SUMMARY REPORT

Gendering the Scene:

Women, Gender-Diverse People, and Harm Reduction in Canada

Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

Background

There are marked differences between men, women, and gender-diverse people in terms of their drug use and how laws and policies affect them. Women and gender-diverse people who use drugs are affected differently than men by stigma, colonialism, racism, homophobia, transphobia, poverty, housing insecurity, and violence. Women and gender-diverse people who use drugs may also have specific needs in relation pregnancy and parenting and face unique mental health challenges. However, insufficient attention is paid to the needs of women and gender-diverse people who use drugs and their access to health services, including harm reduction services. This is especially true for gender-diverse people who use drugs, for whom there is a troubling lack of data. Consequently, they face additional barriers to harm reduction and other health services and are at increased risk of HIV and hepatitis C virus (HCV) infection, as well as other injection-related harms, overdose, and death.

HIV, HCV, and overdose

HIV disproportionally affects women who use drugs in Canada. In 2016, the proportion of reported HIV cases in Canada among girls and women 15 years and older attributable to injection drug use was 27.3% compared to 10.9% for boys and men.[1] In a national study of people who inject drugs, 68% of women were seropositive for HCV (with no significant differences in prevalence between participants who identified as men and those who identified as women).[2] Globally, studies have shown that women who have sex with women (WSW) and inject drugs have higher rates of HIV than non-WSW who inject drugs, as well as higher-risk injection practices. There is also evidence to suggest that people who sell sex and use drugs face increased risk of HIV and viral hepatitis, and that sex workers who inject drugs are more likely to rent, borrow, and re-use equipment. Women who inject drugs are generally more likely than their male counterparts to report injecting with previously used needles and other used injection equipment. Some women's first experience of injection drug use is with a sexual partner who both supplies drugs and equipment and injects them. This puts them at greater risk of HIV and HCV because they are last in the drug division and injection process and more likely to use drug solution from equipment that may have already been used by other people. Even in the longer term, women who inject drugs are more likely to be dependent on a sexual partner for help acquiring drugs and injecting, which increases their risk of infection (because they are "second on the needle"), overdose (because they have no control over the dose they receive), and violence.

We acknowledge the distinctions between men, women, and gender-diverse people in their access to harm reduction measures and will note these distinctions to the extent that the underlying research makes them. Unfortunately, the majority of research available and consulted distinguishes only between "men" and "women" and these limited distinctions are consequently reflected throughout the report.

In 2019, women comprised approximately 25% of accidental apparent opioid-related deaths in Canada.[3] Indigenous women are particularly affected.[4] As the National Inquiry into Missing and Murdered Indigenous Women and Girls concluded:

> *"The overrepresentation of Indigenous people among those experiencing non-fatal and fatal opioid overdoses is another iteration of the legacy of colonial violence and the intergenerational trauma it carries, the socio-economic marginalization that circumscribes access to health- and wellness promoting resources, and the institutional racism that continues to create barriers to treatment, not only for substance use but also for the many other harms caused by colonialism and intergenerational trauma."* [5]

Gender-based violence

Gender-based violence is a particularly acute determinant of health for women and gender-diverse people who use drugs, particularly for those who sell sex, are Indigenous, trans, and/or have sex with other women. Women who use drugs are more likely than their male counterparts to experience sexual violence, intimate partner violence, state violence, and other forms of violence. Power imbalances and the threat of violence in intimate relationships can make it difficult for women to access harm reduction services, enter and complete drug dependence treatment (if desired), and practice safer drug use and safer sex. State violence, including that perpetuated by law enforcement, also hinders the access of women and gender-diverse people to harm reduction services. Gender-based violence has been linked to elevated rates of syringe sharing, inconsistent condom use, and accidental overdoses.

Stigma, misogyny, violence, trauma, and mental health

Women who use criminalized drugs have long been vilified as more deviant than men who use drugs, fuelling the regulation of women, and particularly poor, Indigenous, and racialized women in relation to their sexuality, pregnancy, parenting, and drug consumption. Studies have identified stigma as a significant barrier to accessing health care and drug dependence treatment for people who use drugs. Judgmental, unsympathetic or hostile attitudes and views held by health professionals discourage access to care. Moreover, a large body of research suggests that many people experiencing drug dependence, especially women, Indigenous people, and racialized people, take drugs as a form of self-medication in order to address the symptoms of PTSD and the emotional and psychological consequences that stem from the violence, poverty, and racism they have experienced. In Canada, Indigenous women who use drugs have described how colonial policies and programs such as the devastating impact of residential schools, mass removal of Indigenous children from their families into the child welfare system, displacement from traditional lands, and destruction or banning of Indigenous traditions, not only cause the violence they face, but also perpetuate intergenerational and multigenerational trauma that leads to drug use.

