



# Recovery Science and Harm Reduction Reading Group:

## March 2022 Summary

### Article Summary

While supervised consumption services have been increasingly more common throughout the United States due to changing policy, smoking and/or inhaling illicit drugs is often prohibited at these sites. The authors of this article also reported that women are frequently underrepresented at supervised consumption services. The authors used observational and qualitative research methods to examine women's experiences smoking illicit drugs, including their utilization of a women-only supervised inhalation site. Data from these observations and interviews were coded and analyzed to identify common themes informed by gendered and socio-structural understandings of violence. The authors aimed to understand structural violence given the prevalence of such amongst women who use drugs. The results of this study indicated that women's preferences for smoking drugs were often shaped by limited income, inability to inject substances, and perceptions of overdose risk. The authors also noted that participants expressed the need for women-specific services due to experiences of gendered, race-based, and structural violence. The results of this qualitative study led to the authors' making recommendation for women-specific supervised consumption services to better meet the needs of this population.

### Key meeting themes



Lack of Services



Supervised Consumption Sites



Harm Reduction Stigma



Need for Community Input

Bardwell et al. *Harm Reduct J* (2021) 18:29  
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Harm Reduction Journal

#### RESEARCH

#### Open Access



### Hoots and harm reduction: a qualitative study identifying gaps in overdose prevention among women who smoke drugs

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#### Abstract

**Background:** Smoking or inhaling illicit drugs can lead to a variety of negative health outcomes, including overdose. However, most overdose prevention interventions, such as supervised consumption services (SCS), prohibit inhalation. In addition, women are underrepresented at SCS and are disproportionately impacted by socio-structural violence. This study examines women's experiences smoking illicit drugs during an overdose epidemic, including their utilization of a women-only supervised inhalation site.

**Methods:** Qualitative research methods included on-site ethnographic observation and semi-structured interviews with 32 participants purposively recruited from the women-only site. Data were coded and analyzed using NVivo 12 and thematic analysis was informed by gendered and socio-structural understandings of violence.

**Results:** Participants had preferences for smoking drugs and these were shaped by their limited income, inability to inject, and perceptions of overdose risk. Participants expressed the need for services that attend to women's specific experiences of gendered, race-based, and structural violence faced within and outside mixed-gender social service settings. Results indicate a need for sanctioned spaces that recognize polysubstance use and drug smoking, accommodated by the women-only SCS. The smoking environment further fostered a sociability where participants could engage in perceived harm reduction through sharing drugs with other women/those in need and were able to respond in the event of an overdose.

**Conclusions:** Findings demonstrate the ways in which gendered social and structural environments shape women's daily experiences using drugs and the need for culturally appropriate interventions that recognize diverse modes of consumption while attending to overdose and violence. Women-only smoking spaces can provide temporary reprieve from some socio-structural harms and build collective capacity to practice harm reduction strategies, including overdose prevention. Women-specific SCS with attention to polysubstance use are needed as well as continued efforts to address the socio-structural harms experienced by women who smoke illicit drugs.

**Keywords:** Drug smoking, Harm reduction, Overdose prevention, Women-only spaces, Supervised inhalation services, Supervised consumption, Structural violence

#### Background

It is well established in critical drug policy research that social, structural, and physical environments affect the health and wellbeing of marginalized communities [1–8]. There is a pressing need to implement interventions that address drivers of drug-related harms (e.g., gender and race-based violence, drug criminalization, lack of harm

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# DISCUSSION SUMMARY

The following themes came from the discussion:



## Lack of Services

In discussing the article, group attendees noted the difference in number of services available to men versus women. For instance, a group attendee noted that while there are 40 certified recovery houses for men in Rhode Island, there are only 10 for women.



## Supervised Consumption Sites

Group members discussed how people have different perspective surrounding smoking versus injecting substances, and which or both should be allowed at supervised consumption sites. One group member noted that some individuals believe that smoking is safer than injecting substances, and thus smoking could be viewed by some as a form of harm reduction.



## Harm Reduction Stigma

Group members discussed the stigma widely attached to harm reduction, especially in political contexts. Group members identified that harm reduction may be viewed as a positive in community contexts, but as a negative within political contexts where there is stigma associated with harm reduction practices.



## Need for Community Input

The need for input from community members, especially those with lived experience, was discussed in the context of service planning. Group members noted that community input is often included in research, but not included to the fullest extent possible.



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