGENTINA:** The Secretariat of Comprehensive Drug Policies of Argentina published the report 'Senses and practices associated with care responsibilities and their relationship with treatment for problematic substance use, among people attending Community Houses (CCC) with specific approaches for women and LGTBIQ+'. This is a pioneering qualitative study on this specific device.

**HONDURAS:** On the other hand, in Honduras, there is a Secretariat for Women's Affairs, which monitors public policies in favour of women with the objective of guaranteeing that true gender equality and justice is achieved.

**COSTA RICA:** In Costa Rica, the document 'General guidelines for the care of women with psychoactive substance use disorders' of the National Plan on Drugs, Money Laundering and Terrorist Financing 2020–2024 has been developed.

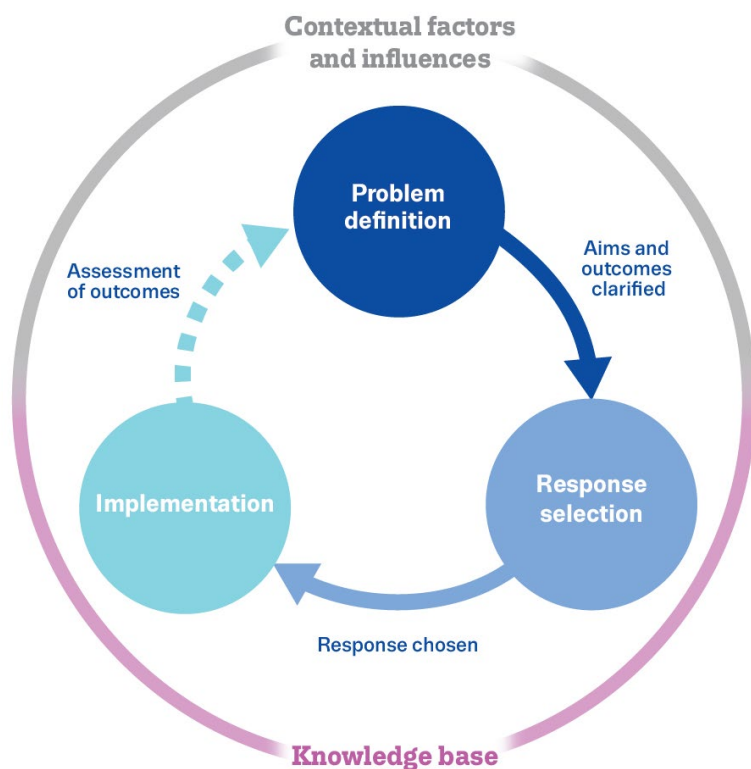
**ECUADOR:** In Ecuador, there are specialised services to address problem drug use, such as the Intensive Outpatient Services (SAI), which provide comprehensive and multidisciplinary care ranging from prevention to social integration, including diagnosis, treatment, rehabilitation, harm reduction and inclusion. However, the processes lack a gender perspective and there is no difference between services provided to men and women. In addition, there are the Specialised Treatment Centres for People with Problematic Use of Alcohol and Other Drugs (CETAD). At national level, there is a single public centre targeting adolescent women in Quito. Demand in this centre is relatively low due to various factors, including budgetary constraints.

**TRINIDAD AND TOBAGO:** In Trinidad and Tobago, the public health sector provides drug treatment to both men and women, in outpatient and residential settings. Women and men are housed in separate areas while in residential care. In addition, there are two non-governmental organisations (NGOs) that provide residential drug treatment care for women only. In the political context, the Government of the Republic of Trinidad and Tobago recognises that all activities should be carried out in full compliance with the Declaration of Human Rights and have a particular focus on the inclusion of women. Furthermore, in accordance with fundamental human rights, the National Drug Policy supports non-discriminatory access to justice, health care and social services; the design and implementation of drug control interventions for vulnerable populations, including women.

**ANTIGUA AND BARBUDA:** In Antigua and Barbuda, the women affected are referred to the Department of Social and Family Services and, in some cases, to the Clarevue Psychiatric Hospital for care and follow-up, depending on the types of social problems encountered.

