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Learning Exchange: Addressing the Harm Reduction and Treatment Needs of Women and Gender Diverse People who Use Drugs

April 27 2022

Co-Moderators: Pamela Leece, Ashley Smoke

Speakers: Julian Gitelman, Molly Bannerman, Nat Kaminski

Acknowledgements



Ontario Network of People who Use Drugs (ONPUD)

ONPUD is a provincial association with a large and diverse membership of persons with lived/living experience who work as a multidisciplinary team to inform and shape drug policy through advising, consultation, activism, and membership capacity building to ensure that the people with lived/living experience have a strong voice on policy, projects, discussions, and programs that impact our lives

We meet virtually weekly to connect with each other, hold space, create, and work on the many projects we have on the go

Polling Questions & Chat Box

CHAT BOX

Where do you access resources and information to support women and gender diverse people who use drugs?

Speakers

Julian Gitelman

Molly Bannerman

Nat Kaminski



Presentation: Preliminary results from a rapid review

Introduction

Purpose:

The aim of this rapid review was to

- describe interventions that harm reduction and treatment programs have implemented to meet the unique needs of women and gender-diverse individuals who use opioids.
- describe any process or health outcomes measured for the interventions.

Introduction

Framing:

- Structural factors create inequities for women and gender diverse individuals
- People's experience of substance use intersects with marginalization factors (e.g., racism, sexism, classism) that combine and amplify stigma, discrimination, and harms experienced by women and gender diverse people
- E.g., when an individual experiences the intersection of sexism and anti-Black racism, their experience of oppression is amplified in ways that don't apply to people who only experience one of these forms of oppression

Methods

- These are preliminary findings of a rapid review
- MEDLINE was searched for the following concepts:
 - women and gender-diverse individuals, opioids, harm reduction services including supervised consumption sites, needle and syringe distribution, safer supply, and peer support programs, opioid agonist treatment, and public policy
- Inclusion criteria:
 - Records published in North America, Europe, and Australia to allow for comparable contexts to Ontario
 - Study population included women or gender-diverse individuals who use opioids
 - Interventions were specifically designed for women or gender-diverse individuals

Methods

- A data extraction chart was collaboratively created by the research team.
- Extracted data included
 - record characteristics,
 - description of the intervention,
 - targeted determinants of health and expressed or observed needs,
 - outcome measures,
 - results,
 - barriers and facilitators to success of the intervention.

Results

- 414 records screened by title and abstract, 27 full texts reviewed, 17 met inclusion criteria
- Geographic region: United States (n=9), Canada (n=5) , United Kingdom (n=1), Sweden (n=1), and Australia (n=1)
- Settings: treatment centers (9) and harm reduction sites (8)

Results

Interventions attempted to address the following needs:

