

# 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**.<sup>1</sup>

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.<sup>2</sup>

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**.<sup>3</sup>

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.<sup>3</sup>

**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).<sup>4</sup> 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**.<sup>5, 6</sup>
- 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.<sup>7, 8</sup>**

**The lack of disaggregated & intersectional data inhibits tailoring of interventions and program coverage, and structural responses.<sup>5</sup>**

- 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.<sup>9</sup>
- Gaps in data obscure and flatten the lived experiences of gender-diverse populations, rendering them invisible and inhibiting systemic responses.<sup>10</sup> 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.<sup>11</sup>
- Lesbians and bisexual women are at greater risk than heterosexual women for developing substance use disorders.<sup>10</sup>
- LGBTQIA+ identifying youth, particularly those identifying as lesbian and bisexual, are at greater risk for illicit substance use compared to their heterosexual peers.<sup>12</sup>
- Transgender individuals report disproportionately higher rates of alcohol and substance use compared to cisgender individuals.<sup>13, 14</sup>

#### **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.<sup>15</sup>
- These populations often balance “competing priorities” of personal needs and safe substance use with avoidance of criminal persecution.<sup>16</sup> 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.<sup>17, 18</sup>

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

### **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.<sup>20</sup>
- 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.<sup>29</sup>
- Men are overrepresented in treatment programs for substance use disorders.<sup>30</sup>
- 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.<sup>13</sup>

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