



---

Cooperation Programme between  
Latin America, the Caribbean  
and the European Union on  
Drug Policies

---

# Guidelines for Integrating the Gender Perspective in the National Drug Observatories' Information Systems



Funded by  
the European Union

COP  LAD





---

Guidelines for integrating the  
gender perspective in the  
National Drug Observatories'  
information systems

---

## CREDITS

This document has been produced within the framework of the Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD III)

Result 1: Strengthening of the National Drug Observatories

**AUTHOR: María Pía Pawlowicz**

**RESEARCH TEAM: Manuelita Diez.**

**GUIDANCE AND REVIEW: Diego Ruiz** (Argentina), **Esteban Pizarro Muñoz** (Chile) and **Graciela Ahumada** (Task Force responsible for coordinating the Strengthening of National Drug Observatories. COPOLAD III).

**KEY INFORMANTS CONSULTED: Esteban Pizarro, Diego Ruiz, Valeria Soto Ramirez, Cecilia Escobar, Mario Pecheny, Agustina Chiodi, Yamila Abal, Florencia Vissicchio and Ángeles Lobos Palacios.**

**THANKS:** To COPOLAD III for the opportunity to contribute to the development of studies on drugs with a gender focus. To **Graciela Ahumada** for her contributions and careful accompaniment during the process, and to the Intercambios Asociación Civil team for the collective learning on these issues for more than two decades.

April 2023.

---

This publication was funded/co-funded by the European Union. Its contents are the sole responsibility of FIIAPP and do not necessarily reflect the views of the European Union.

---

COPOLAD III is a consortium formed by:



Collaborating partners:





# Contents

**Glossary 04**

**Introduction 07**

**1. The theoretical approach to the production of data on drugs with a gender perspective 08**

**2. The importance of integrating a gender perspective in drug information systems 12**

**3. International regulations that validate the integration of the gender perspective in drug information systems 16**

3.1. International regulatory frameworks on the gender perspective 16

3.1.1. International regulations for gender equality and the prevention of gender-based violence 16

3.1.2. International regulations to integrate the gender perspective in drug policies 17

**4. Methodological aspects of the integration of the gender perspective in drug information systems 19**

a- Conceptualising research problems 21

b- Methodology: defining the type of research design 21

c- Sampling decisions 22

d- Design of instruments and disaggregation of data: gender-sensitive categories and variables 24

e- Data collection 32

f- Data analysis with a gender approach 33

g- Scientific communication: dissemination of results 36

**5. New lines of research on drugs with a gender approach: relevant problems and possible methodological strategies 38**

5.1. In studies on drug production and trafficking 38

5.2. In relation to the use of substances by women and LGBTIQ+ people 40

5.3. In relation to substance use by men 47

**Bibliography 49**



## Glossary

**Affirmative actions:** set of measures aimed at accelerating equal access to rights for women and LGBTIQ+ people. These are systematically planned and implemented actions to produce data that make the differential gender conditions between women, men and LGBTIQ+ people visible (IACHR, 2018).

**Androcentrism:** it is a vision that conditions the organisation of economic, socio-cultural and political structures based on the image of the hegemonic male, that is, the stereotype of the cisgender, heterosexual, white, middle class and non-disabled male. As a consequence of androcentrism, women and LGBTIQ+ people and their experiences become invisible.

**Gender gap:** this is a concept that reveals the inequalities that exist in different areas between men, women and other genders. It is operationalised in indicators that express the difference in absolute numbers or in percentages between women and men for a particular variable. For example, the digital gender gap, the gender wage gap, the gender gap in political participation, among others (Kaufman, 2006).

**Cisgenderism:** a system of social exclusions that assumes that the gender identity of people always coincides with the sex assigned at birth, thereby generating privileges for cisgender people and oppression for transexual and non-binary people (Radi, 2022).

**Gender stereotypes:** these stereotypes assign certain attributes and roles to people (care, community, productive) within society due to their gender. They are a set of commonly held beliefs about how a man or a woman should be. Stereotypes can refer to different aspects of social life, religion, nationality, sex, ethnicity, sexual orientation, and others. When we talk about drug use, a common stereotype is that men are the main and only substance users (Cook and Cusack, 1997).

**Stigma:** a deeply discrediting attitude that identifies an individual or group and in doing so, determines a place to which they supposedly belong and generates acts of discrimination. It is a set of negative attitudes and beliefs that disqualify or cause a person or a group of people to be rejected because they are considered different. Based on the stigma, one of many attributes of the social identity of a person or group becomes the only identifying feature (Goffman, 1963).



**Gender:** consists of two different concepts: 1) anatomical sex, of a biological and genital nature, which is assigned at birth, and 2) gender identity, which refers to the internal and individual experience of gender as each person perceives it, which may or may not correspond with the sex assigned at birth. Gender is a social and cultural construct, commonly associated with anatomical sex, determined by the prescriptions and mandates associated with “femininity” and “masculinity” in a society. Gender is a multidimensional social category that has a cultural and historical basis (Lamas, 2012).

**Gender identity:** the internal, individual experience of gender as each person perceives it, which may or may not correspond to the sex assigned at birth (IACHR, 2018).

**Gender inequality:** unfair, unnecessary and preventable inequalities that exist between women, men and other genders in relation to different aspects of human development (UN Women, 2019).

**Intersectionality:** it makes visible the specific inequalities, and also the resistances, that are produced from the interconnected nature of different social categorisations, which in certain contexts cause different types of discrimination. Intersectionality makes it possible to account for diversity beyond affiliation to the same gender, depending on age, ethnicity, social class, disability, religion, language, among others (hooks, 1984).

**Intersexuality:** it is one of the ways in which bodily diversities manifest. People who are intersex are those who were born with bodies whose sexual characteristics vary from those considered average, typical, and within the norm (megaloclitoris, micropenises, etc.). There are many different ways to be intersex: not all intersex bodies are visible as such at birth. Often they are, often they are not (Cabral, 2009).

**Gender mandates and roles:** gender prescriptions and cultural values result in socially determined gender roles that dictate different behaviours, interests, expectations, and divisions of labour for men and women (Johnson, et al., 2009). They are binary in that they organise the logic of the patriarchal order according to opposite and hierarchical pairs, such as: private-public, passive-active, emotional-rational, reproductive-productive, weak-strong, care giving -care receiving (Fernández, 1993).

**Sexual orientation:** the emotional, affective and erotic attraction that is experienced towards another person (IACHR, 2018).

**Pathologisation:** social process from which certain situations of daily life are wrongly interpreted as diseased (Foucault, 1976).

**Patriarchy:** system of political, economic, cultural, religious and social organisation based on the predominance of men over other gender identities. It is a manifestation and institutionalisation of male dominance over women and children in the family and the expansion of that dominance over women in society in general (Lerner, 1986).



**Cis-gender people:** people whose sex assigned at birth matches their self-perceived gender. For example, a cis-gender woman is born with a vulva, is assigned to the female sex, and identifies as a woman (IACHR, 2018).

**Transgender people:** people whose self-perceived identity does not match the sex assigned at birth (IACHR, 2018).

**LGBTIQ+ population:** abbreviation that refers to lesbians, gays, bisexuals, trans, intersex and queer people. The term includes all gender identities and sexual orientations based on the symbol '+' (IACHR, 2018).

**Gender bias:** refers to how women, men, LGBTIQ+ people and relations between genders are conceptualised in a certain object of study or problem. A bias is a systematic error, that is, it does not occur by chance. "Gender blindness or bias is a serious defect that causes errors in scientific research" (Eichler et al., 1992, p. 97).

**Sexism:** this is discrimination in the form of differential and negative treatment, based on gender, that is exercised based on gender roles and stereotypes and that excludes and conditions women and the LGBTIQ+ population's access to their rights (Giberti, 2008).

**Care work and reproductive roles:** these concepts refer to the assignment of responsibilities for reproduction, maintenance, and sustainability in households and the care of dependent people, such as children, the elderly, and people with disabilities (Federici, 2019).

**Gender-based violence:** refers to harmful acts perpetrated against a person or a group of people based on their gender. It results from gender inequality, the abuse of power and the reproduction of discriminatory social norms (UN-Women, 2021).



## Introduction

The main purpose of this guide is to provide conceptual and instrumental tools for use by Latin America and Caribbean National Drug Observatories in the design and implementation of studies with a gender perspective, recovering their previous experiences and the methodological strategies implemented.

The guide is divided into five sections and includes a glossary of terminology related to the gender approach. The first section presents conceptual definitions of the gender perspective. The second deals with the importance of incorporating this perspective into drug information systems, emphasising its positive effects on research. The third section briefly compiles the regulations that promote the incorporation of these approaches in the production of data and studies on drugs. The fourth covers some methodological aspects for incorporating the gender perspective in drug information systems, with respect to the conceptualisation of research problems, the definition of the research design, sampling and data collection instruments, data analysis and dissemination of results. Finally, the fifth section proposes possible new lines of research on drugs with a gender approach, suggesting significant problems and possible methodological strategies for each of them.



# 1. The theoretical approach to the production of data on drugs with a gender perspective

**Gender sensitive research** is the term used to describe knowledge production processes that do not universalise the experiences of men when studying consumption and that therefore consider other populations, such as women or LGBTIQ+ people. This type of study endeavours to overcome **androcentrism**, that is to say, the tendency to consider the masculine experience as the most important and the reference. Traditionally, androcentrism was reproduced implicitly in drug research projects. Studies with a gender focus aim to eliminate biases that universalise the masculine experience both in their design, content and results (Avramov and Dragana, 2011; Schiebinger, Londa, and Schraudner, 2011).

Research on drugs with a gender approach entail producing data and knowledge that account for the specific characteristics of consumption by men, women, and LGBTIQ+ people in urban or rural contexts, of different ages, social and economic sectors, ethnicity, health conditions, cultural identities, religions and other strata.

Including the gender perspective in studies on drugs makes it possible to critically address the place of men, women and LGBTIQ+ people in organised crime or to analyse, for example, how gender roles channel women into the lowest echelons of those organisations. It also enables analysis of issues such as women's use of drugs during pregnancy, the medicalisation of their daily lives with psychotropic drugs and the beginnings of the problematic type of consumption; and in relation to masculinity, the use of drugs related to holding jobs that expose them to high risks, consumption that is linked to the possibility of belonging to certain social groups or practices such as chemsex, among others.





## Definitions and origins

The **gender perspective** can be imagined as a pair of glasses, or a thought matrix, that reveals the biases, inequalities and violence that are reproduced in the construction of knowledge in relation to the gender of people.