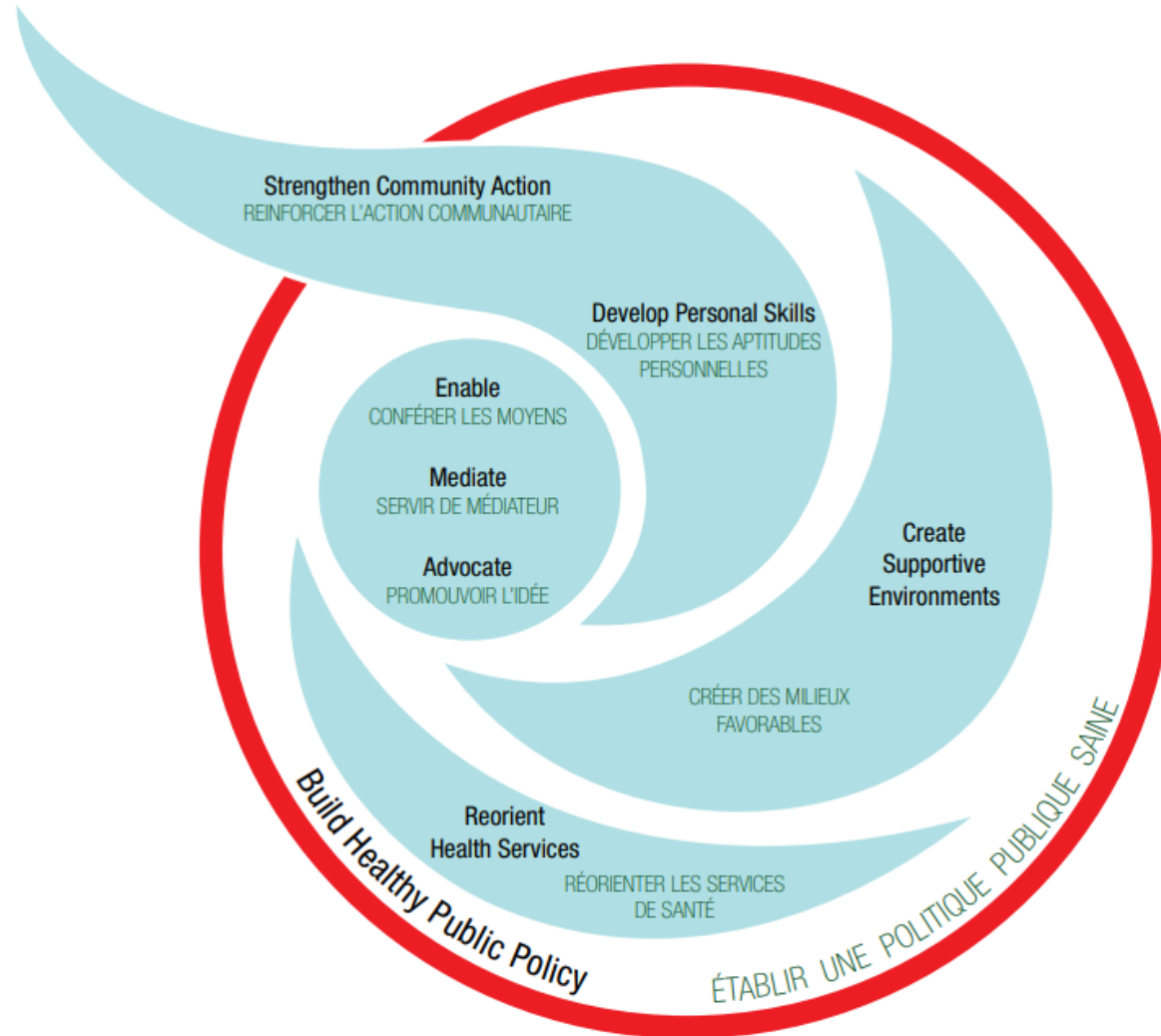
- Access to basic resources
- Physical and psychological safety
- Access to antenatal and childcare
- Access to general healthcare

Results

We grouped interventions into five types:

- Women-only spaces
- Comprehensive care
- Strengths and skill-building
- Building peer support networks
- Including culturally-informed programming