Laws and policies that affect women and gender-diverse people who use drugs

i. Drug laws

- The *Controlled Drugs and Substances Act* (CDSA) prohibits people from possessing, importing, exporting, trafficking in, or producing illicit drugs. Punishments for these offences vary, ranging from a maximum $1000 fine or six-month term of imprisonment or both for a first offence of possession involving a synthetic cannabinoid, to a series of mandatory minimum sentences for trafficking that can also render an accused liable to life imprisonment in some circumstances.
- Under the 2017 *Good Samaritan Drug Overdose Act* both an overdose victim and witnesses of an overdose are protected against charges for possession of an illicit substance for personal use ("simple possession") and charges for breaches of conditions associated with simple possession when they seek emergency help for an overdose victim. But the immunities that the law confers do not protect people from charges related to drug trafficking or other criminal charges or from child welfare involvement.
- Because unauthorized possession of illicit drugs is a crime, service providers need a federal exemption to provide certain types of care and services to people who use drugs, or they (and their clients) could be at risk of prosecution. For example, service providers need a federal exemption to operate supervised consumption services (SCS) where people use illicit substances under the supervision of staff. The requirement for a federal exemption creates additional barriers to access SCS.

ii. Sex work laws

- Sex work–specific offences in the *Criminal Code* prohibit impeding traffic or pedestrians, or communicating for the purpose of offering or providing sexual services in a public place next to a school ground, playground or daycare centre.
- Sex work–specific offences in the *Criminal Code* also prohibit everyone from purchasing sex; materially benefitting from sexual services; procuring sexual services; and advertising sexual services, although sex workers are provided immunity from prosecution for the sale and advertising of their own sexual services. The prohibitions on material benefit, procuring and advertising capture all "third parties," or the people who work, provide services to or associate with sex workers (e.g. drivers, security, bookers, webmasters, business owners, and receptionists), thus hampering sex workers' access to safe work environments.
- Immigration laws prohibit migrants who do not have Canadian citizenship or permanent resident status from engaging in sex work, including individuals who are otherwise legally authorized to work in Canada. Engaging in sex work can lead to deportation. The prohibition creates specific challenges and barriers to care for migrant sex workers.

iii. Child protection laws

- People who use drugs and are pregnant cannot be forced to attend drug dependence treatment. Forced treatment would be a violation of and antithetical to their rights, as recognized by the Supreme Court of Canada in a 1996 decision *Winnipeg Child and Family Services v. G.(D.F.).*
- Upon birth, provincial/territorial child protection legislation may affect the parental rights of women and gender-diverse people who use drugs. Although most provincial/territorial child protection laws and policies do not make specific reference to drug use as a ground of intervention, child protection services have conflated maternal drug use with neglect or mistreatment rather than determining whether drug use has affected parenting or child welfare. As a result, a significant portion of families involved in the child welfare system is affected by drug use. Child protection laws and the ways in which they have been interpreted and enforced by social service and health care providers are major sources of concern and fear that negatively affect parents' well being and their access to health care. As one study of Indigenous families that had engagement with the child welfare system concluded, "Current child welfare policies and practices continue to take on an individualistic approach that divorces people from the systemic factors that influence the use of substances, such as ongoing colonialism, and the factors that create barriers to ending or reducing the use of substances, such as criminalization."[6]

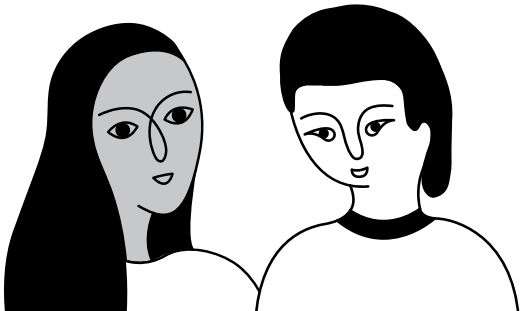
Access to harm reduction

Access in Canada to harm reduction services remains highly variable across jurisdictions. The needs of women, Indigenous, racialized, or LGBTQ2S people are rarely discussed in provincial or territorial harm reduction policies and they are not well-integrated into the planning and implementation of harm reduction programs. Gender-sensitive services are lacking, with many harm reduction services that are "gender-blind" or more commonly male-focused. Services providing culturally safe and culturally appropriate care for Indigenous and racialized women are even rarer.