The notion of gender was first used as a category of analysis in the medical aspect of psychology when, in the fifties, Robert Stoller and John Money used the term to describe the behaviours socially assigned to men and women, distinguishing between "sex" and "gender" (Hernandez García, 2006). However, it was in the 1970s that US academic feminism incorporated the category of gender into the field of "Women's Studies", creating the conditions for the so-called second wave of feminism to open the way to Gender Studies in the 1980s.

**Gender studies** made it possible to see how people, as social beings, build their ways of being and behaving in the world with other people, meaning that corporality transcends the biological dimension. Bodies are traversed by culture and in this sense it is possible to differentiate two categories that constitute the sex-gender system:

**Sex:** a biological category that designates the genetic, physical, anatomical and physiological differences of human beings, differentiating people based on genitalia.

**Gender:** a social and cultural construct, commonly associated with anatomical sex, determined by the mandates associated with "femininity" or "masculinity" in a society. Gender is a multidimensional social category that has a cultural and historical basis (Lamas, 2012).

The sex-gender system makes it possible to account for the social and subjective process of identity construction. According to De Lauretis "gender is both an attribution and an appropriation: others attribute a gender to me and I assume it as my own, or not" (2015, p. 18).

Far from being a synonym of woman or femininity, gender is a **relational category** that encompasses women, men, people of other identities and the ways in which they relate to each other. It is "a set of beliefs, prescriptions and attributions that are socially constructed based on sexual difference" (Lamas, 2005, p. 165).



Gender as a social construct is part of a **patriarchal system** which, based on the predominance of men over the rest of the gender identities, builds roles and social expectations, which **categorise what it means to be a woman or a man in a particular social context**. This patriarchal logic became established in the West during Modernity and, as a consequence, traditionally, it is expected at social level that a woman “naturally” knows how to take care of a child or that a man always enjoys playing football. Generalised attributions of distinctive behaviours, qualities, abilities, and traits of a person simply because they belong to a gender build **gender stereotypes**.

Regarding drug use, the stereotype is that women should not and cannot use drugs, this being a practice tolerated and expected among men. The caregiving role attributed to women leads to a stronger stigmatising attitude towards them when they use drugs, resulting in moral and social sanctions and less availability of care services for them.

It should be noted that the characteristics associated with gender identities are not universal or timeless, but “are the product of contingent practices, subject to historical variations” (Zaldúa, Sopransi and Longo, 2006, p. 187). So, depending on the context, certain roles are built and assigned according to belonging to a certain gender, and that constitute a set of norms and instructions that society dictates should be, and the expected female or male behaviour.

However, despite the assignments, rules and prescriptions, not all men are the same, nor do they share the same characteristics. Neither are women or LGBTIQ+ people. When producing information on drugs, it is important to consider the issue of differences within the same gender. The concept of intersectionality refers to the interaction of social strata - such as gender, age, social and economic level, geographic location, and ethnicity, among others - whose combination creates a particular position of inequalities and privileges for each person. Intersectionality allows us to consider that, as they are complex, identities are defined by the interaction of categories such as gender, social and economic level and ethnicity (MacDowell 2013, p. 534); and others such as: generation, nationality, sexual identity, disability, religion, among others, depending on the weight of these conditions in the environment in which people live. These, like gender, were social constructs before the existence of the subjects, which are articulated to produce more or less social inclusion or exclusion (Couto et al., 2018), becoming social differentiation categories.

To establish these concepts more precisely, it is necessary to include the definition of **gender identity** which refers to how each person perceives themselves in relation to gender. This construct is dynamic because it can change throughout life. In relation to this, Butler (2001) proposes a non-substantialist conception according to which a person is not born male or female, but rather becomes it, taking up de Beauvoir’s postulate(1947).



It is worth clarifying that the **gender identity** is not necessarily always constructed in accordance with the sex assigned at the time of birth:

**Trans people** (also called transgender) are those whose self-perceived identity does not match the sex that was assigned to them at birth. For example, people who, due to their genitalia, were assigned the male gender but who perceive themselves and live their lives as women.

**Cis people** (also called cisgender) are those in which the self-perceived identity coincides with the sex assigned to them at birth. For example, a person who, due to her genitalia, identifies as a woman which matches the sex assigned at birth.

In relation to drug use, traditional gender relations also imply the existence of inequalities regarding patterns of drug use, reasons for consumption, the effects of consumption and access to health. Traditionally, studies have addressed the use of substances as a typically male behaviour, particularly with the use of cocaine, alcohol and tobacco, which meant that drug use among women remained invisible. The stigmatisation of women drug users, who deviate from their expected role as caregivers reinforces the concealment of consumption.



## 2. The importance of integrating a gender perspective in drug information systems

The value of mainstreaming gender in State public drug information systems is based on the importance of making gender inequities and specificities visible in relation to the production, trafficking and use of drugs. Likewise, it is valuable to produce knowledge that contributes to defining lines of action that promote equity and social justice in a strategic way. Mainstreaming the gender perspective promotes the expansion of rights, especially for the most vulnerable populations that are the most seriously affected by criminalising drug policies that focus on punitive aspects.

In many of the situations that we describe in this document, gender stereotypes hinder the production of valid data because they are invisible to society and naturalise an unequal distribution of power, resources, opportunities and rights in society. It is a type of violence against women and diverse groups.

*Data that add arguments:*

According to a recent UNODC document (2022), women are still a minority among drug users worldwide, yet they tend to increase their rate of consumption and develop drug use problems more quickly than men.

Women encounter more obstacles to accessing treatment, not only because there are far fewer or even no centres at all for women and LGBTIQ+ people in some countries, but also because, due to their role as caregivers, they tend to prioritise the health of the people in their networks over caring for their own health, among other issues.

The LGBTIQ+ population is more likely to report poor quality care and treatment for drug use (IACHR, 2018). Also, along with women, trans people are the most frequently imprisoned for minor drug-related offences (SPF (Argentine Prison Service) 2021).



The use of prison as a response to drugs has had a disproportionately negative impact on women. Most women carry out low-level but high-risk tasks within the organisations that produce and traffic illegal substances (INCB, 2016).

Male drug users often use drugs more frequently and in larger quantities than women, however their consultation rate in the health system is lower. As regards to crimes associated with the drug production and trafficking chain, men are the main victims of murders (OAS, 2017).

I now propose to place the consolidation of the gender perspective as a matter of rights in its historical context.

The need to integrate a critical analysis of gender asymmetry in all public policies was first recognised as a global strategy for promoting gender equality in the Beijing Declaration and Platform for Action of the Fourth World Conference on Women (UN, 1995). It underscored the need to guarantee actions for social development that do not reproduce or exacerbate the barriers that women face in accessing rights.

Accordingly, years later and in line with this, the agreed conclusions of the Economic and Social Council of the United Nations defined **gender mainstreaming** as:

***“The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral part of the design, implementation, monitoring and evaluation of policies and programmes in political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is achieving gender equality” (ECOSOC, 1997, p. 25).***

(ECOSOC, 1997, pág. 25).

This first approach to the mainstreaming of the gender perspective, of a binary nature, was later complemented by the Declaration of Montreal (2006). It urges States to recognise, design and implement public policies that consider as an aspect of human diversity the fact “that two women or two men can fall in love with each other; and that a person’s identity, as female or male or neither, is not always determined by the type of body into which they were born” (Preamble).



It is significant that the mainstreaming of the gender perspective is embedded in the social praxis itself, including the different discursive fields, disciplines and institutional practices, in the heterogeneity of issues and problems related to drugs. For example, the now classic approaches postulated by Helen Nowlis (1975) of the legal-ethical, medical healthcare, psycho-social and socio-cultural<sup>1</sup> kind have tended to omit the gender category as a fundamental variable when producing data and, with it, the invisibility of women (Romo Avilés, 2005) and the LGBTIQ+ population that are part of social processes of drug production, trafficking and/or use.

Similarly, gender-sensitive research adopts a double approach: it considers the participation of all genders, both in work teams and in the samples put together, and includes the gender category in research content, from the initial research idea to the dissemination of the results (UNESCO, 2017).

Investigating and producing data with a gender perspective means that:

- 
- throughout the research process it is considered that the gender identity of those participating in a study may not necessarily coincide with the sex assigned to them at birth.
- 
- The data produced considers the specific needs of men, women and LGBTIQ+ people and recognises and addresses the interrelationship between gender and other dimensions of social inequality, as referred to when mentioning intersectionality.
- 
- The objectives and hypotheses include a critical analysis of gender asymmetries in the exercise of rights.
- 
- It includes methodological designs that creatively seek to estimate gender gaps.
- 
- The methodology implemented presents disaggregated samples that are representative in terms of the gender of the target population and reveal large intra-gender differences with an intersectional criterion.
- 

---

1. According to the author, the ethical-legal model seeks to keep drugs out of people's reach, distinguishing between harmless drugs and dangerous drugs; in the medical-health model, drugs, people and context are transformed into agent, host and context respectively; the psycho-social model focuses on the individual meaning of drug use and the socio-cultural model highlights and underlines the variability and complexity of the drug-individual-context link. These models, beyond their differences, translate into preventive-assistance policies based on the abstention paradigm (Touzé et al., 2006).



- 
- The data is analysed based on multiple gender-based violence perpetrated mainly against women and LGBTIQ+ people, especially those in highly vulnerable situations.
- 

The greatest challenge to integrating a gender approach into information systems lies in considering its **relational character**, which implies:

- 
- that roles associated with different genders are determined mutually, by opposition and necessity. Therefore, an empirical, instrumental translation of this theoretical statement of the relational character of genders is required in methodological decisions to take it beyond mere rhetorical mentions to being part of the products generated by the information systems of NDOs and other social agencies.
  - that gender intersects with variables of diversity and social inequality, defining differential positions for each subject participating in the research process. Including **intersectionality** means thinking not only in terms of gender differences, but also and at the same time of social class, ethnicity, generation, the region where a person lives, etc. It is a challenge not to homogenise, for example, all women, but to recognise differences when they “intersect” with strata that account for other social positions. A white woman is not the same as an indigenous woman, an adolescent or a poor woman, a migrant woman or a woman deprived of liberty.
- 

When research does not consider gender category as a variable throughout the research process, the data produced is biased. The omission of the categories of sex assigned at birth and self-perceived gender from research has direct negative consequences on the validity and applicability of study results (Buitendijk et al., 2015). For example, this makes it impossible to register non-binary genders. Highlighting, naming and registering LGBTIQ+ people in statistics and monitoring is a pressing international commitment regarding the integration of the gender perspective in drug studies.



