



FALLING THROUGH THE CRACKS: WOMEN WHO INJECT DRUGS FACE GREATER RISK, FEWER SERVICES

What Works for Women

Evidence for HIV/ AIDS Interventions

www.whatworksforwomen.org documents the evidence for effective HIV interventions to guide donors, policymakers, and program managers in planning effective HIV/AIDS policies and programs for women and girls. The website includes a page devoted to women who use drugs and female partners of men who use drugs (www.whatworksforwomen.org/chapters/7/sections/11).

People who inject drugs (PWID) are stigmatized and marginalized throughout the world. Biological, behavioral, and other structural factors put them at higher risk for HIV transmission. At the same time, a range of policy barriers restrict injecting drug users' access to key hepatitis, HIV, drug treatment, and harm reduction services. Yet, a subgroup of injecting drug users faces even greater health risks and must overcome more obstacles to access—women.

Increased Risk

Various factors contribute to increased HIV risk for women who inject drugs.

- Stigma, marginalization, and gender roles pose barriers to asking for sterile injection equipment and maintaining safer sex practices.
- Female PWID are more likely to be initiated into drug use by male partners, more likely to share injecting equipment, and are often last to use shared syringes.
- There is often an overlap between sex work and injecting drug use.
- Female PWID are more likely to engage in high-risk sexual behavior, including being at risk of being coerced to engage in unprotected sex.
- Women have increased physical vulnerability to sexual transmission of HIV.
- Women are more likely to have partners who inject drugs than men.
- Women are at higher risk of gender-based violence and sexual abuse.

Restricted Access

Despite the pressing need for HIV, drug treatment, harm reduction, and hepatitis services, a variety of factors restrict female PWID's access to such services.

- **Societal marginalization, stigma, and stereotyped gender relationships.** In many countries, women are less likely to seek services because the label of “drug user” holds greater stigma for women than men. Economic barriers, childcare responsibilities, and resistance or threats of violence from male partners may discourage them from seeking services. Women may also avoid services because they fear that disclosure of drug use could cause them to lose custody of their children.
- **Services designed for men.** Harm reduction programs serve mostly men and do not cater to the needs of female drug users. Programs often fail to ensure safe, non-threatening, and empowering environments, including women-only facilities,

To access the tool,
please visit:

www.healthpolicyproject.com/t/HIVPolicyModels.cfm

safe space, shelter, or transient housing for drug-using women. Lack of data and research on female PWID contributes to lack of access, with drug use perceived as a “men’s problem” in many countries.

- **Lack of integrated services.** Failure to integrate drug treatment and harm reduction with other health services restricts access to comprehensive care that meets female PWID’s health needs. Such needs include ensuring that pregnant PWID retain access to opioid substitution treatment and ensuring that female PWID who experience domestic violence are able to access shelter and other services despite their drug use.
- **Limited access to legal services.** Expanded access to legal services for women who inject drugs could help protect them against abuse from law enforcement and health providers.

How the Decision Model Can Help

The *Policy Analysis and Advocacy Decision Model for Services for People Who Inject Drugs* can be used to address barriers to access faced by women who inject drugs. The complex and dynamic policy environment surrounding services for drug users poses a challenge to analysts, advocates, and decisionmakers alike. The decision model is a collection of tools that can be used to make sense of this complexity.

The model can be used to identify and address policy barriers that restrict the provision of and access to high-quality hepatitis, HIV, drug treatment, and harm reduction programs for people who inject drugs. The decision model is designed to identify the existence of restrictive, poorly written, and absent policies related to services for PWID. It provides background information on the overall policy framework and includes tools that collect various quantitative and qualitative data on policy language and implementation, collate the quantitative data for easy comparison, and provide basic steps to create an advocacy strategy and set priorities.

List of Tools

- **Policy Inventory and Analysis.** Instruments and procedures guide users in compiling a reference library of key policy documents. The analytic framework can then be applied to assess the extent to which policies enable or restrict implementation of key services in comparison with international best practices.
- **Policy Implementation Assessment Interviews.** Survey instruments guide users in collecting the opinions and experiences of key informants, services providers, and clients regarding the perception and implementation of policies, which will help them understand whether to focus on changing policy language or on policy dissemination/implementation.
- **Policy Advocacy Planning Worksheets.** These worksheets help users identify and prioritize policy issues, engage stakeholders, and conduct advocacy campaigns.

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