Gender-based violence and harm reduction: a focus on Violence against Women shelters

While women and gender-diverse people who use drugs experience high rates of gender-based violence, a number of Violence against Women (VAW) shelters have been hesitant to implement policies and practices to support residents using substances and many staff feel unequipped to support substance use. Some residential housing, shelters, and transition houses serving women affected by violence have policies prohibiting alcohol and/or drug use on premises. A number of shelters also pose major barriers to gender-diverse people, including lack of or limited understanding of the contexts and concerns affecting gender-diverse people, which may manifest as stigma, discrimination, and hostility on the part of staff.

It is essential that **links between violence and drug use be taken into account when planning and implementing harm reduction services and that harm reduction services provide or be linked to services that support those experiencing violence.** It is equally imperative that **services that provide support to women and gender-diverse people who experience violence account for the specific needs of those who use drugs.** Provincial standards for VAW shelters should be developed so abstinence-based policies of refusing access to shelter for women and gender-diverse people who use drugs is not permitted.[7] These should be supplemented by guidance and resources on effective approaches to provide services for women and gender-diverse people who use drugs, such as the provision of needle and syringe programs, naloxone training and naloxone kits on-site, managed distribution programs, or a safe space for people to store and access their supplies readily and independently. Efforts also need to be made to recruit new employees, and train new and existing employees of shelters and transition houses to properly support women and gender-diverse people who use substances, and additional funding is necessary to support these efforts.



Gender-sensitive harm reduction programs: a focus on supervised consumption services

Supervised consumption services (SCS) consist of providing a safe, hygienic environment in which people can use drugs with sterile equipment under the supervision of trained staff or volunteers. SCS can also provide a refuge from various forms of violence that women and gender-diverse people, especially those who are homeless, vulnerably housed, or Indigenous, may experience on the street. SCS have been found to disrupt drug scene dynamics such as gender power relations, enabling women and gender-diverse people to assert agency over drug use practices. Research has shown that fentanyl-adulterated opioids (responsible for the current overdose crisis in Canada) simultaneously exacerbate women's vulnerabilities to both overdose and violence. Studies have also reported women's experiences of theft, violence, and abuse by intimate partners and others in relation to assisted injection, particularly in alleyways or other marginal spaces. Providing assisted injection at SCS, in a hygienic and safe environment, disrupts these dynamics, including reliance on abusive partners, and mitigates the harms.

Creating a safe environment for women and gender-diverse people through women-only operating times or services, the development of clear policies prohibiting inappropriate conduct, including sexual harassment and gender-based, homophobic, or transphobic comments, and training for staff on gender-based violence is key to making SCS a welcoming space. Integrating SCS in shelters or supportive housing for women and gender-diverse people who use drugs or implementing mobile drug consumption services may also facilitate access to services for women and gender-diverse people at risk of violence. Similarly, having female staff, **including women who have lived expertise of drug use,** is also extremely important to promote accessibility and feeling of safety for women. This contributes to improved engagement with SCS services, fosters the enactment of harm reduction practices, and promotes health and social benefits among people who use drugs.

Correspondingly, women appreciate **low-barrier SCS or overdose prevention services (OPS),** and Indigenous and more marginalized women have expressed feeling more comfortable in a non-medical environment run by people with lived expertise of drug use. Research in Canada has shown that low-threshold SCS enhance access among women by also accommodating drug use practices that are not always permitted at federally sanctioned SCS, including **assisted injections and injecting partnerships.** Expanding SCS to include **supervised inhalation** is also necessary. Physical violence is common in crack-smoking environments, often driven by gender power dynamics, with particular consequences for women who smoke crack. Calls are also growing in Canada for **safe supply,** encompassing a greater range of medical options to be available to address the critical issue of unsafe drug supply that is contributing to a high toll of overdose deaths in Canada.