## 3. International regulations that validate the integration of the gender perspective in drug information systems

### 3.1. International regulatory frameworks on the gender perspective

In order to justify and support the integration of the gender perspective in information systems on drugs, the following is a compilation of the components of the international regulatory framework.

The information is classified into two areas: firstly, regulations on gender equality and prevention of gender-based violence in general, and secondly, those dealing with the integration of the gender perspective in drug policies.

#### 3.2.1 International regulations for gender equality and the prevention of gender-based violence

##### **The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979).**

This is the first convention that defines “discrimination against women”, alluding to any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women..... of human rights and fundamental freedoms..... CEDAW is the most important international legal document in the fight against the different forms of discrimination against women.





### **Organisation of American States (OAS) (1994). Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women Convention of Belém do Pará. 1994.**

It is the first binding treaty in the world to recognise that violence against women constitutes a punishable violation of human rights and fundamental freedoms. It defines violence against women as “any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere.”.

### **Report of the Fourth World Conference on Women. Beijing Declaration and Platform for Action. Beijing, China, 4 to 15 September 1995.**

The Beijing Declaration and Platform for Action constitutes a programme to enhance the empowerment of women and it was prepared considering the key global policy document on gender equality. It establishes a series of strategic objectives and measures for the advancement of women and the achievement of gender equality in twelve crucial areas: poverty, education and training, health, violence against women, armed conflicts, economy, exercise of power and decision-making, institutional mechanisms for the advancement of women, women’s human rights, the media, the environment and childhood.

### **2030 Sustainable Development Goals Agenda (SDGs)**

The SDGs “are the blueprint to achieve a better and more sustainable future for all. They address the global challenges we face, including poverty, inequality, climate change, environmental degradation, peace and justice.” Some of the objectives relate directly to the field of drug-related problems, while others do so indirectly. Goal 3, which aims to “ensure healthy lives and promote well-being for all at all ages,” interpreted in line with Goal 5, “achieve gender equality and empower all women and girls,” promote the inclusion of a gender perspective in drug policies.

#### **3.1.2. International regulations to integrate the gender perspective in drug policies**

### **Inter-American Commission of Women of the Organisation of American States 2013**

Recognises that drug policies have a different impact on women and men, and that if these differences are not specifically addressed, existing inequalities in human development tend to be reproduced and exacerbated as a result of a patriarchal and androcentric society. The inclusion of the gender approach means that the actions undertaken within the framework of drug policies contribute to the goal of reducing gender gaps.



## **Outcome Document of the Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS) 2016**

It urges countries to “mainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regards to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women.”

These regulations represent great progress in the visibility of women’s rights, although there is still a need to prioritise and draw attention to the rights of LGBTIQ+ people.



## 4. Methodological aspects of the integration of the gender perspective in drug information systems

Rethinking the way in which information faces us with an epistemological alert to remember that data are constructed, are loaded with theory (as described by Juan Samaja, 1993) and are not ontological or objective entities. This implies considering them as situated constructions, generated as a function of theoretical and methodological decisions. Thus, the way in which a dimension is chosen, a sample is defined, a question is formulated and data is analyzed expresses theoretical definitions and ethical-political positions.. Its importance lies in the fact that these decisions have consequences for people's lives and that the results, as up-to-date evidence, are a fundamental basis for policies and the expansion of rights.

### General considerations for the integration of the gender perspective in drug studies

---

- **Promote equal opportunity conditions to form diverse research teams in terms of gender, age, discipline/training and disability.** This will make it possible to broaden the perspective of the problem and of the people who will be reached by the research. A type of methodological triangulation among researchers that strengthens the data design process, avoids biases, and integrates approaches, training, and profiles.
- **Building networks between Drug Observatories and academic institutions** can integrate perspectives about concepts, methodologies and forms, meanings and audiences of information communication. These collaborative tours can contribute to the debate and enrich the research processes in the broadest sense. Along the same lines, including experts in advisory functions may have the so-called function of "auditability" (Sandelowski, 1993) as a validation criterion for the studies.



- **Ensure the participation of civil society organisations in study design.** The populations affected by problems related to the field of drugs, organisations and social movements, and other civil society actors are a fundamental part of the issues addressed, and of the responses that are implemented. That is why it is important to include their participation and have the allocation of resources for such purposes, so that they can take part in the decision-making processes during the study, not only in the final validation of the data but also in the definition of problems, methodologies and information analysis. In turn, and from a methodological point of view, it is a form of triangulation where the multiplicity of data sources enriches the results obtained.

### **Some precautions regarding the participation of the trans population in the studies**

Identity prejudices can be reproduced in studies on trans and intersex people when, for example, a person who appears to be a man is expected to identify as such; in such a way that the coincidence between genitalia and identity is naturalised, transforming "cisgenderedness into an attribute that is taken for granted" (Radi et al., 2022).

The invisibility of the identity with which the person identifies can be thought of as a form of *epistemic violence*. This has been defined as the set of scientific and disciplinary practices that, intentionally or not, make the contributions of certain social subjects in the construction, discussion, and dissemination of scientific knowledge invisible (Perez, 2019).

When studies make self-perceived identity invisible with which the person concerned identifies, they deepen the conditions of vulnerability to which trans people are exposed in much of Latin America and the Caribbean. This population experiences very high levels of discrimination and social stigma, which exposes them to extreme forms of violence, health problems, and reduced life expectancy.

To respect the rights of trans and intersex people, it is suggested to take precaution of valuing their specific and valuable knowledge regarding the subject investigated. To avoid epistemic violence, it is essential to give them prominence, both when defining the topics to be studied and when implementing the investigations. **Integrating the gender approach when defining the problems to be investigated entails adopting a participatory perspective that incorporates the voices of the protagonists.**



## a. Conceptualising research problems

From Research Methodology (Ynoub, 2015) research problems are conceived as questions that express the central issue that is addressed in a particular study. They combine theoretical and empirical aspects that guide the direction of the search, focus the units of analysis that will be addressed and mark out the spatio-temporal scope of the matter. In turn, research problems are logically and coherently articulated with the objectives, which anticipate the products and specify which aspects of the phenomenon and relationships are intended to be studied.

So, what is the particularity of the formulation of research problems in the field of drugs, when they are defined from a gender perspective? The following are some pointers to things to think about:

- 
- **Consider gender as a non-binary category when defining research problems.** This will make it possible to conduct studies that transcend the differences in the consumption of men and women and, at the same time, draw attention to the particularities and specific vulnerabilities according to the differential positions, socially organised around gender, of the experiences of the LGBTIQ+ population regarding drug use, production, sale and trafficking.
- 
- **Formulate research problems in such a way that they draw attention to the heterogeneity among women, among men, and among the LGBTIQ+ population.** This will contribute to the development of studies that produce data on how consumption and participation in production and trafficking vary not only based on gender but also on other strata that socially operate as different living conditions, such as: age, ethnicity, socio-economic sector, place of residence -whether urban or rural contexts, or neighbourhoods or regions in vulnerable situations-, disability, sex assigned at birth, nationality, sexual orientation, type of work, among other aspects that make us different and unequal. Of course, the selection and prioritisation will be derived from their relevance according to problems addressed in each particular study, survey or investigation.
- 
- **Generate research questions that critically consider socially constructed prejudices and stereotypes about the processes of drug production, sale, trafficking and consumption among women and the LGBTIQ+ population.** This makes it possible to conduct studies that do not contribute to the pathologisation, victimisation and/or blaming of these populations (Laurila and Young, 2001).
- 

## b. Methodology: defining the type of research design

There are different classifications and types of studies based on issues such as the treatment of time (transversal, longitudinal), the number of units of analysis and variables and their relationships. The classic differentiation between exploratory, descriptive and explanatory studies, based on the state of the art developed so far on a topic also



exists. The differentiation-integration of qualitative and quantitative methodologies are to be added.

Decisions about methodological design are intended to operationalise and implement the theoretical outline of the object of study overall. Configuration of the methodological design will follow the fundamental criterion of logical consistency with the problems and objectives. It involves adopting empirical operationalisation-categorisation, sample design, instrumentation, field work, ethical safeguards and data analysis plan criteria. In addition to considering human, temporal, technological and economic resources, methodological options will seek to maximise and “optimise the conditions for checking what must be described, explained or interpreted” seeking to discover the entire spectrum of positions (Ynoub, unpublished, p. 5).

Traditionally, in studies on drug use, quantitative studies predominated, including mostly individual, discrete, and fixed variables (Romani, 1999). However, in gender and intersectional analyses, qualitative designs have been more frequently implemented due to “the affinity of the theoretical approach to gender and intersectionality with the references of qualitative research” (Couto et al., 2018). On this point, due to the need to have specific information on socio-cultural practices regarding consumption, and on drug user populations that are invisible or considered difficult to access, **when doing research on drugs, it is advisable to use mixed quantitative-qualitative designs.** (Atkinson, 1998 and Miller, 2000). These are characterised by being more flexible and capable of capturing the dynamics of drug-related problems among women, men and LGBTIQ+ people.

Interactive social research practices may also be pertinent to include the groups linked to the topics of study on the links with drugs. They are investigations that refer to the production of knowledge to transform a situation, they include a pedagogical and strongly ethical-political dimension from a differential approach, since the populations themselves are part of all the phases of an information production process, from beginning to end (Pawlowicz, Rossi and Touzé, 2006). Specifically, Participatory Action Investigation (PAI) originated in Latin America from referents such as Orlando Fals Borda and resumes the tradition of Popular Education.

### c. Sampling decisions

One frequent question in the methodology is: “What constitutes a good sample?”, as posed by Juan Samaja (1993). The answer depends on a combination of factors and conditions that have a particular resolution in each situation. Among the decisions that are the responsibility of this nodal task of sampling are issues such as delimitation of the research problem and the objectives, the type of design selected, understanding the variability of the attribute to be studied in the universe, the characteristics of the population, the sample size and the inclusion and exclusion criteria, as well as the resources available and the accessibility of data.



Specifying and justifying the criteria used to define the samples makes it possible to make the coherence between the type of sample defined, the selection criteria and techniques, and the appropriateness to the instruments explicit.

The dominant sex-gender matrix became effective in studies in the field of drugs because of the universalisation of the cis and heterosexual male. Based on the results obtained with this population, the data have been extrapolated to women and LGBTIQ+ people.

