

GENDER JUSTICE & HARM REDUCTION

Gender justice is an intersectional approach to achieve the “systemic redistribution of power, opportunities, and access” for people of all genders through the **dismantling of oppressive structures of patriarchy, transphobia, and homophobia**.¹

A **focus on justice** emphasizes the **need for structural solutions that reimagine a system that differentially puts people at risk**, rather than solely responding to harm at the individual level.²

While the gender justice framework had traditionally been focused on cisgender women, evolving human rights advocacy discourses have called on the need to explore gender justice approaches in a way that **responds to a wider set of justice issues relevant to people of diverse sexual orientations and gender identities**.³

A gender justice framework operates with the understanding that **there are no gender-neutral policies or interventions**, and thus **any systemic response to issues of justice must have a gender-sensitive approach** that recognizes how gender and sexual orientation shapes peoples’ experiences.³

A gender justice lens is necessary to respond to gender-related vulnerabilities and disparities among people who use drugs (PWUD).

- The traditionally masculine/male-oriented nature of harm reduction services threaten the effectiveness and accessibility of services among women and sexual and gender minorities (SGM).⁴ Often ignored or overlooked in the development and delivery of substance use services, **gender-informed services for these populations remain under-prioritized, underfunded, and underutilized**.^{5, 6}
- Cis women and people across genders in LGBTQ+ communities face a wide-range of barriers - including heightened violence, policing, stigma, and discrimination - that impact their access to harm reduction services and that often result in poor substance use-related outcomes.
- These communities have specific needs – related to food and housing insecurity, economic disenfranchisement, and increased need of sexual, mental health, and reproductive services - that must be differentially addressed, also with regard across race, place and age among other key aspects.

Scholars and activists have called for the integration of gender-responsive frameworks within substance use treatment and harm reduction services for decades, and international organizations have called for the incorporation of gender-specific needs into harm reduction programs and interventions.^{7, 8}

The lack of disaggregated & intersectional data inhibits tailoring of interventions and program coverage, and structural responses.⁵

- National surveillance data rarely reflects the intersection of gender, sexual orientation, region, race/ethnicity, and other demographic factors that are critical to attend to substance use disparities.⁹
- Gaps in data obscure and flatten the lived experiences of gender-diverse populations, rendering them invisible and inhibiting systemic responses.¹⁰ This misses, for example, the particular relationships lesbians and bisexual women have to substance use, and both sexualized and non-sexualized drug use by gay, bisexual and other men who have sex with men.

Existing data and research suggest the need for harm reduction work across use, outcomes and services responsive to intersectional gender dynamics

Substance Use Prevalence

- Women comprise 40% of individuals with a lifetime substance use disorder and 26% of individuals with an alcohol/other drug polysubstance use disorder.¹¹
- Lesbians and bisexual women are at greater risk than heterosexual women for developing substance use disorders.¹⁰
- LGBTQIA+ identifying youth, particularly those identifying as lesbian and bisexual, are at greater risk for illicit substance use compared to their heterosexual peers.¹²
- Transgender individuals report disproportionately higher rates of alcohol and substance use compared to cisgender individuals.^{13, 14}

Criminalization-Related Harms

- Cis women and LGBTQ+ identifying individuals across genders are disproportionately impacted by policies that criminalize substance use, sex work, and other socially moralized behaviors.¹⁵
- These populations often balance “competing priorities” of personal needs and safe substance use with avoidance of criminal persecution.¹⁶ Criminalization-related barriers to harm reduction services, for instance, were highly predictive of the risk of non-fatal overdoses among sex workers in British Columbia.^{17, 18}

Substance Use Outcomes: Structural vulnerabilities, stigma, and gendered barriers to harm reduction services translate into:

- Disparities in access to sterile equipment and heightened risk of injecting-related injury among women.¹⁹
- Disparities in rates of transmission of HIV and Hepatitis C among LGBTQ populations and women, particularly women of color.^{2, 5, 20, 21}
- Heightened risk of fatal and non-fatal overdose among sexual minority men relative to heterosexual men.^{16, 22}
- Reduced prenatal care and higher rates of neonatal abstinence syndrome (NAS) in states with punitive drug-reporting policies during pregnancy.^{23, 24}
- Higher rates of co-occurring psychiatric disorders, pain, and suicide among women with Opioid Use Disorder (OUD).²⁵
- Higher risk of overdose among women receiving assisted injection over those not receiving assisted injections at supervised consumption sites.²⁶
- Higher rates of relapse among women who use drugs.^{27, 28}

Access and Utilization of Substance Use and Harm Reduction Services

- Women tend to visit syringe exchange programs and other harm reduction services at lower proportions than men.²⁰
- LGBTQ+ people are systematically disadvantaged or actively excluded from supportive substance use services, which often do not have the training or capacity to address their specific needs.²⁹
- Men are overrepresented in treatment programs for substance use disorders.³⁰
- Criminalization of substance use and limited availability of treatment programs for pregnant individuals who use illicit substances limits access to recovery efforts for pregnant individuals and birthing parents.¹³

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