SCS should also prioritize services that are friendly to and accessible for people with children, with the assurance that their substance use alone will not be a reason to report them to child protection authorities. SCS should also **not impose restrictions for pregnant people.** People who are pregnant and use drugs are less likely to access services and denying access to pregnant participants would "increase [the] possibility of overdose death due to limitations in service delivery."[8] SCS could offer an opportunity to assist pregnant people in accessing prenatal care. SCS should also provide or make referrals to **sexual and reproductive health care and to shelters and violence prevention services.**

Gender-sensitive harm reduction programs: a focus on prisons

Women are the fastest-growing prison population in Canada and the number of federally sentenced women in prison has increased by more than 30% from 2009 to 2019, in contrast to the decrease in the male in-custody population over roughly the same period (-4%).[9] In particular, the population of Indigenous women in federal prisons has increased; as of 2020, Indigenous women accounted for 41.4% of all federally incarcerated women.[10] Regardless of the offence for which they were sentenced, 76% of federally incarcerated women have had a lifetime alcohol or substance use issue,[11] while nearly all federally sentenced Indigenous women (92%) were assessed as having moderate or high substance use needs.[12] Thirty percent of federally incarcerated women (compared to 21% of men) also reported lifetime injection drug use; more than half of these women reported sharing injection equipment.[13]

Research has shown that current programs and services available to incarcerated women living with and vulnerable to HIV and HCV have been marked by inconsistent implementation and accessibility, both within individual institutions and across the system as a whole. A lack of harm reduction and other health measures has contributed to significantly higher rates of HIV and HCV in prison compared to the community as a whole — a harm that has been disproportionately borne by the rapidly growing population of women behind bars. A 2016 study indicated that about 30% of people in federal facilities, and 30% of women (compared to 15% of men) in provincial facilities are living with HCV, and 1–9% of women (compared to 1–2% of men) are living with HIV.[14] Indigenous women in prison, in particular, have much higher rates of HIV and HCV than non-Indigenous prisoners. For example, Indigenous women in federal prisons are reported to have rates of HIV and HCV of 11.7% and 49.1%, respectively.[15]

Needle and syringe programs in prison

Acknowledging the health benefits of needle and syringe programs in prison, the Correctional of Service Canada (CSC) began implementing a "Prison Needle Exchange Program" (PNEP) in two federal prisons, including one women's institution, in June 2018 as "the initial stage of a phased approach" — with plans to gradually introduce the program in all federal prisons. Details of the PNEP reveal serious deficiencies that are not in keeping with public health principles or professionally accepted standards for such programs, including the violation of prisoners' confidentiality at many points without reasonable justification. Participation is also contingent on the approval of both prison health staff and security staff. At writing, nine federal prisons (including all five women's institutions) out of 43 currently have a PNEP and the roll-out of the program has been suspended in response to the COVID-19 pandemic. No provincial or territorial prison system in Canada offers this program. In 2019, the Correctional Investigator of Canada recommended that CSC "revisit" the program and participation criteria with the aim of "building confidence and trust, and look to international examples in how to modify the program to enhance participation and effectiveness."[16]

Drug dependence treatment in prison

Federal and provincial prisoners continue to experience barriers to opioid agonist therapy (OAT), including long waiting lists and inappropriate medication terminations. A number of provincial and territorial prisons also still do not offer OAT to prisoners. Notably, although a CSC Directive on "Health Services" directs prison health care professionals to provide health services to "ensure health services are sensitive to the needs of Aboriginal and women offenders, and offenders with special needs," service providers have observed that women in prison struggle to get the same level of access to health services either as women outside prison or as men inside prison. While CSC offers a Women Offender Substance Abuse Program (WOSAP) to address gender-specific needs, women who use drugs have criticized the frequency with which the program is run, which has posed problems for women waiting for a specific module, or those for whom treatment was required for parole but were on waiting lists.

Overdose prevention in prison

The overdose crisis has been acute in prisons, with an increasing number of reported drug overdoses behind bars. An increasing number of prisons in Canada equip health care and correctional staff with naloxone, but no Canadian prison provides prisoners with direct access to naloxone. Given that correctional staff are not always immediately available in overdose situations, providing naloxone kits to prisoners would enable them to administer naloxone to fellow prisoners in the event of an opioid overdose. In June 2019, CSC introduced an "overdose prevention site" at Drumheller Institution, a men's federal prison in Alberta, in response to high rates of overdose in that institution, correctional officers' concerns of prisoners having unsupervised access to injection equipment, and ostensibly as an alternative to a needle and syringe program. The program — an unprecedented harm reduction measure in correctional settings — has yet to be evaluated. Concerns have been raised about the measure of confidentiality that can be afforded to prisoners who participate.[17] As of writing, overdose prevention sites do not exist in women's prisons in Canada.

