

## Transforming in parallel: Drug policies and equality policies in Democratic Spain

### *Transformar en paralelo: políticas de drogas y políticas de igualdad en la España Democrática*

Nuria Romo Avilés

University of Granada, Spain

ORCID Nuria Romo Avilés: <https://orcid.org/0000-0002-2142-2726>

Received: 08/12/2025 · Accepted: 19/12/2025

Cómo citar este artículo/citation: Romo Avilés, N. (2025). Transforming in parallel: Drug policies and equality policies in Democratic Spain. *Revista Española de Drogodependencias*, 50(4), 15-22.

#### Abstract

The consolidation over the last 40 years of the National Plan on Drugs (PNSD) as the body responsible for generating drug policies, together with the development of equality policies, has enabled the emergence of research and intervention initiatives incorporating a gender perspective. This text reflects on how, despite the creation of significant political structures and the initiation of gender-sensitive research and interventions, the necessary synchrony has not been achieved for drug policies with a gender perspective to be developed at the level of transforming the groups in which they are implemented and to follow a gender-transformative health model. Such a transformation would enable preventive programmes, treatment systems, and, above all, interventions addressing structural inequalities—such as gender-based violence—that affect populations who use or misuse drugs.

#### Keywords

Gender, National Drug Plan, drug abuse, public policy, institutional coordination.

— Correspondence: \_\_\_\_\_  
Nuria Romo  
Email: [nromo@ugr.es](mailto:nromo@ugr.es)



## Resumen

La consolidación en los últimos 40 años del PNSD como organismo generador de políticas de drogas junto al desarrollo de las políticas de igualdad han permitido que contemos con iniciativas en investigación e intervención con perspectiva de género. En este texto se ofrece una reflexión sobre cómo, a pesar de generarse importantes estructuras políticas e iniciarse la investigación e intervención con perspectiva de género, no llega a provocarse la sincronía necesaria para que las políticas de drogas con perspectiva de género sean desarrolladas a nivel de transformación de los grupos en los que se implementan y sigan el modelo de transformación de la salud desde el género. Esta transformación permitiría programas preventivos, sistemas de tratamiento y, sobre todo, intervenciones sobre desigualdades estructurales como la Violencia de Género que afectan a las poblaciones que usan o abusan de drogas.

## Palabras clave

Género, Plan Nacional sobre Drogas, drogodependencias, política pública, coordinación institucional.

## IN SEARCH OF GENDER TRANSFORMATION

The public body responsible for coordinating and developing drug policies in Spain, the PNSD, is celebrating its fortieth anniversary. This milestone invites reflection based on the model developed to measure the progress of public health policies and on how drug policies with a gender perspective have evolved over these four decades. Today we know that health promotion interventions may maintain, exacerbate, or reduce gender inequities depending on how gender is incorporated into programmes or policies (Pederson, Greaves & Poole, 2015). The measurement scale includes five levels for evaluating gender perspective in health programmes and policies: gender discrimination, gender blindness, gender sensitivity, gender-responsive approaches, and gender transformation. And where are we now?

## A “MALE” AND “MASCULINIZED” EPIDEMIC

With the advent of democracy, beginning in 1975, Spain initiated a process of institutional and legislative modernization that led to the emergence and development of public equality policies and drug policies. Migratory changes, women’s participation in the labour market, and processes of secularization introduced new values, attitudes, and behaviours, including the use of new drugs and, in some cases, problematic patterns of use that required urgent attention. In this new social landscape, family policies and other social policies that reinforced women’s secondary role as mothers and wives became obsolete. Consequently, there was a strong push for equality and social policies driven by a new political and cultural vision and a significant process of Europeanization, both

cognitively and in terms of unfamiliar “ways of doing things” in Spain (Lombardo & León, 2015). Women, despite their invisibility, were also active subjects in this new social life and also used drugs.

The years 1977 and 1978 were key to understanding the evolution of what became Spain’s largest “drug crisis.” During this period, drug traffickers recognized the potential of heroin in the Spanish market and the opportunities for business expansion (Usó, 2015). According to Gamella (2001), this “crisis” was caused by the rapid spread of a form of polydrug use centred on habitual and compulsive heroin consumption, especially via injection, which expanded massively over a few years and became a public health and social control problem widely perceived as such by the population (Gamella, 1997). Its designation as a “drug crisis” is partly explained by the intense social alarm generated by these patterns of use and their consequences. These new forms of drug use were perceived as urgent social problems—threats to social order requiring political intervention—leading to the institutionalization of responses and the creation of bodies and agencies specifically dedicated to addressing, remedying, or eradicating “the problem.”