# Action framework for developing health and social responses to drug problems

The three broad stages of developing responses to drug problems



Health and social responses to drug-related problems are any actions or interventions that are undertaken in order to address the negative health and social consequences of illicit drug use, such as deaths, accidents, crime, infectious and non-infectious diseases, dependence, mental health problems and social exclusion. The development and implementation of such responses, whether at national, local or individual level, involves three basic stages:

- *definition of the problem*: identifying the nature of the drug problems to be addressed;
- *selection of the response*: selecting possible effective interventions to address these problems;
- *implementation*: implementing, monitoring and evaluating the impact of these interventions.

The action framework details the most important factors to be taken into account at each stage.

## Key issues related to women and drug use

According to LAC experts in the field, the gap between men and women in overall drug use seems to be decreasing in many Latin American and Caribbean countries, especially among the younger population. Little information is available on drug use among transgender and non-binary people, but there is some evidence to suggest that these people may face specific and significant difficulties in accessing healthcare.

In some studies, it has been observed that women tend to have more access to treatment due to the needs arising from pregnancy or the role of mother/carer and also because women are more willing to seek assistance. However, other studies have found that women are less likely to attend specialised services than men because of the double stigma attached to drug use in general, and to being a woman with a drug use problem in particular. In this regard, the size and nature of the treatment gap in the different regions and sub-groups in LAC require further analysis. In Ecuador, for example, figures show that, in 2022, most of the public health care provision for mental and behavioural disorders due to the use of psychoactive substances, was for men (78%) and less than a third for women (21%). In this country, as the data shows, the demand for treatment and rehabilitation services by female patients is remarkably low.

This phenomenon is attributed to the double stigmatisation already mentioned and to the stigma they face as women, mothers and older sisters, among others, and at the same time, as drug users. In Argentina, according to 2017 data, of the total number of people with recent marijuana use who were found to have dependence syndrome, 20.6 % were women. Women accounted for 26.8 % of people who sought professional help for alcohol or substance use problems and 18.4 % of those who are, or were, treated for any substance. In Mexico, for example, it is estimated that for every four men, only one woman is in treatment. A study on ['Barriers to substance abuse treatment in Barbados'](#) has just been developed.

However, there are important limitations in the data for many of these countries, as there is no integrated reporting system that consolidates data from public, private and civil society institutions.

In many respects, women and men with drug problems differ in their social characteristics, living conditions and patterns of drug use, in the consequences of their drug use and in the progression towards dependence. However, many drug treatment services continue to target men.

Specific problems include:

- **Stigma:** Women are more stigmatised than men for drug use because they are seen as contravening their gender roles, such as their expected current or future social roles as mothers and caregivers. The internalisation of stigma can exacerbate guilt and shame, while discriminatory and gender-blind services can deter them from seeking help.
- **Socio-economic burdens:** These can be heavier for women who use drugs because they tend to have lower levels of employment and income. The cost of drug treatment may be a barrier if the services are not provided by the state and are not covered by insurance. Transport costs may also impede access to treatment.
- **Social support:** Women who use drugs may receive less social support than men who use drugs, because they are more likely to come from families with drug use problems or have a drug-using partner.
- **Minor children/infants:** Among people entering treatment, women are more likely to live with their children than men. Therefore, the absence of childcare alternatives may represent a major barrier to following the treatment. Maintaining or improving relationships with children is very important and can have a major impact on women's drug use and recovery.
- **Drug-using partners:** Having a partner who uses drugs can play an important role in women's drug use initiation, continuation and relapse. It may also affect women's risk of exposure to blood-borne viral infections and violence. Sometimes, men who use drugs may not support their partners in seeking treatment, and women may fear losing their relationship if they resort to such services.
- **School drop-out:** There is a connection between drug use and school dropout. Adolescent girls who initiate substance use experience a deterioration in their academic performance and are often judged by their parents, which may lead them to drop out of school.

In addition, it has been found that, compared with their male counterparts, women who use drugs are much more likely to have experienced adverse experiences in childhood (e.g. sexual and physical assault and abuse) or gender-based violence in adulthood, such as intimate partner violence.