Recommendations

As a matter of public health and human rights, harm reduction services and drug dependence treatment, including in prison, must address structural inequities that limit the safety of women and gender-diverse people, be tailored to the needs of women and gender-diverse people who use drugs, and include multifaceted, low-threshold interventions. These interventions should address gender-based violence, racism, colonialism, transphobia, homophobia, trauma, and mental health, include links to housing, and provide sexual and reproductive health care. Services should be accessible to pregnant people and to people caring for children. Staff should be trained to provide a culturally sensitive and non-judgmental environment that encompasses lived expertise of drug use and mobile and women-only services, including in rural, remote, and Indigenous communities. Integration of harm reduction policies and practices in VAW shelters, sexual and reproductive health care, and HIV primary care settings should also be prioritized. Research on Indigenous women who use drugs has further called for a trauma-informed approach and for harm reduction services to address the harms of colonization.

Persistent and deplorable gaps in service provision are one of the offshoots of repressive laws, policies, and practices that stigmatize and marginalize women and gender-diverse people who use drugs, further alienating them from social, health, and harm reduction services. In Canada, there is strong support for the decriminalization of drug possession for personal use from organizations of people who use drugs and other community organizations, harm reduction and human rights advocates, as well as public health associations and authorities. Not only would decriminalizing drug possession for personal use reduce stigma and discrimination against people who use drugs, it would also enable the scale-up of harm reduction services such as SCS, curtail the surveillance, harassment, and presence of police in the lives of people who use drugs, reduce the number of people in prison (including those who struggle with problematic drug use and/or are primary caregivers for their children), and leave fewer people who use drugs with the punishing legacy of a criminal record.

In the interim, **the federal government should issue a "class exemption" to remove unnecessary administrative burden on service providers and facilitate access to a diversity of SCS across the country.** It should also **evaluate the impact of the *Good Samaritan Drug Overdose Act,*** including through consultations with women and gender-diverse people who use drugs, to determine whether to broaden the limited immunity from criminal prosecution that the law currently confers. At the same time, all levels of government should support a diversity of approaches to a **safe, regulated drug supply** in consultation with people who use drugs, including women, gender-diverse people, and Indigenous people, to enhance uptake and reduce barriers.

More broadly, the federal government should **repeal sex work–specific criminal laws,** which lead to numerous violations of sex workers' human rights and create barriers to health services, in consultation with sex workers and sex worker–led organizations, and ensure general legal protections governing working conditions and social benefits are available equally to sex workers.

The federal government should also work with the provinces, territories, and women and gender-diverse people who use drugs to **develop a national framework on shelter and transition house services for women and children affected by gender-based violence to address, among other things, barriers to accessing services for women and gender-diverse people who use substances.**

With the meaningful participation of women and gender-diverse people who use drugs, provincial and territorial governments should take steps to **amend or develop policies for child protection authorities that do not conflate parental substance use with neglect,** and protect parents who use drugs from the apprehension of children from their custody without additional evidence of neglect or mistreatment. Investments must be made to train staff to ensure these policies are upheld in practice and services are provided in a gender-sensitive, trauma-informed, and culturally competent manner. Child protection services must recognize that it is not always in a child's best interests to be removed from a parent or guardian who uses drugs, and follow a community-based harm reduction framework.

Federal and provincial ministries responsible for corrections should ensure that harm reduction and drug treatment services in correctional settings are at least equivalent to what is available in the community and tailored to meet the specific needs of women and gender-diverse people who use drugs, and particularly the grossly disproportionate number of Indigenous women behind bars. At minimum, these services should include **gender-sensitive and trauma-informed needle and syringe programs, OAT, and overdose prevention services** — and should also incorporate plans and resources to ensure continuity of care upon release.

