

# GUIDE

## FOR DEVELOPING GENDER- SENSITIVE HARM REDUCTION PROGRAMMES

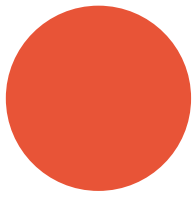


# GUIDE FOR DEVELOPING GENDER- SENSITIVE HARM REDUCTION PROGRAMMES

MA Natasha Boshkova



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



# Table of content

Introduction	5
Understanding Gender in the Context of Harm Reduction	7
Harm Reduction Principles	9
Gender specific barriers in access to harm - reduction services	10
Practical Tools for Civil Society Organizations	11
Conduct gender sensitive analysis	11
Assessment of the needs of users of services	11
Use inclusive communication	12
Establishment of referral mechanisms	12
Measures to improve harm reduction programmes	13
Advocacy and Partnerships	16



# Introduction

Harm reduction programmes play an important role when it comes to protecting the health, dignity and rights of people who use drugs. With its Resolution, adopted in March 2024, for the first time, the UN directly addresses Member States to implement harm reduction measures in their national legislation as an essential part of drug policies, protecting public health and minimizing the negative health and social impacts of drug use.<sup>1</sup>

Professionals and peer workers engaged with the harm reduction programmes are at the forefront of public health efforts, providing initial and trusted support to people who use drugs. Their daily work is not only focused on reducing harm from drug use, but also on protecting the rights and the dignity of every individual. In order to be effective and responsive to the needs of those in need of harm reduction services, peer workers need to recognize and understand the specificities and various needs of women and men, trans and gender non-binary people, young people, Roma, sex workers, migrants and other marginalized groups. Raising awareness of these differences is essential for creating inclusive harm reduction services and contributing to more equitable and effective public health policies.

This Guide serves as a manual for civil society organizations that provide harm reduction services in North Macedonia, the Czech Republic and Serbia. The aim of the Guide is to support civil society organizations to integrate gender perspective within the harm reduction programs and the provision of services in a systematic manner. This Guide is intended for service providers, programme coordinators, policymakers and partner organizations involved in design, implementation and evaluation of harm reduction services.

Assessments of gender sensitivity of national harm reduction programmes in North Macedonia, Serbia and the Czech Republic show that, that harm reduction workers are aware of gender sensitive aspects. However, the measures and activities they implement are not fully gender-sensitive or gender-transformative, and they mainly depend on project activities which are limited in duration.

Harm reduction programmes save lives by reducing health and social risks associated with drug use. Gender norms and roles, and gender inequalities shape the patterns of drug use, exposure to risks and limit access to health and social services. People of different sexual orientation, non-conforming gender identities, and members of different ethnic groups face stigma, violence and exclusion. The absence of gender sensitive aspects within harm reduction services reinforces inequalities and excludes these most vulnerable communities from essential support services.

North Macedonia, the Czech Republic and Serbia face similar challenges related to the stigma against people who use drugs, and lack sufficient gender sensitive perspective in their harm reduction programmes. However, there are significant differences by country in the institutional framework and the financing of harm reduction services.

In North Macedonia, civil society organizations provide harm reduction services with limited support by the state budget. The policies for gender equality are stagnant or in some cases, regression and pushback have been noted. Stigma towards Roma people, sex workers, and LGBTI communities hinders access to services, including access to harm reduction services.

---

<sup>1</sup> ND Resolution 67/4. Preventing and responding to drug overdose through prevention, treatment, care, and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific, evidence-based approach, 2024.

streaming remains a challenge.

In Serbia, harm reduction services are largely supported by international donors, which hinders their continued, sustainable and planned funding. Uncertain funding sources, among other things, hinder the development of gender-transformative harm reduction services.

Therefore, we have developed this Guide to provide general, practical guidelines and tools that will serve civil society organizations in North Macedonia, the Czech Republic and Serbia, so they could adapt harm reduction services to fully meet the needs of all those who need those services.

The Guide was developed within the project “Creating gender-based programmes for young people who use drugs”.

The project is funded by the National Agency for European Educational Programs and Mobility through the Erasmus+ Programme.