Among people who use drugs, post-traumatic stress disorders and other mental health problems, such as anxiety and depression, are more commonly diagnosed in women. Other mental health conditions have also been identified, such as borderline personality disorder, bulimia, and anorexia associated with

substance use diagnosis. Compared with men, women with psychiatric comorbidity are also more frequently reported as having a primary mental health problem, followed by a drug use problem. Therefore, the exclusion of people with dual diagnoses from certain services may have a greater impact on women than on men. Indeed, the availability of treatment spaces, in particular internalisation for women with mental health and consumption problems, is lower than for men.

Women who inject drugs have specific vulnerabilities to blood-borne viral infections. Prevalence of HIV is often found to be higher than among men, who are more likely to share injecting equipment, especially with their intimate partners. Women injecting drugs are 1.2 times more likely to contract HIV than men ([UNODC, 2023](#)). They are also more likely to report trading sex for drugs or money and may have difficulty negotiating condom use with sexual partners.

These problems can be interconnected and often reinforce each other, creating a hostile environment for women who use drugs. Understanding these barriers is key to designing policies and support programmes that comprehensively address these issues and empower women instead of stigmatising or marginalising them.

Several sub-groups of women have particular needs and may require specific responses.

- **Women involved in the sex trade:** Participation in the sex trade is often interlinked with drug use, for example, in some countries it is estimated that between 20 % and 50 % of women who inject drugs are involved in the sex trade. Many women selling sex in exchange for drugs have limited power to practise safe sex or inject safely, and are at risk of violence and imprisonment. These women also face a higher degree of stigmatisation, both for their drug use and for their participation in the sex trade.
- **Women victims of gender-based violence:** Experiencing gender-based violence is a risk factor for the development of drug-related problems. However, there is a lack of systematic data on gender-based violence at the LAC area level. Women with drug problems have often been victims of gender-based violence, including sexual abuse in childhood. In such cases, drug use can start as a way to alleviate the trauma of sexual violence. In addition, women with drug problems may suffer gender-based violence in the context of drug use, through the sex industry or in their intimate relationships. Women's risk of exposure to intimate partner violence is considered higher when they, their partners or both use drugs. Women can also be victims of drug-facilitated sexual assault, where violence is committed against a woman who is drugged, whether these substances were consumed voluntarily or without the victim's knowledge or consent.
- **Women in prison:** Many women detained in prisons have a history of drug use disorders, with higher prevalence rates than men for most substances. There are often no or limited services available in prisons for women seeking help for substance use disorders, and as such their psychological, social and health care needs often go unmet. Prisons are also high-risk environments for the transmission of blood-borne infections, but access to clean syringes is rare. In this regard, assessing the needs of women in detention, increasing the availability of appropriate responses and ensuring continuity of care after release are priority areas for developing responses in this setting.
- **Pregnant women and mothers:** Pregnancy and motherhood can be a strong motivation to detoxify as well as a barrier to recovery. Many forms of drug use during pregnancy can negatively affect the foetus and new-born child. Guidelines now exist for the clinical management and use of opioid substitution medicines during pregnancy and the perinatal period for women who use opioids. In addition to stigma, shame and guilt, women who use drugs may fear that their children will be taken away from them. Women often have a pivotal role to play in providing health or social care for family members, but they may fear directly contacting the services themselves. They are also unlikely to be able to obtain the support they need due to family responsibilities and lack of access to appropriate childcare options.



- **LGBTQIA+ women:** Women who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, pansexual, allied or other (LGBTQIA +) may experience discrimination, social stigma and an increased risk of violence and assault. They are also more likely to suffer from anxiety, loneliness and comorbid substance use and psychiatric disorders. They may fear homophobic behaviours from health care providers and other patients and therefore be reluctant to seek help. These women, in particular, are likely to require inclusive interventions that address their specific needs and provide them with a safe environment.
- **Migrant women or women belonging to ethnic groups:** These women may face additional barriers when accessing treatment services, such as language barriers or treatment approaches that may be contrary to their religious or cultural beliefs. Some migrant women may have been trafficked and traumatised by war and violence in their countries of origin or on en route. Migrants' immigration status can also affect their right to access services, and they may suffer racism and discrimination. Ethnic, cultural and religious diversity must be carefully taken into account when responding to the needs of migrant women or women belonging to ethnic groups.