Despite growing recognition of the immense toll that the drug war has taken, the manifold and intergenerational burdens of drug prohibition on women, gender-diverse people, and their families continue to be largely overlooked, and they are frequently ignored and sidelined in the formation of laws, policies, and approaches related to harm reduction. A rights-based, gendered approach to drug policy would recognize drug use as a health issue, repeal laws criminalizing and penalizing people who use drugs, and uphold the rights of women and gender-diverse people to the highest attainable standard of health by ensuring that all harm reduction services and drug dependence treatment are informed by evidence and their meaningful participation. As women who use drugs declared on International Women's Day 2019, there must be a "complete reform and transformation of the current system of prohibition"; in their words, "We do not ask for charity but for solidarity. We demand to live in safety and freedom."[18] It is time for the world to start listening.

[1] A. Bourgeois et al., *HIV in Canada — Surveillance Report 2016,* Canada Communicable Diseases Report 2017; 43(12):248-56.

[2] Public Health Agency of Canada, *Summary of key findings from I-Track Phase 3 (2010-2012),* October 2014.

[3] Government of Canada, *National Report: Apparent Opioid-related Deaths in Canada,* December 2019.

[4] First Nations Health Authority, *First Nations Opioid Overdose Deaths Rise in 2018,* May 27, 2019, and CBC Radio Canada, "Les Premières Nations particulièrement touchées par les surdoses aux opioids," December 3, 2019.

[5] National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, Volume 1a,* 2019 at p. 440.

[6] West Coast LEAF, *Pathways in a Forest: Indigenous Guidance on Prevention-Based Child Welfare,* September 2019.

[7] See Ministry of Community and Social Services, *Violence Against Women (VAW) - Emergency Shelter Standards,* 2015, section 2.9 Use of Substances: "The ministry expects that shelters provide access to all women seeking shelter services, including women who use substances. The shelter will have a policy and procedure that outlines how they will provide support to women who use substances, which could include the assessment of immediate safety needs and relevant community supports. The written policy and procedure will outline how the shelter will respond to women who are in possession of substances and or use substances on shelter premises.

[8] BC Centre for Disease Control, BC Overdose Prevention Site, Services Guide, 2019. See also, Registered Nurses' Association of Ontario, *Implementing supervised injection services: Best Practice guidelines,* February 2018.

[9] Office of the Correctional Investigator, *Annual Report of the Correctional Investigator 2018-2018,* 2019.

[10] Office of the Correctional Investigator of Canada, "Indigenous People in Federal Custody Surpasses 30%: Correctional Investigator Issues Statement and Challenge," news release, January 21, 2020.

[11] F. MacDonald et al., *Women offenders, substance use, and behaviour* (Research Report R-358). Ottawa, Ontario: Correctional Service of Canada.

[12] Office of the Correctional Investigator, supra note 9.

[13] Ibid.

[14] F. Kouyoumdjian et al, "Health status of prisoners in Canada: Narrative review," *Canadian Family Physician* (2016) 62:3: 215-222.

[15] D. Zakaria et al., *Summary of emerging findings from the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey Research Report R-211,* Correctional Service of Canada, 2010.

[16] Office of the Correctional Investigator, supra note 9 at p.18.

[17] Canadian HIV/AIDS Legal Network, *Statement: Proposed supervised injection site in Alberta's Drumheller Institution cannot replace a prison-based needle and syringe program,* June 12, 2019.

[18] International Drug Policy Consortium, *The Barcelona Declaration,* 2019. Available at https://idpc.net/alerts/2019/04/the-barcelona-declaration.

References

E. Argento et al., "Prevalence and Correlates of Nonmedical Prescription Opioid Use Among a Cohort of Sex Workers in Vancouver, Canada," *International Journal of Drug Policy* (2015) 26(1): 59–66.

T. Azima, I. Bontella, and S. Strathdee, "Women, drugs and HIV," *International Journal of Drug Policy* (2015) 26: S16–S21.

M. Barrett, K. Allenby, and K. Taylor, *Twenty years later: Revisiting the Task Force on Federally Sentenced Women. Research Report*, Correctional Service of Canada, 2010.

A. Bayoumi, C. Strike, et al., *Report of the Toronto and Ottawa Supervised Consumption Assessment Study*, 2012. Toronto, Ontario: St. Michael's Hospital and the Dalla Lana School of Public Health, University of Toronto.

B.C. Centre for Excellence for Women's Health and Atira, SisterSpace: Canada's First Women-Only Shared Using Room, 2018.

B.C. Centre of Excellence for Women's Health in partnership with the Canadian Centre on Substance Abuse and the Universities of Saskatchewan and South Australia, *Gendering the National Framework Series (Vol.4): Women-Centred Harm Reduction*, 2010.