Discussion



Diversity of participants' gender was mostly not explored

Community control over these interventions was minimal

Limited focus on interventions addressing structures and policies

Limited intersectional analysis

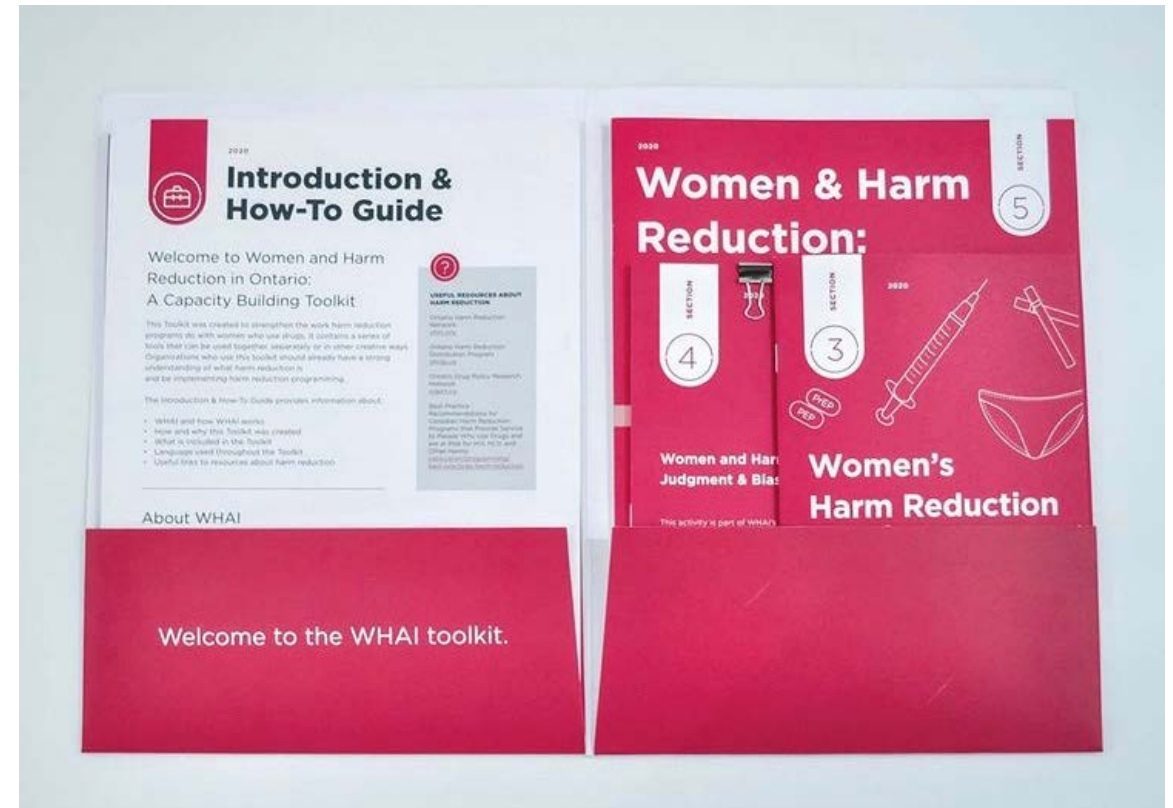
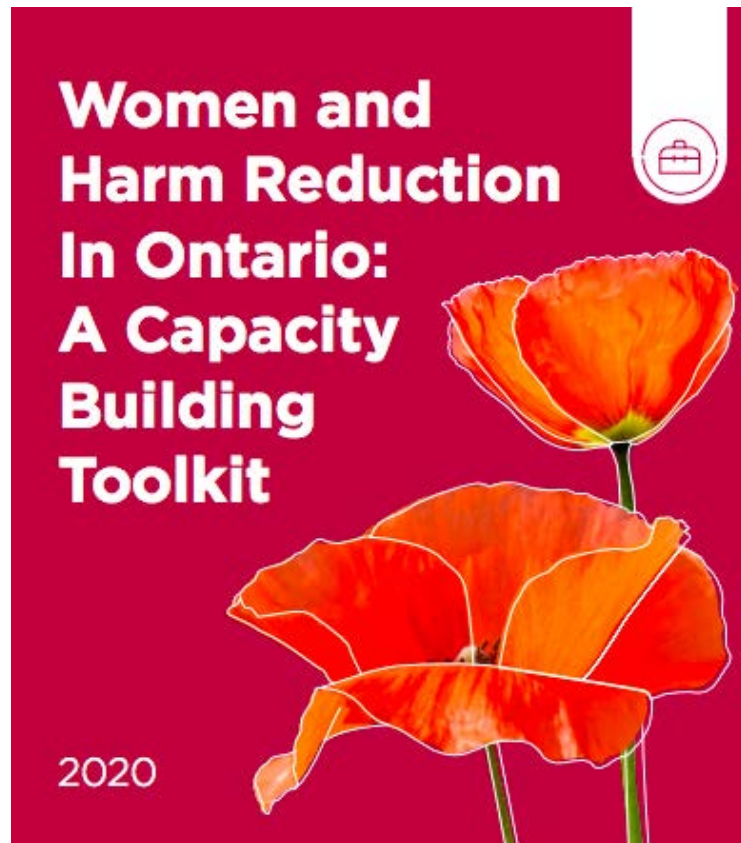
Source: World Health Organization. Milestones in health promotion: statements from global conferences [Internet]. Geneva: World Health Organization; 2009 [cited 2022 Apr 25]. Annex 2, Health Promotion emblem; p. 33. Available from: <https://apps.who.int/iris/rest/bitstreams/66837/retrieve>. Used with permission available from: <https://www.who.int/about/policies/publishing/copyright>



Panel discussion



About WHAI's Toolkit



What's Inside



2020

Introduction & How-To Guide

Welcome to Women and Harm Reduction in Ontario: A Capacity Building Toolkit

This Toolkit was created to strengthen the work harm reduction programs do with women who use drugs. It contains a series of tools that can be used together, separately or in other creative ways. Organizations who use this toolkit should already have a strong understanding of what harm reduction is and be implementing harm reduction programming.