There are still large knowledge gaps about women's drug use. Research studies do not always include women and may not disaggregate data by gender or address gender issues. Most studies on drug use among women of childbearing age only refer to those who use opioids. More research is needed on: other patterns of drug use among women (such as cannabis use, non-prescription drug use and polydrug use); substance use among other specific groups of women (as most studies focus on mothers and caregivers); and the intersection between drug use and other problems often experienced by women who use drugs.

In many LAC countries, no research is carried out on the use of specific drugs in women. This is the case, for example, for Ecuador. In this sense, in many cases, it is the National Drug Observatories that play a key role in understanding the phenomenon of drug use among women in detail.

#### **KEYS TO IMPROVING KNOWLEDGE ABOUT THE USE OF SUBSTANCES IN WOMEN**

In Argentina, the Argentinian Drug Observatory (OAD) has developed research-oriented materials on problem substance use from a human rights perspective. For the analysis of the reality of women, there are two which are particularly interesting:

- [Booklet 6: Recommendations to investigate with a gender perspective](#): This booklet presents some recommendations for gender-sensitive research. First, there is a definition of what a gender perspective means and of the concepts essential to this approach. In addition, recommendations are made to develop gender-friendly research that benefits respect for people involved in research. Finally, the relevant normative framework related to gender issues is provided and, in addition, an interesting bibliography is offered to deepen this approach.
- [Booklet 9: Conceptual and operational proposal on gender-based violence](#): This booklet provides first a conceptualisation of the term 'violence' and then delves deeper into the concept of 'gender-based violence'. Furthermore, it provides the regulatory framework in force in Argentina and, finally, it sets out the conceptual and operational proposal used in the Single Register of Controlled Persons in centres of the Sedronar Care and Support Network.

## Responses to drug-related problems among women

The complex and overlapping issues faced by women who use drugs, including legal drugs such as alcohol, psychotropic drugs and tobacco, require coordinated and integrated services. It is important to adopt an approach that incorporates gender perspectives to meet the needs of women who use drugs. Women's needs should be taken into account and incorporated into all aspects of the service design and delivery: structure and organisation, localisation, staffing (including access to female health workers in all services), development, approach and content.

These may be women-only or mixed-gender programmes that include specific services for women. Staff competencies could be enhanced through education, training, capacity-building and appropriate supervision. Municipal or national services with a presence in communities (e.g. childcare and pre-school services and health services) can also be trained to improve knowledge, identify women who use drugs and provide interventions or referrals as needed.

In Ecuador, for example, various health promotion services are offered with the aim of boosting the participation and empowerment of individuals, families, communities and social actors.