# Understanding Gender in the Context of Harm Reduction

**Gender** refers to socially constructed roles, behaviours, expressions, and identities of girls, women, boys, men, and people of various gender identities.<sup>2</sup> Gender influences how people perceive themselves and among one another, how they behave and communicate, and how power and resources in society are distributed. Gender, in most cases, is understood as binary (girl/woman and boy/man), but there is considerable diversity in how individuals and groups understand, experience, and express gender. It is not only fluid, but it is also complex, and involves gender relations, roles, institutional practices, and laws. Gender-related factors, including roles, relationships, attitudes, power imbalances, and identities, influence individuals' experiences and their ability to receive appropriate care.

**The term "gender"** at times is incorrectly assigned to the meaning of the term "sex." Sex refers to the biological characteristics of humans and animals, including physical and physiological characteristics such as chromosomes, hormones, anatomy, and bodily functions such as metabolism, as well as reproductive and sexual anatomy. Sex is usually understood as male or female, but there is variation in the biological attributes that determine sex and how they are expressed. Some people are born with a combination of male and female biological characteristics, such as chromosomes or genitalia – this is called **intersex/ intersexuality**. The factors that determine our sex influence our response to psychoactive substances, development of tolerance and dependence on those substances, and our response to treatments and medications.

**Transgender** is a term used to describe people whose gender identity is different from the sex they were assigned at birth. Gender identity is a person's internal feeling of being a man or a woman (a boy or a girl). For certain people, their gender identity does not fit into the very two categories. Just as sex and gender are often mutually confused, thus, transgender identity and sexual orientation are often misplaced.

**Queer or (gender) non-binary people** fail to identify within the binary male-female system; they identify outside of it or in between these two options. Their experiences and self-identification do not fit the traditional, strictly defined categories of what is perceived as male or female. For many people, gender is not something fixed, but a dynamic part of their personal identity that could change over time, context, and their personal development. Some non-binary people use neutral pronouns (in English, these pronouns are "they/them", while in the Macedonian and Serbian language, there are no corresponding pronouns. In Czech language pronouns oni/jejich/jim (they, theirs/them) are used .

**Sexual orientation** describes sexual, romantic, and/or emotional attraction of one person to another person (for e.g., heterosexual, gay, lesbian, bisexual). An individual (a woman, a man, transgender person, nonbinary person) might have any of the sexual orientations, or may choose between different sexual orientations throughout their life.

**Gender** can influence person's health and it is an important factor to consider in drug-use related issues. Often, when talking about gender, the focus is on women and girls. However, in reality, every person possesses a gender, and it is important to understand the continuum of gender identity and its expression, and how gender influences drug use. Gender-sensitive and gender-transformative harm reduction programs are designed to meet the specific needs of women and people with various gender identities. Such support is in a form of meeting basic needs, such as provision of menstrual products; to providing comprehensive childcare services, sexual and reproductive health services, safe injection practices, and other types of service not listed above.

---

<sup>2</sup> [https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1)

**Gender inequality affects access to harm reduction services and manifests itself in various ways:**

- Women who use drugs avoid services due to the fear that their status can be revealed, and this could affect the custody to their children.
- Women who inject drugs are faced with higher risk of HIV infection and experiencing gender-based violence.
- Trans people, due to explicit discrimination by the society, rarely seek medical or other services, which leads to a higher risk of contracting infections and experiencing violence.
- Roma people are exposed to racism and economic exclusion, as well as language and cultural barriers to access medical and social services.

The experience of drug use and access to services is additionally shaped by the intersection of multiple identities and personal characteristics, such as gender, gender identity, sexual orientation, “race”, ethnicity, disability, socioeconomic status, and more. People in marginalized situations, such as Roma, LGBTI people, sex workers, migrants, experience more complex discrimination that increases barriers to accessing services and increases their vulnerability to HIV, violence, and social exclusion. For example:

- A Roma woman who is a drug user might face greater number of barriers (due to her gender, “race”, socio-economic status) than a Roma man, or a woman who is not Roma.
- The absence of programmes for treating children with addictions disproportionately affects Roma street children.