The Introduction & How-To Guide provides information about:

- WHAI and How WHAI Works
- How and Why this Toolkit was Created
- What is Included in the Toolkit
- Language used throughout the Toolkit
- Useful links to resources about Harm Reduction



USEFUL RESOURCES ABOUT HARM REDUCTION

Ontario Harm Reduction Network
ohrn.org

Ontario Harm Reduction Distribution Program
ohrdp.ca

Ontario Drug Policy Research Network
ohrdp.ca/about-us/harm-reduction/

Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms
catie.ca/en/programming/best-practices-harm-reduction

SECTION 1

SNAPSHOT

This section provides an overview of the women who participated in the development of this toolkit. It includes information about what regions women were from, a breakdown of ethnicity, relationship status, parenting status, drugs of choice, modes of use, and overdose prevention information.

SECTION 2

WHAI'S PRACTICES BY WISE WOMEN

This section includes a series of resources that outline practices to help increase women's access to harm reduction programs. The series includes:

- Meaningful involvement of Women Who Use Drugs
- Relationship Building with Women Who Use Drugs
- Women-Specific Awareness and Knowledge
- Program Structures



Language

GENDER LANGUAGE: People have different comfort levels with language, and WHAI strives to find ways to be accessible and inclusive and to reflect the advancement of gender-inclusive language. People have different preferences, and these preferences can change depending on the context, situation, sense of safety, or personal identity. This resource strives to be inclusive of all women who use drugs, including Trans and Cis women, people who are designated or assigned female at birth, people who are female-identified that are Trans or Non-Binary and people that are on the Transfeminine spectrum. The terms "woman" and "women" are often used throughout the toolkit to encompass a wide range of identities, and in places we specify Trans or Cis to help clarify or

remind us of the importance of striving to build inclusivity. At times, the terms "female" and "male" are also used. This reflects how data is gathered in sources we are referencing, in cases where it is referencing sex rather than gender. Regardless of our comfort levels, for the safety of all women and in an effort to create accessible, respectful, and inclusive spaces, it is important to address people by whatever terms they identify with. For more information on WHAI's work toward Trans inclusion and gender-inclusive work, please see WHAI's Trans Inclusion Pocket Guide at whai.ca.

For helpful information on language and terminology, check out The 519's Glossary of Terms at <https://www.the519.org/education-training/glossary>.

CIS: (pronunciation: "sis") A person who experiences their gender identity in a way that matches the societal expectations of someone with the physical sex characteristics that they were born with. Often shortened to Cis from Cisgender, the use of this term acknowledges that everyone has a gender identity that has a relationship to their assigned sex.

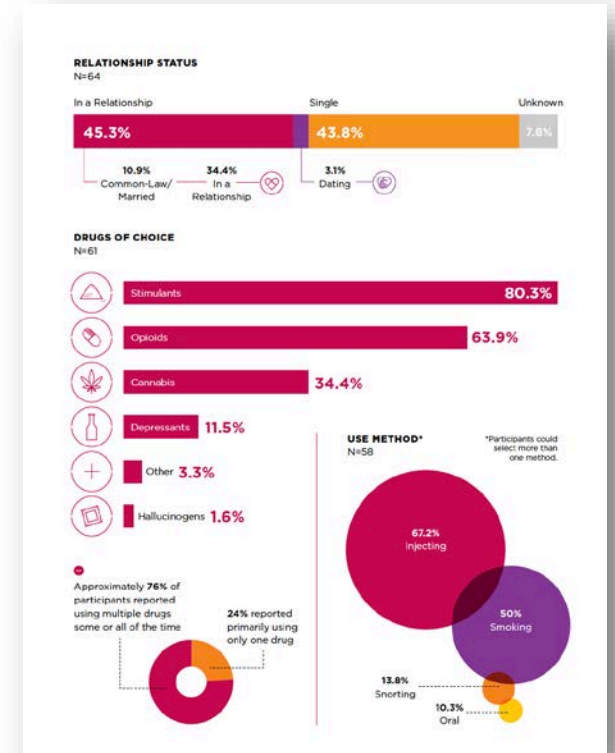
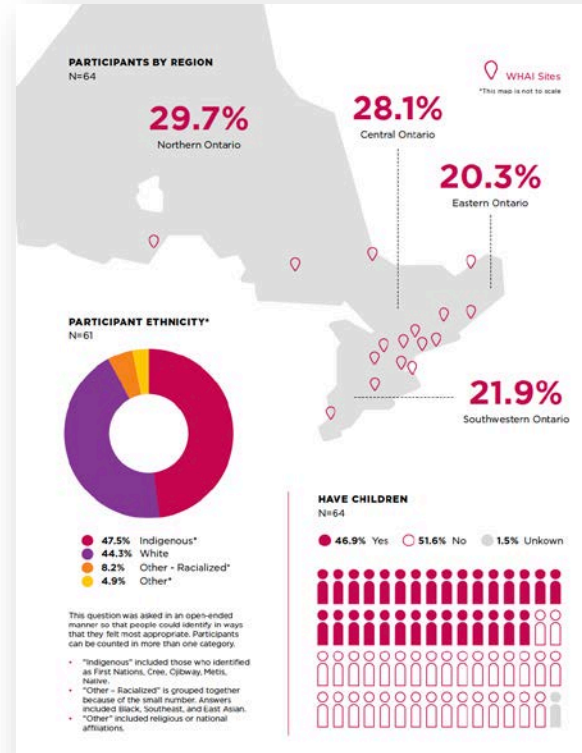
NON-BINARY: A term used to describe gender identity that is not exclusively masculine or feminine.