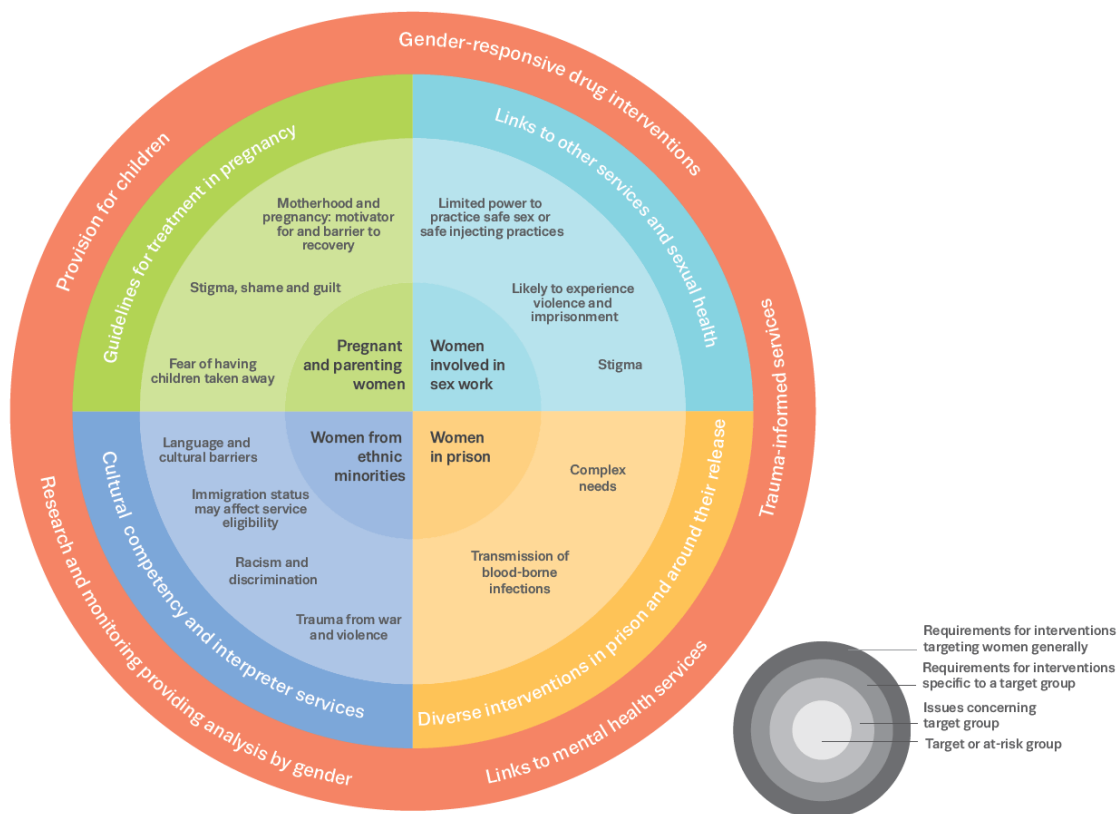
The Ministry of Public Health, through the Project 'Development of the Strategy for a Comprehensive Approach to the Socioeconomic Phenomenon of Drugs and Strengthening of Mental Health', implements strategies with a focus on rights, gender, disability, culture and people in vulnerable situations. In this regard, work is ongoing on the 'Sin Presión Hay Diversion' project together with the Civil Society ('Prevensud' Foundation) to pilot it in the city of Quito. This is an initiative based on various components (art, training, education, communication) to prevent and reduce the demand for psychoactive substances through the implementation of actions that strengthen protective factors with a gender approach in the adolescent population in urban and peri-urban areas.

Along these lines, work is also being carried out on the 'Strategies for the prevention of the use of alcohol and other drugs among children and adolescents at national level', a document with the objective of promoting an environment of well-being for children and adolescents, encouraging healthy lifestyles and comprehensive prevention actions. Finally, in civil society, there are exclusive support groups for women; however, there is no precise data on their scope or on the feasibility of these programmes.

In Barbados, the National Council on Substances Abuse (NCSA) provides the following activities:

- drug education to pregnant mothers and their partners in the island's polyclinics (primary health centres);
- training for a period of eight weeks for members of the Barbados Police Service;
- training for other processing providers, including NCSA staff, according to the Universal Treatment Curriculum (UTC) model.

**Figure. Service needs and responses for some subgroups of women with drug-related problems**



There is a disproportion between the prevalence of drug use in women and the number of women seeking treatment, due, among other factors, to the high levels of stigma and trauma experienced by women using drugs. It is therefore important that services are welcoming, non-discriminatory and supportive, and that they adopt a trauma-informed approach to provide women with a safe physical and emotional environment. Services that aspire to be holistic and comprehensive are likely to be better equipped to address the multiple problems women face.

**Specialised women-only services** are provided by women for women and are tailored to their specific immediate, medium and long-term needs. They play an important role in caring for women, especially those who have experienced partner or ex-partner violence, substance abuse problems or homelessness—a situation where a person has no home to live in and generally no means of livelihood. These services often adopt a **trauma-informed treatment approach** with several goals: recognising the signs and symptoms of trauma in clients (and staff) and the role this can play in women's lives; preventing the recurrence of trauma; and restoring feelings of safety and self-esteem. For women at continuous risk of violence, a multi-agency, multi-sector approach is essential, including collaborations between health and social services and the justice sector.

Trauma-informed treatment approaches also play an important role in the care of **LGBTQIA+ women**. Like services dedicated exclusively to women, specialised treatment approaches for this group are often only for LGBTQIA+ people and seek to address substance use along with other specific factors that affect their lives, such as homophobia, violence, social isolation and family problems.