The 1980s revealed the most dramatic face of drug use. As the spread of heroin consumption and its effects became visible, a social drama unfolded that deeply impacted Spanish youth. This “drama” was framed in masculine terms: it affected men more frequently, and heroin use generated a persistent stereotype—the “male delinquent user”—as the representation of the “drug addict.” Women were excluded from this model and would take much longer to emerge as subjects of study or intervention.

Progress and change were reflected in the creation of two public bodies, established in parallel, tasked with generating and implementing actions in both social spheres and promoting change in a previously non-democratic context with limited public policy development. In 1985, the Government Delegation for the National Plan on Drugs was created (Royal Decree 1677/1985) within the Ministry of Health and Consumer Affairs, with the aim of promoting policies to reduce drug demand and to develop prevention, treatment, social reintegration, and harm reduction programmes related to addictions. Two years earlier, in 1983, the Autonomous Body Institute for Women was established through Law 16/1983, becoming a key actor in promoting conditions enabling freedom, real and effective equality, and women’s participation in civil, labour, economic, social, cultural, and political life, as well as in preventing and eliminating all forms of discrimination based on sex. The Institute for Women was Spain’s first national equality body with Directorate-General rank, dedicated comprehensively to combating gender inequality (Institute for Women, 2024).

Both institutions provided a solid institutional foundation for the development of gender-sensitive policies in equality and drug dependence, allowing progress within the health policy model (Pederson et al., 2015). The National Plan on Drugs succeeded in structuring and professionalizing the care network nationwide, fostering a coordinated, multidisciplinary, and sustained public response to drug dependence. In parallel, gender equality emerged as a core objective of democratic Spain and as a fundamental component of building a peaceful, prosperous, and sustainable world within the 2030 Agenda for Sus-



tainable Development—an objective that requires implementing drug policies with a gender perspective globally. Europeanization, social change, and feminist movement pressure opened the door in the 1980s to new equality policies. Feminism played a crucial role in securing women’s civil rights, evolving from a primarily political and social proposal into a visible force within institutions and formalized groups (Astelarra, 2005).

## **THE NEED FOR GENDER-SENSITIVE RESEARCH AND INTERVENTIONS**

---

We know that women who use or traffic drugs face specific risk factors alongside structural inequalities linked to their disproportionate responsibility for care work and their underrepresentation in political and economic decision-making spaces. These inequalities are constructed through gender, which organizes social and cultural factors affecting men, women, children, and gender-diverse people in their roles, relationships, opportunities, and customs. Ultimately, these are cultural factors shaping individual and social understandings of masculinity, femininity, transgender identities, and gender diversity.

Women who use drugs experience greater and more specific social stigma because drug use violates gender stereotypes that position women as mothers and primary caregivers. Combined with structural economic disadvantage, this stigma reduces access to specialized treatment and social and family support, given the high level of social disapproval attached to women’s drug use (EMCDDA, 2006; Romo-Avilés, 2010).

The development of drug and equality policies has occurred in parallel but without sufficient synchrony to enable gender transformation. In a fragmented and poorly coordinated manner, both institutions began supporting research and interventions in the 1990s aimed at making women’s specific experiences with drug use visible and at incorporating gender perspectives into policies. Civil society organizations, universities, and NGOs also initiated studies, training, and programmes highlighting women’s experiences and the need for gender-sensitive drug policies.

Seminal research emerged identifying women as subjects of study with specific drug-related issues. Pilar Estébanez pioneered a gender-focused approach to HIV research centred on women (Estébanez, 1995). Carmen Meneses’ ethnographic work documented the lived conditions of women who injected heroin in a Madrid neighbourhood, revealing gender-specific impacts of heroin use (Meneses, 2001, 2002). Research showed that women had been largely invisible in opioid use and, when visible, were doubly stigmatized—as heroin users and as women. Early cohorts of women often initiated heroin use through intimate relationships with male users, while later cohorts did so through broader social networks. Severe stigma obscured women’s specific needs and perpetuated myths that hindered sensitive intervention.