Studies in which the inclusion criteria of the LGBTIQ+ population are integrated and gender is stratified, are generally carried out on the basis of binary criteria. However, there are some aspects that can be taken into account when constituting samples that incorporate the gender approach in a cross-cutting way:

- In population studies, by selecting a population that is as broad as possible - according to the material and technical resources available -, which includes not only men but also women and LGBTIQ+ people of different ages, social and economic levels and ethnicities.
- For the studies to overcome the male-female binarism, it is possible to expand the sample by including a sample quota for the incorporation of the LGBTIQ+ population, even if its statistical frequency is low, and/or carry out complementary qualitative studies based solely on that population.
- Integrate social media and snowball techniques in the sampling design in order to analyse hidden populations.
- Justify the selection processes of those who participate as subjects in the study so that they are sensitive to gender variations.
- Always specify the limitations and biases of the samples so that the information can be contextualised within the framework of their production conditions.
- The representativeness of the sample will not only depend on statistical criteria, but also on epistemological criteria. In the case of the LGBTIQ+ population, it is important to consider, when selecting the sample, that the life expectancy of trans people in the Latin American and Caribbean region is 35 years and that transition begins, on average, at the age of 16 (IACHR, 2018). Therefore, this age range should be considered in defining the sample.



## d. Design of instruments and disaggregation of data: gender-sensitive categories and variables

Mainstreaming the gender approach in research entails disaggregating the data and **incorporating gender-sensitive variables and categories into the instruments**, making it possible to account for differences between different people, not only in terms of gender but also in relation to other social conditions.

Here are some recommendations in this regard:

### Socio-demographic variables:

- 
- age;
- 
- nationality, or origin in the event that internal migration is an important factor for the subject studied;
- 
- gender, differentiating at least between: cis woman, cis man, trans woman, trans man, non-binary gender and others;
- 
- ethnicity;
- 
- *de facto* marital status;
- 
- type of health service accessed (public, private, mixed, other, none);
- 
- level of income received based on each country's minimum wage;
- 
- educational level, from preschool education, followed by primary, secondary, tertiary, university and postgraduate level and that considers inclusive education and social management;





### **Survey recommendations for the self-perceived gender and sex assigned at birth categories self-perceived gender and sex assigned at birth**

It is important to remember that in certain cultural contexts, where the gender identity category is subject to controversies and social conflicts, it may not be advisable to integrate the item in studies related to drugs without first working on its definition and importance to research.

#### **What is your current gender identity?<sup>2</sup>**

- Female
- Male
- Transgender woman
- Transgender man
- Non binary
- Other: .....
- I prefer not to say

*\*In this question you should not read the options. If the respondent does not understand the question, it is recommended to explain that gender identity is the experience of gender as each person perceives it, with trans people being those whose self-perceived experience does not coincide with the sex assigned at birth and cis people, whose assigned sex and identity do coincide.*

#### **What sex were you assigned at birth?**

- Male
- Female
- Not assigned

*\*If the question is not understood, it can be asked as a clarification "The sex assigned at birth is the one that is registered in the first document based on genitalia."*

---

2. Alfama, E.; Cruells, M.; de la Fuente, M. (2014). Measuring gender equality: discussions and insights based on an indicators system proposal.



## Recommendations for the survey of transgender/cisgender identities

In cases where a narrowing of the issues and objectives require the inclusion of the question of transgender/cisgender identities, it is suggested to include a question such as the one provided below. To avoid the damage that studies can cause to participants, it is especially important to avoid including this question when this information is irrelevant to the study objectives.

### Do you consider yourself a transgender person?

- Yes, transgender, male to female.
- Yes, transgender, female to male.
- Yes, transgender, non-binary.
- No.
- I prefer not to say.

*\*Considering that some people describe themselves as transgender when they experience a gender identity different from their birth sex. For example, a person who is born in a male body, but feels feminine or lives as a woman.*

### Disaggregation of the variables related to productive (paid) work<sup>3</sup>:

#### Work situation<sup>4</sup>

- Works full time
- Works part time
- Works sporadically
- Unemployed
- Studies
- Does not work
- Housewife
- Retired or pensioner
- Rentier
- Don't no/no answer

---

3. It is advisable to use the items included in the National Population, Household and Housing Censuses of each country.

4. From these 9 categories it is possible to classify into EAP (Economically Active Population), or NEAP (Non-Economically Active). Then for 1,2,3: -if formalised, type of occupation (employed, self-employed, doing odd jobs). For 4: time of unemployment.



## Disaggregation of the variables related to reproductive (unpaid) work<sup>5</sup>:

One of the most difficult inequalities between men, women and the LGBTIQ+ population to highlight in relation to substance use has been dedication to care work and other unpaid work (Avilés and Calvente, 2008). To do so, it is advisable to integrate items that gather information on the amount of time spent in hours by people cleaning the home, caring for family members or a close social circle, and paid work.

Composition of the household according to the number of people living together:

- between 0 and 2 years
- between 3 and 6 years
- between 6 and 12 years
- between 12 and 18 years
- between 18 and 60 years
- over 60 years
- disabled
- with chronic disease

How many minutes do you spend on the following tasks each day?<sup>6</sup>

- Tidying and cleaning
- Washing and ironing clothes
- Taking care of pets and plants
- Breast-feeding
- Shopping
- Paying bills or doing paperwork
- Helping with homework
- Taking care of a child
- Caring for a person with a disability
- Caring for an older person
- Preparing food
- Repairing the home

## Social support<sup>7</sup>

Social support is a social determinant of health. In terms of drug use, a lack of emotional social support tends to encourage more risky consumption. At the same time, having little or no material support can promote drug production and trafficking and entry into criminal organisations.

---

5. It is suggested to incorporate items validated and included in the National Time Use Surveys.

6. National Time Use Survey (INDEC, 2021).

7. A validated instrument is the "MOS Social Support Questionnaire".



- Social network size
  - Number of people
  
- Structure of the network
  - density,
  - geographic dispersion,
  - and actual availability.
  
- Social support
  - emotional support (feeling loved),
  - material support (possibility to ask for help),
  - informational support (provision of advice or guidance),
  - and leisure or recreation support.

### **Accessibility to treatments**

Considering that gender is a determining factor in access to treatment for problematic drug use, considering the accessibility variable is recommended in studies related to treatment and assistance centres. The following table was prepared from the results of a qualitative-quantitative study in two cities and was later<sup>8</sup> tested in other investigations.

---

8. Rossi, D., Pawlowicz MP, Zunino Singh D (2007) "Accessibility of drug users to public health services in the cities of Buenos Aires and Rosario. The perspective of health workers". Serie Documentos de Trabajo. Intercambios Asociación Civil and United Nations Office on Drugs and Crime, Buenos Aires, Argentina.



<b>Here is a list of difficulties that people may have when deciding to deal with their health problems. For each one of them I am going to ask you to state how many times it has happened to you based on these problems that we are talking about.</b>	<i>Never</i>	<i>Hardly ever</i>	<i>Half of the time</i>	<i>Almost always</i>	<i>Always</i>
<b>1.</b> Waiting a long time for care	1	2	3	4	5
<b>2.</b> Get an appointment in the long-term	1	2	3	4	5
<b>3.</b> There are no appointments	1	2	3	4	5
<b>4.</b> They assign you an appointment you cannot attend because you have other activities	1	2	3	4	5
<b>5.</b> They give you few alternative times	1	2	3	4	5
<b>6.</b> The place you will have to go is very far away	1	2	3	4	5
<b>7.</b> You don't have the money to travel	1	2	3	4	5
<b>8.</b> You don't have money to buy medicines	1	2	3	4	5
<b>9.</b> The worker does not appropriately explain what is happening	1	2	3	4	5
<b>10.</b> The health worker deals with you very quickly	1	2	3	4	5
Any other problems? ..... ..... .....					



## On the measurement of gender-based violence

The mainstreaming of the gender perspective may mean that in a specific study it involves including the inquiry about situations of violence, be it social, institutional, or gender-based violence. In the latter case, there is a certain consensus about the minimum indicators to measure it. In surveys designed for other purposes it should only be performed when strictly necessary for the objectives of the study and only if the following ethical and methodological requirements can be met:

- 
- adoption of a clear definition of gender-based violence: this will not only allow a coherent operationalisation to be established but also the purpose of data production to be determined;
- 
- the integration of items that avoid the use of terms such as “abuse” or “rape” or “violence” and, instead, that inquire about acts committed against the interviewees, such as “receiving blows or slaps”;
- 
- training of those who administer the instruments; and
- 
- guarantee that the results obtained from the research are used in advocacy activities, formulation of policies and assistance and preventive interventions.
- 

To integrate the question on gender-based violence, the following model<sup>9</sup> can be used:

---

9. International Violence Against Women Survey (IVAWS). (2005).



*I am going to ask you some questions about your personal experiences. Some of them may be difficult to answer, and there is no obligation to do so. Please think carefully about men you have met (friends or relatives, casual acquaintances, current or former husbands or partners) and men who are strangers:*

	From 16 years				Last 12 months			
	YES	NO	Don't know	No answer	YES	NO	Don't know	No answer
1. Did he threaten you with the intent to physically harm you?	1	2	98	99	1	2	98	99
2. Did he throw something at you or hit you with something that could hurt or scare you?	1	2	98	99	1	2	98	99
3. Did he push grab, twist your arm, or pull your hair in way that hurt or scared you?	1	2	98	99	1	2	98	99
4. Did he slap, kick, or punch you?	1	2	98	99	1	2	98	99
5. Did he try to choke or drown you or burn you with a substance?	1	2	98	99	1	2	98	99
6. Did he use or try to use a knife or gun against you?	1	2	98	99	1	2	98	99
7. Did he ask you how much you spent and on what?	1	2	98	99	1	2	98	99
8. Did he force you to have sex?	1	2	98	99	1	2	98	99
9. Did he try to force you to have sex?	1	2	98	99	1	2	98	99
10. Did he grope you sexually?	1	2	98	99	1	2	98	99
11. Did he force you to have sex with another person?	1	2	98	99	1	2	98	99
12. Did he use other types of sexual violence?	1	2	98	99	1	2	98	99



	From 16 years				Last 12 months			
	YES	NO	Don't know	No answer	YES	NO	Don't know	No answer
<b>13.</b> Was he jealous or did he control you in some way?	1	2	98	99	1	2	98	99
<b>14.</b> Did he insult or put you down in any way?	1	2	98	99	1	2	98	99

**If the person answered YES to any of the options:**

Was the person who... read the statement (s) to which they answered "yes" in the previous question (last 12 months):

1. Your current spouse or partner
2. Your former spouse or partner
3. Your current boyfriend
4. Your previous boyfriend/girlfriend
5. Another relative, specify: .....
6. Any other man who is an acquaintance, friend or co-worker
7. A stranger
98. Don't know
99. No answer

## e. Data collection

Regarding the different sources of information from which the data is produced by the national systems on substance use, including a gender approach in data collection implies considering different measures, always depending on the context and situation of each institution.

