



Human Rights and Quality Standards in Drug Treatment

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 out the right to health.
- Treatment should be:

Available
Accessible
Acceptable
Good Quality



Gender barriers to treatment availability



SUMMARY xi

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



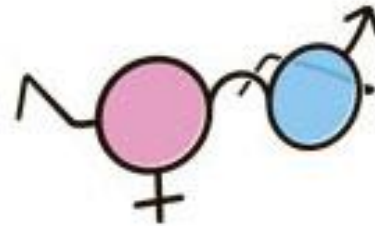
World drug report UNODC 2015

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

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.



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Minimum Quality Standards in Treatment (Equis 2011)

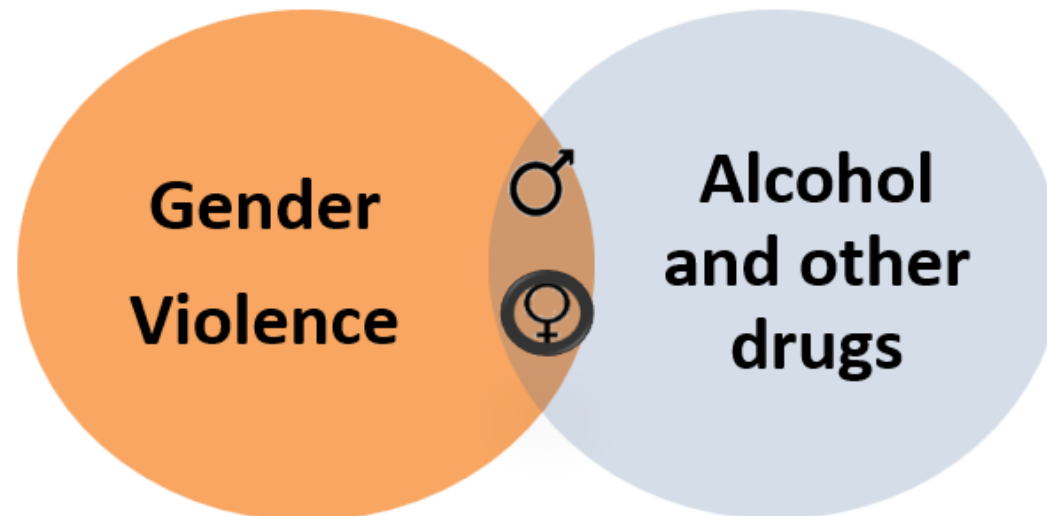
- Physical environment (space + safety)
- Staff Education + composition + continued training
- Assessment
- Individualized treatment plan
- Internal and external evaluation

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 \neq 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.



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