# Harm Reduction Principles

**Safety:** Users of harm reduction services should feel safe from violence, harassment and stigma. Creating women-only spaces or providing training to personnel on how to recognise and respond to gender-based violence can ensure that people who use drugs feel safe.

- For example: Establish a harassment protection policy and provide clear guidelines on how to refer victims of violence.

**Confidentiality:** Provide spaces that provide privacy of users of services, especially for women and LGBTI people. Protecting the privacy of service users is crucial, especially in contexts where use of drugs, sex work, sexual orientation are criminalized and/or stigmatized.

- For example: Use coded labels rather than names in the service records. Provide separate consultation rooms where women, LGBTI people and others can speak openly without fear of being recognized or revealed.

**Accessibility:** Remove physical, economic and cultural barriers in the access of harm reduction services. When designing and implementing harm reduction services one should take into account the cost, the distance, childcare provision, language barriers, cultural norms and other barriers that might discourage certain groups from seeking help.

- For example: Provide mobile harm reduction teams in remote areas. Provide services with flexible working hours to accommodate the responsibilities of women, which often revolve around childcare and domestic duties. Develop digital tools to inform and provide services to young service users.

**Empowerment:** Inform users of service about their rights, and possibilities, and support them in making informed decisions on issues that affect their lives.

- For example: Conduct workshops for women who use drugs on prevention from overdose, on reproductive health, human rights, and other topics that will allow them to act with greater self-esteem and knowledge

**Participation:** Involve women, youth, LGBTI people, Roma, sex workers and migrants in design and monitoring of harm reduction programmes. Meaningful involvement of diverse social groups ensures that harm reduction services reflect the real needs of the communities that use them.

- For example: Consult Roma women who use drugs to ensure that the information about harm reduction services is culturally relevant to them and effective.

**Intersectionality:** Recognizing that individuals or groups face multiple, intersectional forms of discrimination is a key factor to establishing inclusive harm reduction programmes for different groups of people who use drugs.

- For example: Harm reduction programmes should address addiction, as well as simultaneously addressing racism, poverty, and gender-based violence.

# Gender specific barriers in access to harm - reduction services

Research and the experience of implementing programmes in North Macedonia, the Czech Republic and Serbia show that one of the most common barriers to accessing harm reduction services are the following:

- High level of stigma, strong patriarchal values, shame and fear from revelation of drug use status.
- The absence of safe spaces and women-specific services increases the risk of partners controlling or restricting their access to services.
- Fear of losing custody over children, especially among women who use drugs and sex workers.
- Insufficient safeguards in place for confidentiality of services.
- Police harassment and criminalizing drug use.
- Lack of cultural adaptability of harm services for Roma.
- Lack of knowledge about trans and non-binary people among personnel providing harm reduction services, acceptance and trust in services.
- Absence of flexible services in spaces which young people frequent (nightclubs, festivals)
- Absence of digital tools to use services.
- Language and legal barriers for migrants when accessing harm reduction services.

**North Macedonia** - Some harm reduction service providers have neither safe physical space for encounters, nor formal mechanisms for safety and inclusion.

**Czech Republic** - Harm reduction service providers fail to sufficiently reach LGBTI communities.

**Serbia** - Some harm reduction service providers fail to use gender-inclusive language, leading to trans and non-binary people to avoid the services.