### Research and surveys implemented by the National Observatories

- Train teams carrying out the information production processes on gender issues, especially in relation to field work.
- Put together balanced teams in terms of gender, age and discipline.
- Implement the instruments (interviews, surveys, etc.) in private settings only.
- Triangulate methods, considering the use of both quantitative and qualitative techniques and indicators, to expand reporting and understanding of the complexity of drug-related problems.





---

## Data from research at the regional level

---

Reliable secondary data sources on gender are characterised by:

---

- Explain and justify the decisions and specificities of the sample design, as well as its limitations and biases.
  - Analyse the data considering the structural causes underlying the inequalities in the health of women, the LGBTIQ+ population and populations in situations of extreme social vulnerability, such as the elderly, people of colour, migrants and people with disabilities.
  - Include diverse content (statistical, bibliographical, ethnographic, legislative, etc.).
  - Present a high level of specialisation.
  - Attribute the authorship of the material.
  - Be accessible in terms of language and the modality of data presentation.
- 

## f. Data analysis with a gender approach

The data analysis phase is a time that involves activities of ordering, description, synthesis, interpretation and presentation of results. Different disciplines contribute their theories and technical procedures for this phase of the studies or surveys. Regarding the gender perspective, data production confronts us with the challenge of considering the roles and responsibilities that people have in society based on their gender, which includes both visible and invisible inequalities in the distribution of income, power and decision making.

Gender analysis goes beyond comparing consumption by women and men: it is also a comprehensive analysis of the diversity of situations, experiences and trajectories of people of different genders.



To perform a gender analysis of the data, the following is necessary:

- **Contextualise** data, considering metadata about data sources that help explain who, how, when, and why the data you work with was created. Metadata provides information about how the original data was produced.
- Record, present and analyse data with other **gender sensitive sociodemographic variables such** as: productive and reproductive work, social support, motivation, among others. This allows us to understand which are the women, men, and the LGBTIQ+ people that are represented in the data.
- Include and highlight how social roles organised around gender identity and sexual orientation are linked to certain patterns of: distribution of tasks, responsibilities, conflicts, regulations and experiences in the social practices of consumption, production, trafficking and sale of drugs.
- In cases where no differences are detected due to sex assigned at birth and self-perceived gender, make this explicit to avoid implying that these categories were not considered when performing the data analysis.
- The quality of the description of uses, production, traffic and sale of drugs in a population is specified and enriched by considering qualitative data and crossing with quantitative data.

**A gender analysis** requires at the very least the collection, presentation and analysis of indicators broken down by sex. Using sex-disaggregated data for analysis, comparing the differences between women and men, is the first step in a gender analysis.

Some of the questions that can be considered to analyse the data on consumption with a gender perspective are:

- *What data exists on the use of substances by men and what data exists regarding women and LGBTIQ+ people?*
- *What are the differences between consumption by women and LGBTIQ+ people of different ages? And in different parts of the country?*
- *Are there differences in consumption between men in rural and urban contexts and in different urban geographies? How about in relation to the consumption of women and LGBTIQ+ people?*



- 
- *Are there differences in the consumption of people of the same gender who belong to different ethnic communities and different social classes?*
- 
- *Have you considered the ways in which gender roles and social expectations can create different types and degrees of risk or needs among women, people from the LGBTIQ+ community, and men?*
- 

In relation to the studies on production and trafficking, to analyse the existing data, identify those that are missing, and incorporate the gender perspective, the following questions can be considered:

- 
- *What roles do women and LGBTIQ+ people play in the chain of cultivation, sale and trafficking of drugs?*
- 
- *Why are women and LGBTIQ+ people generally part of the lower levels of the organisation, such as transporting or selling small amounts of drugs?*
- 
- *What data exist on women and LGBTIQ+ people incarcerated for drug-related crimes? What is missing?*
- 
- *Which women are incarcerated for drug-related crimes? What are their age range and social, economic and educational levels?*
- 
- *Which LGBTIQ+ people are incarcerated for drug-related crimes? How do their specific problems vary according to the age range and social, economic and educational level?*

### **Recommendations for analysing data on the LGBTIQ+ population**

- 
- When people answer "I don't know", "another" or "I'd rather not say" to questions related to gender identity or sexual orientation, you should avoid automatically considering them as part of the LGBTIQ+ population.
- 
- When the size of the sample allows so, it is advisable to analyse the data of trans women, trans men, male homosexuals and lesbian women separately.
- 
- Differences between LGBTIQ+ people due to other factors (such as ethnicity, religion, age, disability, among others) should be considered whenever they are relevant and in relation to the sample size.



### Specificity error in LGBTIQ+ population<sup>10</sup>

In relation to the analysis of data on gender identity and sexual-affective orientation, the possibility of measurement errors should always be considered, for example, when a cisgender person accidentally indicates membership of the LGBTIQ+ population in a survey, or the error results from the lack of training of the person who administers the survey. One factor that contributes to these specificity errors is a general lack of knowledge of what trans and cisgender mean. Faced with this, considering this type of error in data analysis is a recommended strategy.

We also suggest the use of re-test (using various indicators in a triangulated manner for the same category) and that during the analysis, the researchers consider the performance of **sensitivity tests** to assess the validity of the collected sample and to what extent these may be specificity errors.

## g. Scientific communication: dissemination of results

In the information age, this methodological component of the information construction processes is becoming increasingly important. Scientific communication is a great challenge and responsibility of the present, and when dealing with National Drug Observatories it is unavoidable to frame it in the political-institutional conditions of each particular space-time context in terms of priorities, modes of interpretation, terminology and formats used.

Some issues to consider when communicating information are:

- **Avoid extrapolating the data obtained in an investigation when the conformation of the sample included a single population.** Traditionally, studies related to cis-gender men have been used to refer to the use of substances by women and the LGBTIQ+ population. It is important to clarify the population from which the sample has been formed in each report.
- **As well as the population, clarifying the place and the year is a guide** for people who read a report or press information. It is called in methodology the “spatio-temporal delimitation of the data.” This is a basic consideration, but many reports forget this reference.

10. Sexual Minority Assessment Research Team (SMART). (2009). Best Practices for Asking Questions about Sexual Orientation on Surveys.



- 
- **Request validation readings** from different members of the research team, in addition to the press and political advisory areas so that communication is clear, explicit and contextualised. It is important that when data are published they can be understood by different audiences.
- 
- **Diversify the means whereby the results of the studies are disseminated, adapting the information shared to the media used and the type of public or audience to which each medium is directed.** This will ensure that the results reach people who are not necessarily part of the academic-technical-scientific world. Using social networks to disseminate the results obtained can serve such purposes.
- 

In all types of communication material, whether national studies, infographics, materials for social networks, scientific articles or popular articles, we recommend:

- 
- Use inclusive language and relative pronouns such as what and who, when talking about a general population, use collective nouns whenever possible - and avoid the use of the generic masculine.
- 
- Define the scientific terminology included, for example, if a study uses the scientific name tetrahydrocannabinol, it is recommended to clarify that it is a psychoactive substance that is present in the Cannabis plant.
- 
- Integrate images that do not replicate gender stereotypes or reproduce discrimination and stigma.
- 
- Ensure, as far as possible, the equitable and fair representation of the different genders in the dissemination of the results, either from the definition of sections within a document or the production of specific documents by population.
- 
- Include summaries in all documents, charts and infographics whenever possible.



## 5. New lines of research on drugs with a gender approach: relevant problems and possible methodological strategies

### 5.1. In studies on drug production and trafficking

The potential damage done by drug policies to the life trajectories of women and LGBTIQ+ people who produce, traffic and use drugs

There are several reports that expose the negative consequences of prohibitionist drug control policies in areas such as health and human rights (Kensy et al., 2020). Studies that point to the consequences of penalising the production, supply and consumption of drugs focus mainly on the male population. Despite the fact that the rate of imprisonment of women for drug-related crimes throughout the Americas has increased, studies on women and LGBTIQ+ people continue to be scarce (Criminal Policy Research, 2015). It is essential to produce updated information in this regard, since:

- When prohibitionist policies fall on women, they also affect their sons and daughters and families, especially in cases of imprisonment;
- The majority of women deprived of liberty in Latin America are imprisoned for serving as human couriers for the transport of drugs or micro-trafficking; and
- Imprisonment exposes trans people to extreme forms of human rights violations.



Regarding this topic, some possible research questions are:

- How does criminalisation specifically impact the lives of women and LGBTIQ+ people who produce, traffic and use drugs? How does imprisonment affect mothers with dependent children and sole economic support?
- What are the gender roles related to the distribution of functions within the drug trafficking chain?
- How do racialisation operations affect criminalisation processes linked to drugs?
- Which biographical events are turning points in the life trajectories of women incarcerated for drug-related offences (in relation to age, educational level, socio-economic level)?
- What are the coping strategies of women and LGBTIQ+ people to deal with the stigmatisation of imprisonment and the punitiveness associated with prohibitionist policies and their consequences?

<b>Methodological aspects</b>	<b>Ethical precautions</b>
<p>It is important to integrate an intersectional perspective to differentiate the experiences between women and between LGBTIQ+ people incarcerated according to their belonging to another social stratum such as age, ethnicity or social class.</p> <p>It is also advisable to use snowball sampling techniques or intense case-finding to foster a bond of trust that avoids biases linked to illegal practices and stigmatisation.</p>	<p>Guarantee confidentiality and anonymity, particularly in the case of incarcerated persons.</p> <p>Include indicators on social and economic level, support networks and functions of caring for others.</p>

### **Good practices**

- Ovalle, L. and Giacomello, C. (2006). La mujer en el "narcomundo". Construcciones tradicionales y alternativas del sujeto femenino. *La ventana* [online], vol.3, 24, pp.297-319.
- Colectivo de Estudios Drogas y Derecho. (2017). *Castigos irracionales: leyes de Drogas y encarcelamiento en América Latina*. Mexico: CEDD (Research Consortium on Drugs and the Law).