It is important that services for **pregnant women and mothers who use drugs** are comprehensive and non-discriminatory. Anonymity can motivate women to seek help, as it removes the fear of reprisals. Interventions for pregnant women can address drug use, obstetric and gynaecological care, family planning, infectious diseases, mental health and personal and social well-being. In some countries, specialised family planning centres and home-based health services provide support to pregnant women

who use drugs and to parents of young children. Services for pregnant women and mothers can benefit both mother and child, through improved parenting skills and positive influence on the development of the child, as highlighted in the UNODC *International standards on drug use prevention*.

**Opioid-dependent pregnant women** are likely to require opioid substitution treatment and psychosocial support. Many pregnant women who use opioids want to stop as soon as they find out they are pregnant; however, withdrawal is not usually recommended during pregnancy because it increases the risk of negative consequences for the neonate, including miscarriage. Studies suggest that both methadone and buprenorphine can be used in this context. While buprenorphine is associated with better neonatal outcomes, women already on methadone should not switch to another substance unless their response to the medication is not good.

In addition, **multidisciplinary care programmes** are in place. Some offer interventions to women who use drugs and to their children, from early pregnancy through childhood. Women can receive psychosocial support, interventions designed to empower them and develop skills that will strengthen the family, as well as follow-up with case managers. Services may need to address practical problems and provide assistance to children. It is also possible for residential services to provide suitable accommodation for children, so that mothers can stay with them.

In Chile, the National Service for the Prevention and Rehabilitation of Drug and Alcohol Use offers a specific 'Gender-sensitive treatment programme' for women over 18 years of age who are problem drug and alcohol users and are affiliated to the National Health Fund (FONASA). The programme is available in residential modalities, in which pregnant women or children (preferably under the age of 5) can be admitted, and in outpatient settings. However, in other countries in the LAC area, such services do not exist. This is the case, for example, for Ecuador.

Given the importance of relationships for women, it is important to provide services that promote healthy relationships with children, family members and other loved ones. Family involvement and links with the closest circles can further improve the effectiveness of drug treatment.

However, among the population in a situation of extreme social vulnerability, there is an increase in the number of people who have practically no family, friendship or community ties, especially among the homeless population. This implies a complete review of the working processes for this type of population, without containment networks.

# Guidelines for the treatment of pregnant women who use drugs

## Screening and brief interventions

Healthcare professionals should:

- ask all pregnant women about the use of drugs and alcohol (past and present) as early as possible during pregnancy and at each antenatal visit; and
- provide a brief intervention to all pregnant women who use drugs or alcohol.

## Psychosocial interventions

Healthcare professionals treating pregnant or postpartum women with alcohol or other substance use disorders should provide comprehensive assessment and personalised care.

## Detoxification or quitting programmes

Health care providers should, at the earliest opportunity, inform pregnant women with alcohol or drug addiction of the options available to minimise the risk of adverse effects on the foetus and new-born child, and refer them to medically supervised detoxification services when necessary and appropriate.

Opioid-dependent pregnant women should be encouraged to use opioid substitution treatment instead of undergoing detoxification treatment.

Pregnant women dependent on benzodiazepines should undergo a gradual dose reduction, using long-acting benzodiazepines.

In withdrawal management for pregnant women with stimulant dependence, psychopharmacological medications may be useful for treating symptoms of psychiatric disorders, but are not routinely required.

## Pharmacological treatment (maintenance and relapse prevention)

Pharmacotherapy is not recommended for the routine treatment of dependence on amphetamine-type stimulants, cannabis, cocaine or volatile agents in pregnant patients.

Pregnant patients with opioid dependence should be advised to continue or start opioid substitution treatment with methadone or buprenorphine.

Adapted from the 2014 WHO Guidelines for the identification and control of substance use and substance use disorders in pregnancy.

For women with **co-occurring substance use and mental health problems**, it is important that both problems are addressed. In addition, the health services offered to these women must be comprehensive in order to be able to detect other concomitant health problems, such as comorbidities. This requires a multidisciplinary approach, involving professionals from the drug treatment and mental health sectors, cooperating and working towards common and agreed goals. Unfortunately, this is not always the case, and services for drug users, mental health networks and social services are often separated and, where they are already integrated, there are significant challenges. Collaboration depends on the goodwill of the stakeholders and the cooperation of staff. As some mental health disorders are more common among women, they may be particularly disadvantaged in this regard. In the case of Mexico, recent policy was to merge mental health and care services for drug treatment.