# Practical Tools for Civil Society Organizations

## Conduct gender sensitive analysis

- One needs to conduct assessment of organizational documents, policies and practices in order to identify gender gaps at the organizational level, at service-design level and at the level of providing services. Gender assessment of policy aims to identify the impact of that particular policy (or practice) on gender relations, to determine whether the policy is relevant and if there are any gender limitations caused by it. Gender analysis should reveal whether the established gender relations could influence the achievement of the results foreseen by that particular policy or programme. In order to get the answer, we need to consider the different gender roles that women and men play, their interrelation and institutional mechanisms that support these relations. A systematic analysis is needed of how policies (and practices) address the needs, reduce (or eliminate) barriers and advance the rights of women, men and people of diverse gender identities, analysing aspects such as access to services, safety, confidentiality, decision-making and capacity of staff. The analysis should be conducted by applying HRBA – the human rights-based approach; use sex/gender disaggregated data and include voices of relevant groups and communities, to ensure that harm reduction services are equitable, and also challenge harmful norms that lead to inequality in the first place. Gender-transformative harm reduction services go beyond responding to gender-based differences. These programmes actively challenge and try to break harmful gender norms, racism, homophobia and transphobia, power relations and structures that create inequality.
- Collect gender-disaggregated data on all services within harm reduction programmes. Analyse data regularly and understand patterns on who is using services, who is not using them, and understand why they are not accessing them.
- Ensure diverse representation of different social groups within both staff and management structures.

## Assessment of the needs of users of services

- Establish regular practice to consultant with service users to better understand needs and barriers from a gender perspective.
- Conduct consultations by organizing focus group discussions with women, youth, Roma, LGBTI people, sex workers; conduct interviews with individuals from different groups to obtain information on sensitive topics.
- Provide a space where service users can express their needs and suggestions especially for women, youth, LGBTI people, Roma, sex workers, migrants.



## Use inclusive communication

- Use terminology which does not judge and stigmatize against people who use drugs, sex workers, trans people, non-binary people, inter-sex people, homosexuals, gays, lesbians, Roma, in the communication within the organization, with users of services and external partners

## Establishment of referral mechanisms

- Build networks with organizations that provide shelter services for victims of gender-based violence, organizations that work on supporting LGBTI people, Roma civil society organizations and support structures, organizations that provide services for people with disabilities, provide services to migrants, etc.
- Inform and train other organizations and institutions which are your partners on drug use specifics, the needs of people who use drugs, and the impact of different gender identities and their experiences.
- Formalize partnerships with organizations and institutions that provide such services with MOA's - Memorandums of Understanding.
- Prepare guidelines for referral of the service users to other organizations and institutions, and provide information on: the type of services other organizations offer, contacts, location, etc.



# Measures to improve harm reduction programmes

## Women who use drugs

- Establish safe spaces for women, by physically separating them or allocating specific times for women. Provide space for confidential meetings and counselling sessions with professionals engaged in the programmes (psychologists, psychiatrists, social workers, doctors, lawyers, and other).
- Provide childcare services for users of services. Provision of childcare within harm reduction programmes will encourage women to seek services and will improve the quality of services offered.
- Add services for sexual and reproductive health (sexual and reproductive health education, contraceptives, HIV testing, support throughout pregnancy, menstrual products). Connect with other organizations and institutions that provide these services, if they are not included within your programmes.
- Train staff how to recognize gender-based violence and develop guidelines for reporting and referral of victims to counselling and shelter services. Training should be continuous, from initial engagement in the programme, with continuous refresher training, constantly updating information following the changes of legislation, updating info on available services, and other news in the system of prevention and protection from gender-based violence.
- Obtain additional resources to meet existential needs of women who use drugs through financial support, food and hygiene products, clothing, and other necessities.
- Engage women who use drugs within teams that provide harm reduction services

**EXAMPLE:** The Association HOPS - Healthy Options Project Skopje, from North Macedonia, runs a Center for women with specific social needs, in Skopje, that offers integrated services, including psychosocial and legal assistance and support, living assistance (food, clothing, hygiene materials) and child care for service users. The Center is a safe space for women who use drugs, sex workers, and homeless women. The employees of the Center have regular cooperation with social work centers, the probation service, and other institutions and organizations.

## Trans and non- binary persons

- Establish safe spaces for trans and non-binary people, by physically separating them or allocate specific time slots. Provide space for confidential meetings and counselling sessions with professionals engaged in the programmes (psychologists, psychiatrists, social workers, doctors, lawyers, and other).
- Guarantee confidentiality about gender identity of service users. When recording/ registering use of service, use their chosen name, regardless of the data in the documents for personal identification. This is particularly important in a context where there is no possibility of legal recognition of gender in personal identification documents.
- Use gender-sensitive terminology for service users. Use accurate pronouns and respect service users' right to self-determination.
- Avoid making assumptions about the family status of service users.
- Include members of the LGBTIQ community on the team.