TRANS: An umbrella term for a person who experiences their gender identity in a way that does not match the societal expectations of someone with the physical sex characteristics that they were born with.



What's included

Snapshot



PART 1

Meaningful Involvement of Women Who Use Drugs

The meaningful involvement of people who use drugs is an important part of any harm reduction program. Specifically involving women who use drugs can help ensure the program is addressing women's needs. While there are many ways to involve women in meaningful ways, two specific examples described by women across Ontario were:

- 1 Consulting with women who use drugs
- 2 Employing women who use drugs

This booklet provides some tips about how to do this. Use it as a starting point to brainstorm strategies that may work well locally.



PART 3

Women Specific Awareness and Knowledge

Positive relationships are more easily established when staff are aware of and understanding about the day-to-day realities of people who access the program. This section provides some tips about women-specific realities that may be helpful to learn about in a local context, including information about:

- 1 Drug preferences
- 2 Violence
- 3 Poverty & Homelessness
- 4 Stigma & Discrimination
- 5 Pregnancy & Parenting
- 6 Sex Work
- 7 Criminalization
- 8 Trans Communities
- 9 Culture



SECTION

2

2020

WHA!'s Practices by Wise Women

WHA!'s Practices by Wise Women is part of WHA!'s **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs. Based on consultations with women who use drugs across Ontario, this resource outlines practices to help increase women's access to harm reduction program. This 4-part series includes:

- 1 Meaningful involvement of women who use drugs
- 2 Relationship building
- 3 Women-specific awareness and knowledge
- 4 Program structures

Recognizing that resources are limited, we encourage organizations to be creative in finding ways to include these practices wherever possible.



PART 2

Relationship Building with Women Who Use Drugs

Relationships were described as one of the most important components that facilitate women's use of a harm reduction program. When we asked what helps to build a positive relationship, we found that two specific qualities were essential:

- 1 Discretion and confidentiality
- 2 Trust

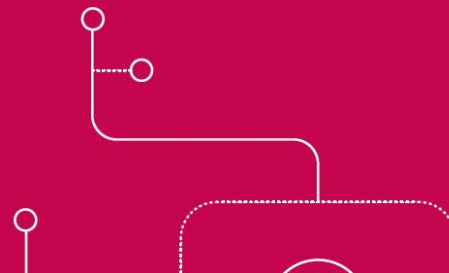


PART 4

Program Structures

While the booklets in this section outlined practices that can help to build capacity to work with women, there are also program structures that can increase women's use of harm reduction programs. This section reviews ideas that are specific to program structures.

- 1 Women-Specific Programs
- 2 Supply Distribution
- 3 Service Models



Tools & Tips: Harm Reduction Supplies



Other Harm Reduction Supply Tips

LIGHTERS

- Lighters can be helpful for smoking crack and crystal meth, or cooking drugs. Providing lighters can specifically help women to reduce the pressure to share drugs or equipment in exchange for using someone else's lighter. This can help women to increase their independence and autonomy in drug-using practices.