B.C. Centre for Disease Control, *2018 BC Overdose Action Exchange*, 2018.

B.C. Centre on Substance Use, *Supervised consumption services: Operational guidance*, 2017.

S. Beattie and H. Hutchins, *Shelters for abused women in Canada*, Statistics Canada, 2014.

C. Bourassa, *Addressing the Duality of Access to Healthcare for Indigenous Communities: Racism and Geographical Barriers to Safe Care, Healthcare Papers, Rural and Remote Health Services*, Vol. 17. No. 3, 6-10, 2018.

J. Boyd, "Gendered violence & overdose prevention sites: A rapid ethnographic study during an overdose epidemic in Vancouver, Canada," *Addiction*, September 2018, DOI: 10.1111/add.14417.

S. Boyd, D. MacPherson, and Vancouver Area Network of Drug Users, "The Harms of Drug Prohibition: Ongoing Resistance in Vancouver's Downtown Eastside," *BC Studies* 200: Winter 2018/19: pp. 87-96.

M. Buchanan et al., "Understanding incarcerated women's perspectives on substance use: Catalysts, reasons for use, consequences, and desire for change," *Journal of Offender Rehabilitation* (2011) 50(2), 81-100.

V. Bungay et al., "Women's health and use of crack cocaine in context: structural and 'everyday' violence," *International Journal of Drug Policy*, 2010 21(4): 321-329.

Canada FASD Research Network's Action Team on Prevention from A Women's Health Determinants Perspective, *Substance Use During Pregnancy: An Overview of Key Canadian Policy and Practice Areas*, 2014.

Canadian Aboriginal AIDS Network and the Interagency Coalition on AIDS and Development, *Indigenous Harm Reduction = Reducing The Harms Of Colonialism*, March 19, 2019.

Canadian Alliance for Sex Work Law Reform, *Safety, Dignity, Equality: Recommendations for Sex Work Law Reform in Canada*, 2017.

Canadian Association of People who Use Drugs (CAPUD), *Safe supply concept document*, February 2019.

Canadian HIV/AIDS Legal Network, *Policy Brief on the Correctional Service of Canada's Prison Needle Exchange Program*, 2019.

Canadian HIV/AIDS Legal Network, *Overdue for a Change: Scaling up Supervised Consumption Services in Canada*, 2019.

A. DiCenso, G. Dias, and J. Gahagan, *Unlocking our futures: A national study on women, prisons, HIV, and hepatitis C*, Prisoners with HIV/AIDS Support Action Network, 2003.

M. Ditmore, *When sex work and drug use overlap: Considerations for advocacy and practice*, Harm Reduction International, November 2013.

N. Fairbairn, "Seeking refuge from violence in street-based drug scenes: Women's experiences in North America's first supervised injection facility," *Social Science & Medicine* 67 (2008) 817–823.

N. Fairbairn et al., "Social structural factors that shape assisted injecting practices among injection drug users in Vancouver, Canada: a qualitative study," *Harm Reduction Journal* 2010, 7:20.s.

Harm Reduction International, *Women and harm reduction, Global State of Harm Reduction 2018 briefing,* 2018.

A. Hovey et al., "Understanding the Landscape of Substance Use Management Practices in Domestic Violence Shelters across Ontario," *Journal of Family Violence* https://doi.org/10.1007/s10896-019-00056-0, May 1, 2019.

E. Hyshka et al., "Harm reduction in name, but not substance: a comparative analysis of current Canadian provincial and territorial policy frameworks," *Harm Reduction Journal* (2017) 14:50.

International AIDS Society, *Women who inject drugs: overlooked, yet visible*, 2019.

M. C. Kennedy, "Peer worker involvement in low-threshold supervised consumption facilities in the context of an overdose epidemic in Vancouver, Canada," *Social Science & Medicine* 225 (2019) 60–68.

K. Kenny, "Mental Health Harm to Mothers When a Child Is Taken by Child Protective Services: Health Equity Considerations," *Canadian journal of psychiatry*, (2017) 62:12.

G. Kolla, Z. Dodd, N. Boyce, et al., "Role of overdose prevention sites in the broader response to drug-related harms? Insights from the Toronto Overdose Prevention Site," CAHR Conference, April 26-29, 2018. Abstract EPHP3.04.