High rates of drug use, past abuse problems and mental health problems are common in **women in prison**. It is therefore essential to implement integrated interventions that consider gender and trauma perspectives, with a focus on mental, physical and reproductive health, as well as infectious disease prevention. In this regard, the development of harm reduction programmes is particularly necessary. In this context, consideration should be given, for example, to needle and syringe exchange programmes, including delivery in vending machines. Some prisons offer opioid substitution treatment and psychosocial interventions for women with opioid dependence.

In order to prepare women for their release from prison, interventions should be considered in the following areas: housing and financial issues, training in professional skills and for everyday life, social support and family relationships, and referral to treatment of drug dependence in a close environment. In Costa Rica, for example, a Network for the Comprehensive Approach to Women in Situations of Vulnerability Linked to Criminal Proceedings has been set up, led by the National Women's Institute (INAMU), which coordinates actions to provide comprehensive care for women released from prison and to facilitate their access to training for social and labour market insertion.

Barriers to care for **women involved in the sex trade** can be reduced by measures such as night opening hours, mobile contact services, childcare facilities and easily accessible care. A non-judgmental, empathetic approach, peer support and women-only provision are recommended. Interventions ranging from needle exchange to treatment and support related to employment and housing are also important.

In addition, ethnic and cultural aspects should be taken into account when working with **women from ethnic groups**. Social workers, who can act as cultural mediators, can encourage these women to seek and follow treatment. Interpretation services or interventions carried out in the native language of the individual may be necessary, and cultural aspects should be taken into account when allocating treatment to a woman.

Internet-based drug treatment may provide an array of women-centred activities, alone or as an adjunct to other interventions. These may appeal to women not well served by specialised drug services. However, it is important to bear in mind that in Latin America and the Caribbean, internet access is still limited in various regions and for certain vulnerable groups.

With increasing differentiation in patterns of drug use, and knowing that women are not a uniform population group, it is likely that more and more services that can address the different needs of women with drug problems will be required if the difference in demand for drug use services is reduced between men and women. For example, more interventions may be needed for women with cannabis problems, the use of non-prescription medicines and polydrug use. Targeted interventions may also be needed following changes in patterns of drug use among younger women, as well as interventions targeting older women, which, for example, address needs related to drug problems and menopause and ageing.

It is important that policies and practices incorporate a gender perspective, which means ensuring the centrality of the gender perspective and the objective of gender equality, and that women who use drugs are involved in the planning, training and development of programmes set up to assist them. A gender-sensitive approach to drug-related problems benefits people with gender diversity, including women, men, transgender and non-binary people. Taking into account the different needs of different genders in all aspects of health and social responses to drug policy, prevention, treatment and harm reduction would be in line with UNODC recommendations on gender mainstreaming and would improve the effectiveness of service delivery and reduce inequalities.

### LAC perspective: availability of drug-related interventions for women

In some LAC countries, there are no systematic data on the availability of women-only services or gender mainstreaming responses to drug-related problems in the LAC area, nor is information available on the effectiveness of these interventions.

In general, experts emphasise the need for services offered to women to take into account childcare needs. Therefore, emphasis is placed on the importance of support services for women with substance use problems to ensure that children are cared for while the women attend the centre.

In some countries in the LAC area, there are no services or interventions specifically developed to address the needs of women with problematic drug use. This is the case, for example, of Honduras, which does not have specific services but has state institutions that provide specific comprehensive development services for women. In Ecuador, on the other hand, there is a public centre specifically aimed at adolescent girls, focused on addressing problematic substance use and dual pathology. However, the infrastructure of this centre is shared with the spaces intended for men.

On the other hand, it should be noted that harm reduction strategies are key to public policy responses to problem drug use, not only for women. These actions can be aimed at different profiles of people with problem drug use and also for different types of substances. Globally, they enable the implementation of multiple forms of intervention to minimise drug harm.

In Costa Rica, for example, mention can be made of the provision of care and treatment services provided by the Institute on Alcoholism and Drug Dependence (IAFA) for women who consume psychoactive substances in several parts of the country through 14 Comprehensive Drug Care Centres (Caid) and also through NGOs endorsed by IAFA. Part of these services is a residential treatment offer in NGOs (such as the Genesis Rehabilitation Centre for Women or the Asociación Restauración a La Niñez en Abandono y Crisis para una Esperanza Renovada (RENACER)) and Services with a Risk and Harm Reduction Approach (such as the RAHAB Foundation).

