

HOW TO IMPROVE HARM REDUCTION FOR SOCIALLY INCLUDED WOMEN WHO USE DRUGS ? A FRENCH-CANADIAN COMPARISON

BACKGROUND

In France as in Canada, **women drug users represent on average a quarter of active queues in harm reduction structures**, even though drug use has become more prevalent for women in the Western world since the 1990s. **Socially included people are also less numerous** in harm reduction structures in both countries.

This communication aims to **understand this reduced recourse to care for socially included women who use drugs**, and to **highlight perspectives for improving harm reduction among this population**.

The results presented, from a thesis in sociology, are based on **97 interviews carried out with drug users who do not have recourse to care, socio-health professionals, and actors and experts in drug-related policies**, in **Bordeaux and Montreal**

METHOD

SOCIALLY INCLUDED WOMEN WHO DO NOT SEEK CARE

In both cities, **harm reduction structures are mainly designed to meet the needs of a male and precarious public**, despite very different public health models.

However, some structures are targeting more diverse profiles, but **the users interviewed do not request them either, for four main reasons:**

- they have already **felt judged** by health professionals because of their drug uses,
- they are **unaware of existing structures**,
- they feel **they do not need help**,
- and **they do not identify with the marginalized public** that they associate with care structures.

- **Train** front-line health professionals,
- Recruit **peer helpers**
- Invest more in **digital and festive spaces**
- Rethink gender in public health with a **gender-transformative health perspective**
- Establishment of **single-sex times** in harm reduction structures.

PERSPECTIVES TO IMPROVE HARM REDUCTION FOR SOCIALLY INCLUDED WOMEN

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