DISCREET PACKAGING

- Packaging that can be carried around without being noticed is ideal. Large stickers, clear bags, or other identifying components make it more obvious that women have visited a harm reduction program or are using drugs, which may create a barrier if women are trying to keep this information private.



7 | WHAI Tips for Kits



DRUG TESTING KITS

- Drug testing kits can be used to test which drugs are present in either a drug or urine sample, but not how much of a certain drug is in the tested supply, or how potent the tested supply is. Drug checking can be an important safety strategy for women. It can help women understand which drugs they may (or may not) be using, can empower them to make informed decisions about their drug use, and reduce the risks associated with using particular drugs, including overdose. Urine tests can also help to inform women what drugs are in their system, which can be helpful information for women facing drug screening. If using these kits to test drugs prior to using, harm reduction strategies should always be implemented in order to reduce the risk of overdose or negative drug side effects.



HARM REDUCTION SUPPLIES

Injection Supply Tips

SELECTION OF NEEDLES

- A selection of needles including small gauge and short tipped needles are useful for small or narrow veins.
- Needles that can be used for intramuscular injection and subcutaneous (under the skin) injection are important for those injecting Botox, silicone, or hormones. This is particularly relevant for Trans communities, helping to prevent people from sharing needles or using the same needle multiple times.

Syringe Size

Sizes vary based on volume capacity in cubic centimeters (cc) or milliliters (mL)

Needle Gauge

Size refers to how wide the inner measurement or opening of the needle is



Needle Tip Length

Sizes vary based on types of injections

Tools & Tips

PART 2

Sexual Health, Hygiene & Cosmetic Supplies



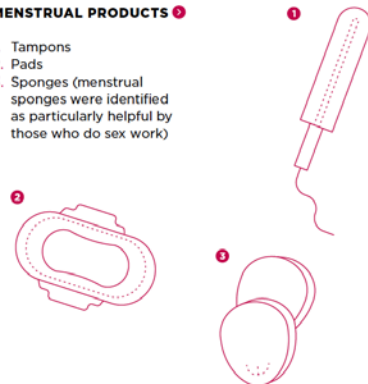
9 | WHAT Tips for KILs

"I started using the harm reduction program because I heard they had tampons. Once I went a few times, I got to know some of the workers and felt okay about picking up harm reduction supplies."

Women who participated in this project shared the following list of sexual health, hygiene & cosmetic supplies they find the most helpful:

MENSTRUAL PRODUCTS 1

1. Tampons
2. Pads
3. Sponges (menstrual sponges were identified as particularly helpful by those who do sex work)



LUBE 1

Including different types of lube



DENTAL DAMS 1

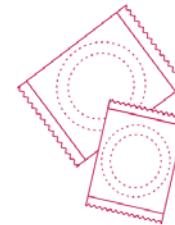


PREGNANCY TESTS 1



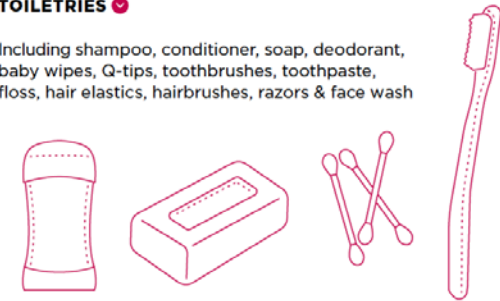
CONTRACEPTION 1

1. Contraceptive Foam
2. Contraceptive Sponges
3. Condoms
 - » external, covering the penis
 - » internal, to insert in the vagina or anus



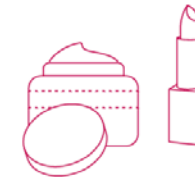
TOILETRIES 1

Including shampoo, conditioner, soap, deodorant, baby wipes, Q-tips, toothbrushes, toothpaste, floss, hair elastics, hairbrushes, razors & face wash



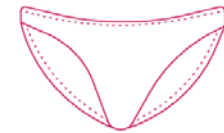
COSMETICS 1

Including makeup, lip balm & moisturizer



OTHER 1

Including socks & underwear



Assessment Tool

SECTION

6

2020

Women and Harm Reduction Assessment Tool

This resource is part of WHA's **Women and Harm Reduction in Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs.

This tool may be useful for assessing how accessible the program is to women who use drugs. As you build your familiarity with women and harm reduction, consider ways to increase accessibility. Remember, building capacity is a process. Implementing small, cost-effective steps can go a long way in improving the health and well-being of women who use drugs.