- Fleetwood, J. and Torres, A. (2011). Mothers and children of the drug war: A view from a women's prison in Quito, Ecuador. In Barrett, D. *Children of the drug war: Perspectives on the impact of drug policies on young people*. New York, London and Amsterdam: International Debate Education Association.

In 2018 the **Drug Observatory and the Ministry of Justice of Colombia** created the report "Analysis of the participation of women in the drug trafficking value chain" where they offer information related to the participation of women in the value chain of trafficking of cocaine hydrochloride, marihuana and poppy derivatives.

## 5.2. In relation to the use of substances by women and LGBTIQ+ people

### Psychosocial problems related to drug use during pregnancy, childbirth and the postpartum period in pregnant people.

Studies on consumption have frequently ignored gender as an explicit, influential factor, which is why little is known about the consumption of psychoactive substances in women (Romo Avilés, 2010). This invisibility is deepened in the case of pregnant or postpartum drug users due to the operation of the social imagery that distinguishes a good mother from a bad mother in the production of knowledge and in the design of interventions. Pregnant and postpartum people tend to hide their consumption to avoid being judged, discriminated against and exposed to the threat of losing custody of their children under the assumption that any consumption makes it impossible for them to provide care (Díez and others, 2020).

Regarding this topic, some research questions may be:

- What are the peculiarities of the psycho-social problems associated with consumption situations among pregnant and postpartum people?
- What differences exist between substance use by pregnant people and what other variables are they related to?
- What factors are associated with the regulation of risks and care in the use of drugs during pregnancy and postpartum?
- What care and self-care strategies do people implement when they use drugs during pregnancy, childbirth and post-partum?
- What are the characteristics of judicial processes dealing with consumption by people who are pregnant or in post-partum period?





Methodological aspects	Ethical precautions
The implementation of longitudinal studies and the inclusion of indicators on social support, use of time, motivations, stigma and social representations about substance use is recommended to study time sensitive and contextual variations.	Guarantee confidentiality and anonymity, by signing the informed consent, assigning numerical codes to everyone surveyed and distributing an information sheet to avoid punitive measures against the participants.

### Good practices

- Lopez M.B., Aran Filippetti, V. and Cremonte, M. (2015). Consumo de alcohol antes y durante la gestación en Argentina: prevalencia y factores de riesgo. *Revista Panamericana de Salud Pública*, 37(4/5), 211-217.
- Llorc Suárez, A., Ferrando Esquerré, S., Borrás Cabacés, T. and Purroy Aritzeta, I. (2013). El doble estigma de la mujer consumidora de drogas: estudio cualitativo sobre un grupo de autoapoyo de mujeres con problemas de abuso de sustancias. *Alternativas: Cuadernos de Trabajo Social*, 20, 9-22.
- Lichtenberger, A., López, M., and Cremonte, M. (2015) "Intervención breve para promover la abstinencia de consumo de alcohol en mujeres gestantes. Una reflexión crítica" *PSIENCIA*. *Revista Latinoamericana de Ciencia Psicológica*, 7, 428-437. doi: 10.5872/psiencia/7.3.122

In 2017, the **Argentine Drug Observatory** produced a Report on the main results on the female population, reusing the data for this population from the sixth National Study on the consumption of psychoactive substances in the population between 12 and 65 years of age.

### Problems of consumption, maternity called into question and social stigmatisation in women living in the street.

Living in the street is defined as a paradoxical form of sustained social inclusion from expulsion and marginalisation (D'lorio et al., 2017). It is a process of extreme social exclusion that is found in most of the large cities of Latin America and the Caribbean. From a gender perspective, and considering the feminisation of poverty, women living in the street suffer an extreme violation of their rights and are exposed to multiple forms of violence (Tortosa, 2020). In particular, those who are also users or who participate in drug trafficking face stigma and discrimination due to their distancing from traditional gender roles (Paradis, 2019) and are even more invisible in drug-related studies.



Given this situation, some questions that can guide studies in this area are:

- What particularities do substance users present and how do they vary among women living in the street according to age group, life trajectories and whether or not they act as mothers?
- What are the motivations, meanings and scenarios of consumption of women in street situations?
- What are the health care trajectories and the links with the different institutions that provide services to women street drug users?
- What are the strategies to regulate consumption implemented by women drug users living in the street?

Methodological aspects	Ethical precautions
As it is a rarely explored topic, descriptive exploratory studies and intentional sampling are recommended. Rapid assessment surveys can be used for data collection.	Guarantee confidentiality and anonymity, by signing the informed consent, assigning numerical codes to everyone surveyed and distributing an information sheet to avoid punitive measures against the participants.

### Good practices

- Tortosa, P. (2020). *Mujeres en situación de calle. Trayectorias de salud y de lucha*. Buenos Aires: Teseo.
- D'lorio, J. (2019). *Situación de calle-espacio público-uso de drogas: una aproximación al problema*. Buenos Aires: Civil Association Exchanges.

### Aspects related to access to drug treatment for women and LGBTIQ+ mothers.

Although there are few treatments aimed at women, the situation of inequity is deepened in the case of mothers. The lack of spaces to care for children in therapeutic centres means that it is impossible to start and continue treatments. This situation is extreme when it comes to women of lower social and economic levels, in which the burden of care work increases. Exclusion from treatments as a result of scarcity, added to the limitations caused by care tasks, also intersect with the social sanctions that fall on mothers who use drugs and are subsequently prosecuted in these cases. Drug-using



women mothers do not fit the idealised image of motherhood, which exposes them to discrimination and stigma.

Faced with this problem, there are some questions that can guide new studies:

- What are the main barriers encountered by women and LGBTIQ+ mothers with problematic drug use in accessing drug treatment? What are the facilitators for access to treatment?
- What representations do healthcare workers who provide treatment reproduce about women and LGBTIQ+ mothers who use drugs?
- What care strategies do assistance centres implement when women and LGBTIQ+ mothers manage to access treatment? How do they consider their children in the treatment plan?
- What self-care strategies do drug users who are mothers implement? And what strategies are implemented in relation to childcare during treatment?

Methodological aspects	Ethical precautions
It is suggested to include indicators on the number of hours dedicated to care tasks and organisation of the care system, considering its three dimensions, as well as indicators on social support.	It is important to be particularly careful not to reveal information related to the children of the female users participating in the study.

### Good practices

- Ospina, A. (2022). Lilith y Eva. Estereotipos frente a mujeres usuarias de sustancias en proveedores de servicios de tratamiento residencial. *Cultura y representaciones sociales*, 17, 33.
- Parga, J. (2012). Etnografía sobre la equidad de género en la atención del uso problemático de sustancias: un análisis sobre la “adherencia” al tratamiento. Maestría en Género, Sociedad y Políticas Públicas. Programa Regional de Formación en Género y Políticas Públicas. Facultad Latinoamericana de Ciencias Sociales FLACSO, Argentina.
- Romo Aviles, N. (2010). La mirada del género en el abordaje de los usos y abusos de drogas. *Revista Española de Drogodependencias*, 35(3), 269-272.



The **National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption of Chile (SENDA)**, in the document “Women and drug treatment. Pregnancy, postpartum and lactation,” presents guidelines and suggestions contained in the international literature and in the national experience for the detection and treatment of mothers with problematic substance use to professionals and therapeutic teams.

### **Problematic consumption of incarcerated women and the LGBTIQ+ population**

People affected by problematic consumption have the right to receive adequate treatment for their condition even when they are incarcerated. However, most countries in the Latin American and Caribbean region do not have public policies that guarantee this right. When States do not guarantee assistance for problematic users in prisons, other institutions address the problem. In particular, religious groups assume a prominent role in this sense from the implementation of informal mechanisms. In addition, some studies show that incarceration produces effects in drug users that distance them from rehabilitation and that they produce extreme forms of physical and mental suffering (Credaro et al., 2020). In the case of women and LGBTIQ+ people, they suffer even greater discrimination inside prisons and, therefore, have less chance of accessing not only what little treatment is available but also alternative arrangements. In light of this situation, it becomes important to produce knowledge about the following questions:

- What are the particularities of consumption by incarcerated women and LGBTIQ+ people? How do they vary based on age, length of incarceration, and motherhood?
- What strategies do women and LGBTIQ+ people implement to access drugs inside prisons? What specific risks do these strategies expose them to?
- What substances are most frequently used in prisons?
- What meanings do women and LGBTIQ+ people give to their consumption in prison? What functions does this consumption fulfil?
- What are the characteristics of the mechanisms that provide support to people with problematic consumption in prisons?



Methodological aspects	Ethical precautions
<p>As it is a topic that has not been explored much, descriptive exploratory studies and samplings in which women are contacted through ties of trust without prison controls are recommended. Rapid assessment surveys are recommended for data collection.</p>	<p>Acknowledge asymmetries of power when participating as a researcher and entering a prison, explaining the way to enter the field, showing the perspectives of different interlocutors and their different voices and making the prison institution visible as an organisation affected not only by violence but also by practices of care, exchanges and solidarity.</p>

### Good practices

- Guerreño, V., Hudson, M., Hurtado Atienza, S., Lucero, K. and Valente, L. (2021). Consumos problemáticos en contextos de encierro desde la Salud Mental: “Del tratamiento para las adicciones a los tratamientos para los consumos problemáticos: Un estudio transversal de diversos dispositivos”. En *Pensar la cárcel. Abordajes/lecturas múltiples* Buenos Aires: Servicio Penitenciario de la Provincia de Buenos Aires.

### Problems related to the non-prescribed use of hormones in transgender people

In Latin America and the Caribbean, only nine countries<sup>8</sup> have laws that protect the right of people to freely express their self-perceived gender identity. Even so, in many of them, hormonal therapy is not guaranteed free of charge, so it is common for trans people in the region to go through the gender transition processes, and thus hormonal therapy, without medical follow-up. In the case of trans women, for example, self-medication with high doses of oral or injectable contraceptives leads to a large increase in adverse effects such as venous thrombosis, increased prolactin, cholesterol changes, and breast cancer. Low access to hormones in many cases leads to the use of liquid silicone and aircraft oil for body modification, exposing users to serious risks to their physical and mental health (Ministry of Health of Argentina, 2020). Given this situation, some questions that can guide studies in this area are:

- How do trans people access hormones when they are not provided by public health systems?
- What do trans people have to do to access hormones? What are the collective dynamics that allow the construction of these circuits?



- What are the specific risks of non-prescription hormones to the overall health of trans people?
- How are the peer care strategies that trans people implement during the hormone therapy process organised? Which coping strategies do trans people implement during non-prescription hormone therapy?
- What forms of violence do trans people have to deal with during gender transition?

