

## Introduction

It is very common to consider that to be humanistic is to think and value the human being, regardless of sex, gender, etc., and therefore, the gender perspective is unnecessary. Is talking about humanism enough to consider the differences in treatment between genders within the drug users? Humanism thinks the human in an abstract way, without considering the specificities of the subjects (being a woman, a black person, a child or an elderly person ...). In this context, the feminine has been historically invisible ("gender blindness"). However, humanism needs a reference to think the human, and it happens to be the white man, middle class and heterosexual. That is the criteria for thinking about social needs when speaking in an abstract way.

Nevertheless, the particular issues and social needs of women who use drugs, infrequently, reflect into poorly humanistic practices.

From the narratives of technicians and women (drug users), we propose a reflection to the emergent and (re) emergent aspects in the contemporary, analyzing the particularities of women with addictive behavior, gender issues in drug addiction, and barriers to access to human rights, health and social rights arising from the current paradigm.

## Methodology

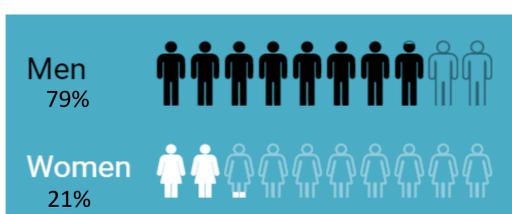
- a) Analysis of registration forms
- b) Ethnography and qualitative study of logbooks in Harm Reduction
- c) Semi-structured free interviews

## Objectives

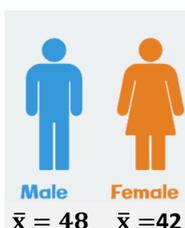
Understanding the particularities of gender in the context of psychoactive substance use in Harm Reduction

## Results

Sample (604p)



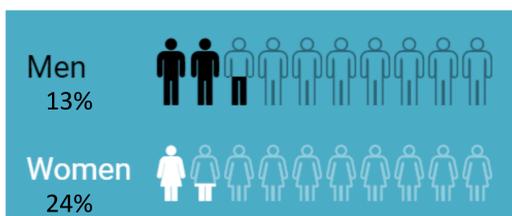
Age



Life Conditions

	Housing	Shelter Center	Classic Household	Non Classic Household	Hotel, hostel and similar	Other collective accommodation	Homeless
Women		4%	44%	5%	11%	30%	7%
Men		7%	54%	9%	9%	4%	17%

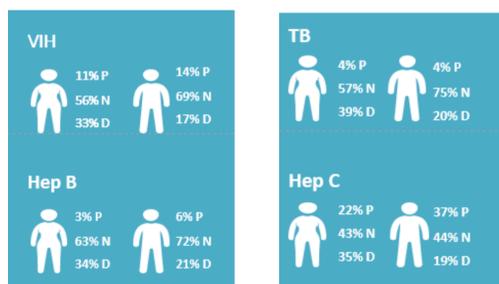
Problems and court issues



	Income Source	Supported by their family	Tidy Up Cars	Illicit Activities	Begging in extreme poverty	Sex work	Work income	Social benefits	Casual work
Women		10%	0%	4%	8%	38%	4%	33%	2%
Men		11%	16%	5%	6%	0%	7%	48%	7%

Source: a) HR Characterization Sheet

Knowledge of serological condition



## Female characteristics

- Schooling and vocational training are lower than men's;
- They has less work experiencie than mens;
- They start consuming psychoactive substances with their boyfriend;
- They may have sexual problems due to trauma suffered;
- They feel shame, guilt and low self esteem;
- Evidence of poor bargaining power regarding risk behaviors;
- Most live alone and left family home early;
- Social isolation and greater vulnerability to partner violence;
- Many have suffered physical and sexual abuse during childhood, but also suffer physical and psychological abuse or sexual abuse during the period of drug addiction;

- Higher prevalence of psychological and psychiatric disorders, anxiety, depression, post-traumatic stress, suicide attempts and disorders;
- They have little support to mobilize for Treatment and Harm Reduction responses, including trust in their partner and family;
- Lifestyle is associated with risk behaviors and is different between the sexes;
- The social representation of female drug users is more negative than in men;
- Greater severity regarding the repercussions of consumption for women, and further deterioration, because social situations at the beginning are more precarious and unequal;
- Problems and court issues are related to partners and children.

Source: b) and c) Ethnography and free interviews

## Message to Take Home

End the drug war - women who use drugs are more legally targeted than men; Create alternatives to incarceration - imprisonment is not effective, has long-term negative impacts on public health and particularly harmful social impacts on women; Build strategic and specific information and gender-aggregated data into population size estimates, women's access to services, and other relevant information; Tailor services to meet women's needs and priorities and be integrated with other social and health services (gender-sensitive health services); Strengthen capacity and resources - develop and intensify gender-sensitive health programs and services; Address violence against women and strengthen legal and social protection mechanisms; Promote the participation and involvement of women who use drugs at all stages of policy, program and service delivery; Develop guidelines for intervention in women-specific addictive behaviors ; Ensure women's empowerment and training to promote changes in equitable access to the use of personal, social, health and contextual support opportunities and resources; Train health professionals on gender issues in addictive behaviors;

## Bibliography

EMCDDA. Differences in patterns of drug use between women and men. 2005, Covington, S. 2002. HELPING WOMEN RECOVER: CREATING GENDER-RESPONSSIVE TREATMENT. In The Handbook of Addictioin Treatment for women: Theory and Practice. Edited by SLA Straussner and S Brown. Jossey Bass Wiley. Hedrich, D. Problem drug use by women. Co-operation Group to combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group). Lisboa. P-PG/ Treatment (2000) 3. Strasbourg; Hodgins, DC., N El-Guebaly, y J. Addington, "Treatment of substance abusers: single or mixed gender programs?," Addiction, 92 (7): 805-812 (1997), McMollum, EE, TS Nelson, RA Lewis y TS, Trepper. "Partner relationship quality and drug use as predictors of women's substance abuse treatment outcome ," AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE, 31 (1): 111-127 (2005); ONU. Tendencias Mundiales de drogas ilícitas. Oficina de las Naciones Unidas de Fiscalización de Drogas y de Prevención del Delito. 2002; ONU. Tratamiento del abuso de sustancias y atención para la mujer: estudios monográficos y experiencia adquirida. Oficina de las Naciones Unidas contra las drogas y el Delito. Viena. 2018.