**EXAMPLE:** In Serbia, the associations Prevent and Re Generation, that are implementing harm reduction programs, collaborate with LGBTIQ organizations and groups through joint workshops for employees, where they increase knowledge and skills for working with trans and non-binary service users.

## Roma

- Engage Roma peer workers to build trust within this community and provide culturally relevant services. Use materials with illustrations, adapted to their culture, and written in the Roma language.
- Establish mobile outreach teams in order to reach least accessible parts of Roma settlements.
- Establish cooperation with (women's) Roma organizations to ensure a holistic approach in provision of services. Connect with organizations that provide health services, education, housing, first aid and other services needed by Roma who use drugs.

**EXAMPLE:** Association HOPS – Healthy Options Project Skopje, in the period from- January 2013 to March 2022 was running a harm reduction programme in the largest Roma settlement, covered 369 number of service users, who regularly had access to a doctor, a social worker and a lawyer. A person from the community was working in this center. Due to cut in financial resources to the organization, the Harm Reduction Center had to be closed, and the number of users of the harm reduction services decreased considerably.



## Sex workers

- Provide services with flexible hours, including evening outreach services in areas where sex work occurs.
- Include sexual-health services (sexual and reproductive health education, contraceptives, HIV and STI testing, PREP - pre-exposure prophylaxis, menstrual products) as part of the harm reduction programmes.
- Provide legal aid and support in cases of violence and police harassment.
- Within the peer support teams involve sex workers who use drugs.
- Train personnel in trauma-informed approaches.

**EXAMPLE:** The harm reduction programme in the Czech Republic, Sananim, offers comprehensive services, including outreach programs, contact centers, and maintaining therapeutic communities. The focus is on people with disabilities, one-third of whom are women, then men having sex with men, sex workers, and Roma. The organization also offers treatment for pregnant women and mothers who deal with addiction. In these cases, the mothers can receive the treatment without being separated from their children. This is a key in order to reduce the barriers for women who use drugs when they seek support and assistance.

## Youth

- Adapt harm reduction services to young people and ensure they are targeting both girls and boys, LGBTI young people, taking into account their modus operandi and the places where they most frequently access services.
- Provide safe spaces for young women and gender-diverse young people who may face violence, stigma and harassment in other spaces.
- Offer peer support through digital tools, social media and mobile teams to reach hard-to-reach populations.
- Integrate sexual and reproductive health services into harm reduction programmes, such as: contraception, HIV/STI testing, menstrual health, support during pregnancy, age-appropriate education on consent, sexuality, relationships and bodily autonomy.
- Organise workshops and peer programmes to challenge gender stereotypes, especially in the context of drug use.
- Engage within the community. Work with schools and local communities to reveal harmful gender norms that influence young people's behaviour towards accessing services.

**EXAMPLE:** Civil society organization Prostor plus o.p.s. from Prague, also providing services in central region of the Czech Republic, offers a wide range of social services. It runs two clubs for children and young people up to the age of 26; it provides services for social activation of families with children in difficult circumstances, and service for parents who have struggled with drug addiction in the past. They implement a pilot programme, two children's groups, Kindergarten on the Dam and Kindergarten in the Forest, and organize spring and summer camps for children.

# Advocacy and Partnerships

- Collect data based on gender, gender identity, ethnicity, disability and other characteristics, and analyse it.
- Document case studies that illustrate barriers and success stories of inclusion of women, LGBTI people, sex workers, Roma, migrants.
- Use evidence gathered from your work to influence the creation of national drug and public health strategies and policies.
- Share stories of users of harm reduction services to highlight their needs, with prior users' consent.
- Advocate for harm reduction services that incorporates gender perspective, in line with international standards (UNAIDS; WHO; EMCDDA)
- Establish collaboration with relevant ministries, social welfare institutions and equality bodies.
- Build alliances with women's rights organizations, organizations working with LGBTI people, Roma, sex workers, and migrants.
- Take part in regional and European networks to strengthen collective advocacy for more effective and inclusive drug policies.