Methodological aspects	Ethical precautions
Encourage the active participation of the trans population in the study: in the definition of the research problems, in the research team, in the opening of the field work and in the validation of reports prior to publication.	Focus carefully on avoiding replicating binarisms and gender stereotypes, especially in relation to the treatment of trans people. Ask them their preferred pronoun and how they prefer to be named.

### Good practices

- Rigueiral, G. J., and Seidmann, S. (2019). Trayectorias de vida de personas trans en el área metropolitana de Buenos Aires (AMBA). *Revista Interamericana De Psicología/ Interamerican Journal of Psychology*, 53(2), 180-194. <https://doi.org/10.30849/rip/ijp.v53i2.1062>.
- Ortega, J.; Tiseyra, M.; Morcillo, S.; Galvez, M. (2017). (Im)pacientes trans en hospitales públicos de Buenos Aires: la experiencia de la espera y la accesibilidad en contextos de estigmatización; Universidade Federal do Rio Grande do Norte; Vivência: Revista de Antropologia; 1; 49; 4; 219-232.

In 2021, the **Costa Rican Institute on Drugs** presented the investigation “Inclusion of the Sexually Diverse Population in Non-Governmental Organisations Approved by the IAFA that Provide Residential Treatment in Costa Rica”. It analyses the strategies implemented by drug treatment centres for the inclusion of the LGBTIQ+ population.



### 5.3. In relation to substance use by men

#### Roles, expectations and mandates about masculinity in relation to drug use

Although most studies on drug use address consumption by men, there are few study consumption patterns according to gender dynamics and the norms and expectations associated with the construction of hegemonic masculinity. Many studies assume the “male identity” as self-evident without considering the dispute over the condition of manhood (Nuñez, 2008). The notion of risk structures processes of constructing masculinity and “male drug users build the meanings of being a man by interacting with the dominant discourses about what it means to be a man, taking into account an appropriation and decoding of signs and meanings” (Nateras, 1994, 122). Regarding this topic, there are questions that can be considered as research questions:

- What are the peculiarities of drug use in men in relation to the mandates of strength, self-sufficiency and competence? How do they differ between men of different ages and different social and economic levels?
- What are the peculiarities of consumption among men who are fathers?
- What are the initiation rites for male consumption? What is the role of other male peers in these rites?
- How are drug consumption networks built among men? Which self-care and collective care strategies do men implement when they consume in groups? What care strategies do they implement when they consume alone?
- What peculiarities of socialisation expose men to risks of violence in case of drug use?

<b>Methodological aspects</b>	<b>Ethical precautions</b>
It is recommended to include indicators on paid work, type of work contract, and role to help differentiate consumption patterns according to the risks, care, and benefits derived from some occupations.	Considering intersectionality to define and conceptualise the problem will allow the generation of studies that reveal diverse masculinities.



---

## Buenas prácticas

---

- Viveros Vigoya, M. (2008). Teorías feministas y estudios sobre varones y masculinidades. Dilemas y desafíos recientes In Ramírez Rodríguez, J.C. and Uribe Vázquez, G. (coords.). *Masculinidades. El juego de género de los hombres en el que participan las mujeres*. Mexico: Plaza y Valdés.
- Garbi, S. (2016). De aislamientos y encierros. Modos “legos” y “expertos” de tratar los consumos problemáticos de drogas en el Área Metropolitana de Buenos Aires. (Doctoral thesis). Buenos Aires: UBA.





## Bibliography

Amorós, C. (1990). *Violencia contra las mujeres y pactos patriarcales*. In: Maquieira, V. and Sánchez, C. *Violencia y sociedad patriarcal*. Madrid: Pablo Iglesias.

Atkinson, R. (1998). *The life story interview. Qualitative research methods* SERIES 44. London: SAGE Publications USA.

Batthyány, K. (2004). *Cuidado infantil y trabajo: ¿un desafío exclusivamente femenino?* Montevideo: Inter-American Centre for Knowledge Development in Vocational Training (CINTERFOR) /International Labour Office (ILO).

Buitendijk, S., and Maes, K. (2015). *Gendered research and innovation: integrating sex and gender analysis into the research process. Advice paper, 18*. Belgium: LERU. Retrieved from <http://media.leidenuniv.nl/legacy/leru-paper-gendered-research-and-innovation.pdf>.

Butler, J. (2001). *El género en disputa*. Buenos Aires: Paidós.

Colectivo de Estudios Drogas y Derecho. (2017). *Castigos irracionales: leyes de Drogas y encarcelamiento en América Latina*. Mexico: CEDD (Research Consortium on Drugs and the Law).

Inter-American Commission on Human Rights. (2018). *Avances y desafíos hacia el reconocimiento de los derechos de las personas LGBTI en las Américas*. Doc. 184. Available at: <http://www.oas.org/es/cidh/informes/pdfs/LGBTI-ReconocimientoDerechos2019.pdf>

Cook, R. and Cusack, S. (1997). *Gender Stereotyping* Pennsylvania: University of Pennsylvania Press. DO - 10.1016/S1575-0973(06)75130-3

Couto, M.T., Oliveira, E.; Separavich, M.A. and Luiz, O. (2019). *La perspectiva feminista de la interseccionalidad en el campo de la salud pública: revisión narrativa de las producciones teórico-metodológicas*. *Salud colectiva*, Vol.15.

Credaro, N., Noto, C., Pérez, A. Ponthot, G. and Spinelli, M. (2020). *Consumos problemáticos: Un abordaje posible. Pensar la cárcel: Abordajes-Lecturas múltiples*. Buenos Aires: Servicio Penitenciario de la provincia de Buenos Aires.



De Beauvoir, S. (1987). *The Second Sex*. Buenos Aires: Siglo XXI

De Lauretis, T. (2015). *Gender and queer theory*. Buenos Aires: Mora. [online], vol.21, n.2, pp.12-22. Available at: <[http://www.scielo.org.ar/scielo.php?script=sci\\_arttext&pid=S1853-001X2015000200004&lng=es&nrm=iso](http://www.scielo.org.ar/scielo.php?script=sci_arttext&pid=S1853-001X2015000200004&lng=es&nrm=iso)>. ISSN 1853-001X.

D'lorio, J. (2019). *Situación de calle-espacio público-uso de drogas: una aproximación al problema*. Buenos Aires: Civil Association Exchanges.

D'lorio, J.; Seidmann, S.; Rigueiral, G., Gueglio Saccone, C., Mira, Federico Enrique, R., Silvana V. and Ghea, M.(2017). Intervenciones psicosociales con personas en situación de calle. IX International Congress on Research and Professional Practice in Psychology XXIV Research Sessions XIII. MERCOSUR Psychology Researchers Meeting. Faculty of Psychology - University of Buenos Aires.

Diez, M.; Pawlowicz, M.; Vissicchio, F.; Amendolaro, R., Barla, J., Muñoz, A., and Arrúa, L. (2020). Entre la invisibilidad y el estigma: consumo de sustancias psicoactivas en mujeres embarazadas y puérperas de tres hospitales generales de Argentina. *Salud colectiva*, 16, e2509. <https://dx.doi.org/10.18294/sc.2020.2509>.

Eichler, M. (1991). *Non-sexist Research Methods*. London: Routledge. [https://www.academia.edu/679218/Nonsexist\\_research\\_methods\\_A\\_practical\\_guide](https://www.academia.edu/679218/Nonsexist_research_methods_A_practical_guide).

European Gender Summit (2011). Manifest for integrated action on the gender dimension in research and innovation. Available at: [http://www.wings.lu.se/sites/www.wings.lu.se/files/egs\\_manifesto\\_2011.pdf](http://www.wings.lu.se/sites/www.wings.lu.se/files/egs_manifesto_2011.pdf).

United Nations Economic and Social Council. (1997). Agreed conclusions 1997/2 on the incorporation of the gender perspective in all policies and programmes of the United Nations system. Available at: <https://ap.ohchr.org/documents/S/ECOSOC/resolutions/E-RES-2002-23.doc>.

Federici, S. (2019). *Patriarchy of the Wage: Notes on Marx, Gender, and Feminism*. Buenos Aires: Colección Nociones Comunes.

Fernández García, Y. (2006). Acerca del género como categoría analítica, *Nómaditas Revista Crítica de Ciencias Sociales y Jurídicas*, N 13.

Fernández, A.M. (1993). *La mujer de la ilusión*. Buenos Aires: Paidós.

Fleetwood, J. y Torres, A. (2011). Mothers and children of the drug war: A view from a women's prison in Quito, Ecuador', en Barrett, D. *Children of the drug war: Perspectives on the impact of drug policies on young people*. New York, London and Amsterdam: International Debate Education Association.

Foucault, M. (1976). *Historia de la sexualidad*. Tomo I. Buenos Aires: Siglo XXI.



Garbi, S. (2016). De aislamientos y encierros. Modos “legos” y “expertos” de tratar los consumos problemáticos de drogas en el Área Metropolitana de Buenos Aires. (Doctoral thesis). Buenos Aires: UBA.

García-Calvente, M., Jimenez Rodrigo, L. and Martínez Morante, E. (2008). Guía para incorporar la perspectiva de género a la investigación en salud. [chrome-extension://efaidnbnmnibpcajpcglclefindmkaj/https://repositoriosalud.es/bitstream/10668/2575/3/Garcia\\_GuiaIncorporarPerspectiva.pdf](chrome-extension://efaidnbnmnibpcajpcglclefindmkaj/https://repositoriosalud.es/bitstream/10668/2575/3/Garcia_GuiaIncorporarPerspectiva.pdf).

Giberti, E. (2008). “Sexismo”. In Tealdi, J. C. *Diccionario Latinoamericano de Bioética* (Director). Colombia: Colombian National University.

Giacomello, C. (2013). Género, drogas y prisión. Mexico: Tirant lo Blanch.

Goffman, E. (1963). *Estigma. La identidad deteriorada*. Buenos Aires: Amorrortu. <chrome-extension://efaidnbnmnibpcajpcglclefindmkaj/https://sociologiaycultura.files.wordpress.com/2014/02/goffman-estigma.pdf>.

Guerreño, V., Hudson, M., Hurtado Atienza, S., Lucero, K. and Valente, L. (2021). Consumos problemáticos en contextos de encierro desde la Salud Mental: “Del tratamiento para las adicciones a los tratamientos para los consumos problemáticos: Un estudio transversal de diversos dispositivos”. En: *Pensar la cárcel. Abordajes/lecturas múltiples* Buenos Aires: Prison Service of the Province of Buenos Aires.