In Barbados, for women in treatment, there is a treatment centre, Marina House, established and led by a non-governmental organisation. This centre receives a subsidy from the government, through a structured admission process provided by the island's only Psychiatric Hospital for patients who cannot afford the Marina House services.

In Chile, the Servicio Nacional para la Prevención y Rehabilitación del Consumo de Drogas y Alcohol (National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption) offers housing to support social integration (VAIS), which is defined as a temporary housing facility aimed at facilitating the development of a set of social and coexistence skills that allow the achievement of an independent and autonomous life, socially normalised and fully integrated into their family, work and social environment, for people in the process of recovery from problematic substance use, who have completed their treatment and rehabilitation process and who do not have family support or a living space that facilitates the consolidation of their achievements of change. These exist for men and women independently.

# Implications for policy and practice

## Basics

- Gender- and trauma-informed services are needed to meet the needs of women with drug-related problems. These may make use of existing international tools to assess the inclusion of a gender perspective in health and social services.
- Staff at specialised drug treatment services and other health and social services who are in contact with women drug users can be trained in a range of skills, knowledge and abilities that will enable them to provide high quality care.
- Safe and non-judgemental environments for women with drug problems and their strategic location in the territory can facilitate accessibility to treatment and care.
- Coordinated and integrated services need to be provided to address other problems in addition to drug use. This may require incorporating collaboration with other services (such as children's services or mental health services) into policies and strategies.
- Interventions for pregnant women and those supporting women with children are important.

## Opportunities

- The inclusion of gender breakdowns in routine statistical data collection can improve our understanding of trends in drug use, socio-demographic factors and the problems faced by women in a given region. This is a crucial step in developing appropriate responses. The possibility to ensure that such data includes gender identities that goes beyond the cis-gender classification can also be taken into account.
- The participation of women who use drugs in the planning, training and development of relevant policies and programmes can improve the services available and increase their outreach.
- The implementation of the guidelines for the provision of services to treat pregnant women who use drugs could improve outcomes for both mother and baby.

## Gaps

- There is a need for research to address gender issues and for a gender perspective to be taken into account in all aspects of service design in order to identify the types of interventions that are most appropriate for different groups of women.
- The need for, and benefits of, targeted interventions for women who have problems with different drugs, including the misuse of prescription medicines and polydrug use, should be investigated.
- There is a pressing need for more research into, and effective evaluation of, approaches that respond to the needs of women who use drugs.
- There is a need for gender-sensitive training for direct care providers for women and diversities with drug use problems and all health professionals, especially those working at the first level of care.
- It is pertinent to train the judiciary and the prison service in a gender perspective.



## Other resources

### RESEARCH

Costa Rica (2019): 'Comprehensive analysis of the use of psychoactive substances in women with HIV'. Available in:

<https://www.iafa.go.cr/wp-content/uploads/2022/08/iafa-investigacion-uso-de-spa-en-mujeres-VIH.pdf>

### ECUADOR

In Ecuador, the new regulation governing the functioning of health establishments dealing with the treatment of people with problematic consumption of alcohol and other drugs (ESTAD) was published in 2024. In this context, a specific article addressing the approach towards women has been incorporated:

*'Therapeutic treatment programmes aimed at women must take into account in their activities the specific needs of women in their lifetime (girls, adolescents, young people, pregnant women, mothers, adults), which will involve treatment or educational activities shared between users and their families, especially their children in the case of mothers (taking into account the stage of pregnancy and breastfeeding) and carers, flexible treatment, additional benefits and structures in the health establishment. favouring adhesion to treatment in safe and friendly environments: breastfeeding rooms, cradle rooms, play rooms, daily care homes, pregnancy control, sexual and reproductive health care, among others, which can be articulated through an interinstitutional support network'.*

### BARBADOS

<https://www.ncsa.gov.bb/Download.ashx?file=Attachments%2fBARDIN+2022+Report.pdf&disposition=inline&name=Barbados+Drug+Information+Network+-+An+Analysis+of+the+2022+Data>

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