G. Kolla, K. S. Kenny, M. Bannerman, et al., "Help me fix: The provision of injection assistance at an unsanctioned overdose prevention site in Toronto, Canada," *International Journal of Drug Policy* (2020) Feb;76:102617.

G. Kolla, R. Penn, and C. Long, *Evaluation of the Overdose Prevention Sites at Street Health and St. Stephen's Community House*, Toronto: Street Health and St. Stephen's Community House, 2019.

T. Lyons et al., "Women who use drugs and have sex with women in a Canadian setting: Barriers to treatment enrolment and exposure to violence and homelessness," *Archives of Sexual Behaviour* 2016 Aug;45(6):1403-10. doi: 10.1007/s10508-015-0508-2. Epub 2015 May 27.

T. Mahony, J. Jacob, and H. Hobson, *Women in Canada: A Gender-based Statistical Report Women and the Criminal Justice System*, Statistics Canada, June 21, 2017.

R. McNeil et al., "Negotiating place and gendered violence in Canada's largest open drug scene," *International Journal of Drug Policy*, 2014 May; 25(3): 608–615.

National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls,* 2019.

S. Pinkham, C. Stoicescu, and B. Myers, "Developing Effective Health Interventions for Women Who Inject Drugs: Key Areas and Recommendations for Program Development and Policy," *Advances in Preventive Medicine* (2012), Article ID 269123.

L. Platt et al., "Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies," *PLOS Medicine*, December 11, 2018.

N. Poole et al., "Improving Substance Use Treatment for First Nations, Métis and Inuit Women: Recommendations Arising From a Virtual Inquiry Project," *First Peoples Child & Family Review* 8:2 (2013).

L. Rehman, J. Gahagan, A.M. DiCenso, and C. Dias, "Harm reduction and women in the Canadian national prison system: Policy or practice?" *Women & Health* 2004: 40(4), 57-73.

A. Roberts, B. Mathers, and L. Degenhardt on behalf of the Reference Group to the United Nations on HIV and Injecting Drug Use, *Women Who Inject Drugs: A Review of Their Risks, Experiences and Needs*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia, 2010.

K. Shannon et al., "Mapping violence and policing as an environmental structural barrier to health service and syringe availability among substance-using women in street-level sex work," *International Journal of Drug Policy* (2008) 19(2): p. 140-147.

K. Shannon et al., "Social and structural violence and power relations in mitigating HIV risk of drug using women in survival sex work," *Social Science & Medicine.* 2008;66(4):911–21.

M. Shokoohia et al., "Substance use patterns among women living with HIV compared with the general female population of Canada," *Drug and Alcohol Dependence* 191 (2018) 70–77.

A. Stensrud, *Toward a Better Understanding of the Needs of Shelter Users: A Consultation with Shelter Residents and Workers*, Provincial Association of Transition Houses and Services of Saskatchewan, March 2005.

Surviving abuse and building resilience—a study of Canada's systems of shelters and transition houses serving women and children affected by violence, Report of the Standing Committee on the Status of Women, May 2019, 42nd Parliament, 1st Session.

J. Tabibi, M. Kubow, and L. Baker, *Gender Diversity in the VAW Sector: A Discussion Paper Informed by November 2016 Knowledge Exchange*, Centre for Research & Education on Violence Against Women & Children, 2017.

The Global Network of Sex Work Projects and the International Network of People who Use Drugs, *Sex Workers who use Drugs: Ensuring a Joint Approach*, 2015.

C. Tompkins et al., "Exchange, deceit, risk, harm: the consequences for women of receiving injections from other drug users" *Drugs, education, prevention and policy* 2006, 13:281-297.

M. Turpel-Lafond, *Children at Risk: The Case for a Better Response to Parental Addiction Investigative Report*, June 2014.

United Nations Office on Drugs and Crime (UNODC), *World Drug Report 2016*, 2016.

UNODC, Practical guide for service providers on gender sensitive services, 2016.

UN system coordination Task Team on the Implementation of the UN System Common Position on drug-related matters, *What we have learned over the last ten years: A summary of knowledge acquired and produced by the UN system on drug-related matters*, March 2019 at p. 20.

Vancouver Coastal Health Research Institute, "Specialized overdose prevention strategies needed for women," January 13, 2019.

E. van der Meulen et al., "A Legacy of Harm: Punitive Drug Policies and Women's Carceral Experiences in Canada," Women & Criminal Justice, DOI: 10.1080/08974454.2017.1307160.

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