Hernandez Garcia, Y. (2006). Acerca del género como categoría analítica Nómadas. *Critical Journal of Social and Juridical Sciences*, Vol. 13, N 1.

hooks, b. (1984). Black Women: Shaping Feminist Theory. In hooks, b., Brah, A., Sandoval, Ch., Anzaldúa, G. *Otras Inapropiables. Feminismos desde las fronteras*. Madrid: Traficantes de Sueños.

National Institute of Statistics and Census. (2021). Time use survey. Definitive results. Available at <https://www.indec.gov.ar/indec/web/Nivel4-Tema-4-31-117>.

Instituto Costarricense sobre Drogas (2021). Inclusión de la Población Sexualmente Diversa a las Organizaciones no Gubernamentales Aprobadas por el IAFA que Brindan Tratamiento Residencial en Costa Rica. Costa Rica: Unit for Information and National Statistics on Drugs.

Institute for Criminal Policy Research. (2015). World Female Imprisonment List. London: Birbeck, University of London.

Johnson, J.L., Greaves, L., & Repta, R. (2009). Better science with sex and gender: Facilitating the use of a sex and gender-based analysis in health research. *International Journal for Equity in Health*, 8(14). Available at: <http://doi.org/10.1186/1475-9276-8-14>



Johnson, J.L., Greaves, L. y Repta, R. Better science with sex and gender: Facilitating the use of a sex and gender-based analysis in health research, *Int J Equity Health* 8, 14 (2009). <https://doi.org/10.1186/1475-9276-8-14>.

Kaufman, K. (2006). The gender gap, *PS: Political Science & Politics*, v 39, i 3, pp. 447 - 453. DOI: <https://doi.org/10.1017/S1049096506060884>.

Kensy, J., Stengel, C., Nougier, M. and Birgin, R. (2020). Drug policies and women: addressing the consequences of harmful drug control. International Consortium on Drug Policy (IDPC).

Kozel, N. (1992) Métodos integrales cuantitativos y cualitativos para el estudio del abuso de drogas. In: National Council to Fight Addictions, ed. Las adicciones hacia un enfoque multidisciplinario. Mexico: Health Secretary; 1992.p.125-33.

Laurila, P. & Young, K. (2001). Gender in Research. Gender Impact Assessment of the specific programmes of the Fifth Framework Programme. An overview. Brussels: European Commission.

Lascano, A., and Vélez, J. (2020). "Circuitos punitivos: limitaciones del populismo penal a partir de las prácticas de criminalización de mujeres trans y travestis en una zona roja argentina", en *Revista CS*, 31: 187-216.

Lamas, M. (2012) El género es cultura, V Campus Iberoamericano de Cooperación Cultural. URL available at: [http://www.aieti.es%2Fcultura%2Fupload%2Fdocumentos%2FCXQY\\_CULTURA\\_Y\\_GENERO\\_MARTA\\_LAMAS.pdf](http://www.aieti.es%2Fcultura%2Fupload%2Fdocumentos%2FCXQY_CULTURA_Y_GENERO_MARTA_LAMAS.pdf).

Lerner. G. (1986). La creación del patriarcado. Barcelona: Crítica.

Lichtenberger, A., López, M., y Cremonte, M. (2015) "Intervención breve para promover la abstinencia de consumo de alcohol en mujeres gestantes. Una reflexión crítica" *PSIENCIA. Revista Latinoamericana de Ciencia Psicológica*, 7, 428-437. doi: 10.5872/psiencia/7.3.122

Llort Suárez, A., Ferrando Esquerré, S., Borrás Cabacés, T., and Purroy Aritzeta, I. (2013). El doble estigma de la mujer consumidora de drogas: estudio cualitativo sobre un grupo de autoapoyo de mujeres con problemas de abuso de sustancias. *Alternatives: Cuadernos de Trabajo Social*, 20, 9-22.

López M.B., Arán Filippetti, V. and Cremonte, M. (2015). Alcohol consumption before and during pregnancy in Argentina: prevalence and risk factors. *Pan American Journal of Public Health*, 37(4/5), 211-217.

MacDowell, E., (2013). Theorizing from Particularity: Perpetrators and Intersectional Theory on Domestic Violence, *Journal of Gender, Race and Justice*, 16 (2), 531-576.



Malacalza, L., Jaureguiberry, I. and Caravelos, S. (2019). "Narcotravestis: procesos de criminalización de mujeres trans y travestis por el delito de venta de estupefacientes", en *Cuestiones Criminales*, 2, 3: 3-18.

Miller, R. (2000). *Researching life stories and family stories*. London: SAGE Publications.

Ministry of Health of the Argentine Republic. (2020). Comprehensive health care for trans, transvestite and non-binary people. Guide for health teams. Available at <https://bancos.salud.gob.ar/sites/default/files/2020-10/guia-salud-personas-trans-travestis-nobinarias.pdf>.

Nateras Dominguez, A. and Nateras Dominguez, O. (1994). El uso social de drogas: una mirada deconstruccionista. *Revista de Ciencias y Humanidades*, 35, 6.

Drug Observatory and the Ministry of Justice of Colombia. (2018). Analysis of the participation of women in the drug trafficking value chain. Colombia: Ministry of Justice and Law.

UN Women. (2019). Progress of the world's women 2019-2020: Families in a changing world. Available at <https://www.unwomen.org/es/digital-library/progress-of-the-worlds-women>.

Organization of American States (OAS) (2021). En la vida de las mujeres: hacia un nuevo pacto de género.

Ortega, J.; Tiseyra, M.; Morcillo, S.; Galvez, M. (2017). (Im)pacientes trans en hospitales públicos de Buenos Aires: la experiencia de la espera y la accesibilidad en contextos de estigmatización; Universidade Federal do Rio Grande do Norte; *Vivência: Revista de Antropologia*; 1; 49; 4; 219-232.

Ospina, A (2022) Lilith and Eva. Estereotipos frente a mujeres usuarias de sustancias en proveedores de servicios de tratamiento residencial. *Cultura y representaciones sociales*, 17, 33.

Ovalle, L. y Giacomello, C. (2006). La mujer en el "narcomundo". Construcciones tradicionales y alternativas del sujeto femenino. *Window* [online], vol.3, 24, pp.297-319.

Paradis, P. (2009) A little room of hope: feminist participatory action research with "homeless" women. [Doctoral thesis] Graduate Department of Adult Education and Counselling Psychology. Ontario Institute for Studies in Education University of Toronto. Available at: <https://tspace.library.utoronto.ca/handle/1807/19158>.

Parga, J. (2012). Etnografía sobre la equidad de género en la atención del uso problemático de sustancias: un análisis sobre la "adherencia" al tratamiento. Master's Degree in Gender, Society and Public Policies. Regional Training Programme on Gender and Public Policies. Latin American Faculty of Social Sciences FLACSO, Argentina.



Pawlowicz, M.P.; Rossi, D. and Touz , G. (2006) Cap. 7 Una metodolog a de investigaci n e intervenci n social. In Touz , G. (comp.) (2006) *Saberes y pr cticas sobre drogas. El caso de la pasta base de coca na*. CABA: Exchanges and International Federation of Catholic Universities.

Perez, M. (2019). Violencia epist mica: reflexiones entre lo invisible y lo ignorable. *Revista de Estudios y Pol ticas de G nero*, 19, pp. 81-98.

United Nations Development Programme (UNDP). 2008. Desaf os para la igualdad de g nero en la Argentina. Buenos Aires: UN Development Programme.

Radi, B.; Bianchini, A. and Mastroleo, I. (2022). Cisnormatividad, un compromiso da ino en el dise o de las investigaciones en salud humana, *Sexualidad, Salud y Sociedad Revista Latinoamericana*, n 38.

Rigueiral, G. J., and Seidmann, S. (2019). Trayectorias de vida de personas trans en el  rea metropolitana de Buenos Aires (AMBA). *Interamerican Journal of Psychology/ Interamerican Journal of Psychology*, 53(2), 180-194.  
<https://doi.org/10.30849/rip/ijp.v53i2.1062>.

Romani, O. (2010). Adicciones, drogodependencias y "problema de la droga", *La construcci n de un problema social Cuicuilco*, vol. 17, no. 49, pp. 83-101.

Romo Aviles, N. (2010). La mirada de g nero en el abordaje de los usos y abusos de drogas. *Revista espa ola de drogodependencias*, 3, p. 269-272.

Sandelowski, M. (1993). Rigor or rigor mortis: the problem of rigor in qualitative research revisited. *Adv Nur Sc*.

Schiebinger, L. and Klinge, I. (2018). Gendered Innovation in Health and Medicine. 10.1007/978-3-319-77932-4\_39.

Chilean National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA). (2017). *Mujeres y tratamiento de drogas. Embarazo, puerperio y lactancia*. Santiago, Chile: SENDA.

The GenIUSS Group. (2014). Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.

Tortosa, P. (2020). *Mujeres en situaci n de calle. Trayectorias de salud y de lucha*. Buenos Aires: Teseo.

UNESCO (2017). Measuring Gender Equality in Science and Engineering: the SAGA Toolkit, SAGA Working Paper 2, Paris. Available at: <http://uis.unesco.org/sites/default/files/documents/saga-toolkit-wp2-2017-en.pdf>.



Vissicchio, F. and Pawlowicz, P. (2022). Historias de vida de mujeres encarceladas: delitos de drogas, criminalización y patriarcado. Buenos Aires: Teseo.

Viveros Vigoya, M. (2008). Teorías feministas y estudios sobre varones y masculinidades. Dilemas y desafíos recientes En Ramírez Rodríguez, J.C. and Uribe Vázquez, G. (coords.). *Masculinidades. El juego de género de los hombres en el que participan las mujeres*. Mexico: Plaza y Valdés.

Ynoub, R. (unpublished) IV. El "diseño de la investigación": una cuestión de estrategia. Lecture material. UBA/UNMdP/UNNE.

Zaldúa, G.; Sopransi, M.B; Longo, R. (2007). Vulnerabilidad, género y prácticas de autonomía en dos organizaciones de trabajadores desocupados en Gral. Mosconi y conurbano bonaerense. In: Anuario de Investigaciones, vol. XIV, pp. 183-198.



# Guidelines for Integrating the Gender Perspective in the National Drug Observatories' Information Systems



Funded by  
the European Union

COP  LAD