How to introduce gender approach as a quality standard in drug addiction treatment
Availability of treatment as a human right

• International Covenant on Economic, Social and Cultural Rights sets outs the right to health.
• Treatment should be:

Available  Accessible  Acceptable  Good Quality
Gender barriers to treatment availability

Even though one out of three drug users is a woman, only one out of five drug users in treatment is a woman.

Women arrive less than men to facilities and they have worse treatment outcomes/prognosis…Why?

World drug report UNODC 2015
Gender perspective (GP) is…

• To consider gender-based differences when looking at any social phenomenon, policy or process.

(European Institute for gender Equality)

Addressing Drug Treatment (DT) from a GP is

• To consider particularities of gender that condition: motivations, patterns of use/abuse, effects and consequences.
Minimum Quality Standards in Treatment
(Equs 2011)

- Physical environment (space + safety)
- Staff Education + composition + continued training
- Assessment
- Individualized treatment plan
- Internal and external evaluation

**GP AS A QS**: transversal to all actions
Why GP is a “must” in drug treatment?

- Differential start and maintenance risk factors for W and M.
- Female addiction ≠ male addiction
- Gender-based barriers to access and remain in DT
- 70–85% female users has suffered gender violence-Domestic Violence. (Spanish data 2017)
How to introduce GP in a residential treatment 1-Facilities/treatment Level

• Treatment capacity M/W
• To promote constant contact with minor children in charge to work fatherhood/motherhood.
• Therapy with gender content and gender violence issue.
• Specific groups by gender to deal with specific issues related with gender and drug use.
• Review program design to reduce W barriers
• Review residential/outgoing treatment norms
How to introduce GP in a residential treatment

2- Organizational level

• Advocacy in gender equality
• Non-sexist language at all levels
• Gender parity in members staff and executive positions/ board.
• Strategic alliances/advice from expert entities on gender equality

3- Staff level

• To increase trainee staff in GP and drug addiction area
• Open staff attitude towards GP
• Specific time and spaces for team reflection/ self review
What do we do in Dianova for GP introduction in Drug addiction treatments

- Advocacy from different fields (Drugs, Women)
- “Women, Drugs and Development”
- Dianova’s commitment to gender equality and women/girls empowerment
- Gender equality in board and programs staff
- Chile long term women residential treatment: program for women with or without dependent children, or pregnant. 47 w capacity.
What we do for GP introduction in DT

• Academic research: Autonomous University of Barcelona “Female population in TCs: prevalence of domestic violence and effectiveness of treatment that considers GP in their design”

• Catalan Federation of Drugaddiction, coordinating the project “Gender perspective introduction in DT”.
Some conclusions

• Gender issues ≠ Women’s issues

• Introduce GP in Drug program 50% W 50% M staff

• Introduce GP in Drug program female staff 100%

Truly introduce GP in organization means:

• 100% staff trained in Gender Perspective

• Gender approach-based design taking into account all expressions of gender

• Diminish gender based-barriers, increase treatment quality

• Mainstream GP in all entity actions at all levels: From general manifesto/advocacy level to every day practice.
Thank you!

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