Below is a list of strategies identified by women who participated in this project to help foster women's engagement in / access to harm reduction programs. Review, and answer "Yes" or "Not Yet" to each.

Our harm reduction program...		YES	NOT YET
1	Employs women who use drugs and provides support for their professional development.		
2	Has various points of access for harm reduction supplies (e.g., a fixed site, an outreach program, a community site).		
3	Provides hygiene supplies (tampons, shampoo, underwear, etc.) and lighters.		
4	Provides various sizes of needles.		
5	Actively does harm reduction work with women who use drugs and are pregnant or parenting.		
6	Has harm reduction-based information, supports, and referrals available about pregnancy, infant feeding, and parenting.		
7	Provides sexual health supplies.		

2020

Women & Harm Reduction: Agree or Disagree

Facilitator Activity Guide

This resource is part of WHAI's **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs.

TIPS FOR USE:

This activity is intended to be used to support organizational capacity building work by exploring people's values, feelings, assumptions, and judgments related to women who use drugs. It relates to other components of the Toolkit. Facilitators should be creative and use it in different ways, depending on the type of capacity building work being facilitated. Here are some tips to get started:

- Have participants complete the sheet independently at the beginning of a capacity building session and review it again at the end to see if there have been changes in how people feel about certain scenarios. After each time completing the worksheet, invite the group to have a discussion, asking questions such as, *"What stood out to you?" "What was surprising?" "What resonated?"* and *"How might this impact harm reduction work?"* At the end, invite the group to reflect on questions such as, *"What has changed?" "What work still needs to be done?"* and *"How can you foster harm reduction work with women?"*
- In the Facilitator Guide you will find some discussion points for each statement. Refer to these to further the discussion, or to raise points for conversation.
- Remember to let people know whether they will have to share their answer so they can answer in the way they are most comfortable.

1 MEN USE MORE DRUGS THAN WOMEN



2 MEN ARE MORE LIKELY TO USE OPIOIDS THAN WOMEN



3 WOMEN EXPERIENCE BARRIERS TO HARM REDUCTION PROGRAMS



4 LIGHTERS AND HYGIENE SUPPLIES ARE AN UNNECESSARY PERK FOR HARM REDUCTION PROGRAMS



5 PROVIDING A VARIETY OF NEEDLE SIZES IS IMPORTANT



6 THE RISK OF OVERDOSE IS HIGHER FOR WOMEN THAN MEN



7 WOMEN WHO USE DRUGS SHOULD STOP IF THEY GET PREGNANT



8 WOMEN WHO USE DRUGS DO SEX WORK TO PAY FOR DRUGS



9 WOMEN WHO INJECT DRUGS ARE AT GREATER RISK FOR CONTRACTING HIV AND HCV



CARD 3

**Women should not use drugs
while breast/chestfeeding.**



DISCUSSION QUESTIONS

- Do you agree or disagree?
- What assumptions are implied in this statement?
- What can you do in your work to support women who use drugs around infant feeding?



WHA1.CA

Thinking Points

- Each situation is unique. Different drugs and drug quantities have different impacts on breast/chest milk, as well as people's well-being. It is important for women to work with health-care professionals who are experienced in harm reduction, drug use, and breast/chestfeeding to find out the best options for themselves and their baby.
- If breast/chestfeeding is not the best option, parents may choose to use formula. For some, this may lead to concerns about attachment and bonding between the parent and infant. There are strategies to foster attachment even when formula feeding. Health care providers can provide information to help with this.
- Stigma about breast/chestfeeding and drug use can impact the messages women receive and their comfort accessing programs. Providing non-judgmental support is an important part of harm reduction work.



ADDITIONAL QUESTIONS

- What barriers may women who use drugs and are breast/chestfeeding face in your community?
- How can you support women who are breast/chestfeeding and using drugs from a harm reduction perspective?
- How can you help to reduce or address the stigma women who are breast/chest, or formula feeding may face?

6 Discussion Cards



Women & Harm Reduction

WHA! is working with communities across Ontario to build capacity to respond to women's harm reduction related needs.

[Women Who Use Drugs and HIV](#)[The Impact of Harm Reduction](#)[Centring Women's Experiences](#)[What is WHAI Doing?](#)[FAQ](#)[Tools & Resources](#)

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