Josefa Gómez’s pioneering research on “hidden alcoholism” among Spanish women revealed how stigma led women to drink in private spaces and receive less preparation within families to address alcohol use publicly (Gómez, 2005). My own ethnographic research documented gendered patterns of ecstasy and synthetic drug use in 1990s rave culture, confirming differential patterns and the need for intersec-

tional interventions. Educational institutions such as the Deusto Institute for Drug Dependencies incorporated gender perspectives into training, while researchers such as María Teresa Laespada, Elisabete Arotegui Santamaría, and Aurora Urbano developed gender-focused research and teaching, particularly regarding treatment for women.

The Institute for Women also supported pioneering research, funding a 2000 project on women’s psychopharmaceutical use (Romo-Avilés et al., 2003), highlighting inequalities in non-medical drug use and its health impacts. Medicalization was already recognized as central to understanding women’s relationships with drugs.

From the late 1990s onward, organizations emerged that placed gender at the centre of intervention, such as the Noctámbul@ Observatory and the “Drugs and Gender” programme of the Health and Community Foundation, addressing sexual violence in nightlife contexts through prevention and harm reduction from a gender perspective. Organizations like the Red Cross and Proyecto Hombre integrated gender perspectives into training and created women-specific treatment spaces. In recent years, initiatives such as Metzineras in Barcelona have demonstrated the possibility of harm reduction services that are inclusive, non-criminalizing, and gender-transformative.

## **THE NEED TO ADVANCE TOWARD GENDER- TRANSFORMATIVE DRUG POLICY**

Despite progress, a comprehensive approach to gender-transformative drug policy remains

lacking. Advances have been uneven and unsynchronized, driven by institutional action and advocacy pressure. Sex and gender interact complexly with substance use and policy responses, influenced by class, ethnicity, age, religion, language, and sexual orientation.

Although the PNSD has funded gender-related research and disaggregated epidemiological data by sex, there is limited evidence on consumption contexts, stigma, and social exclusion shaped by gender roles. Gender affects prevalence, initiation, access, responses to marketing, and the use of substances to cope with trauma, care burdens, poverty, and marginalization.

While recent steps include the creation of a gender working group within the Spanish Council on Drug Dependencies and Other Addictions (CEDOA), experiences remain incipient. Gender-sensitive prevention, harm reduction, and interventions addressing extreme inequalities—such as gender-based violence—are essential. Women require specific drug policies, especially concerning legal substances where prevalence and gender gaps are greatest. Current data do not support intersectional policy design, underscoring the need for new gender indicators and methodologies—a new epistemology.

Addressing violence in drug-use contexts is crucial. Gender-based violence, a major public health issue, affects nearly one in three women worldwide (WHO, 2021) and disproportionately impacts women who use psychoactive substances (European Union Drugs Agency, 2022). Substance use and violence reinforce one another across women’s lives (Romo-Avilés et al., 2023).

Despite progress, much remains to be done to reach true gender transformation in drug



policy. This requires methodological innovation, access to lived contexts, amplifying affected voices, avoiding criminalization, and reducing stigma. Evidence on LGBTBIQ+ populations remains scarce, highlighting the need for inclusive actions. Ultimately, a feminist epistemology is necessary to comprehensively transform public policies on equality and drugs.

Over the past 40 years, Spain has progressed toward gender-responsive approaches, but gender transformation has not yet been achieved. Gender mainstreaming will enhance the acceptance, relevance, and effectiveness of drug policies, enabling Spanish political institutions to move from responsiveness to transformation—improving outcomes for women and men, girls and boys alike.

## REFERENCES

- Astelarra, J. (2005). *Veinte años de políticas de igualdad*. Universitat de València.
- Estébanez, P. (1995). *Estudio de los factores de riesgo para la salud y para las ETS particularmente el SIDA en el trabajo sexual femenino en España* [Tesis doctoral]. Universidad Autónoma de Madrid.
- European Monitoring Centre for Drugs and Drug Addiction. (2006). *Selected issue 2: A gender perspective on drug use and responding to drug problems*. EMCDDA.
- European Union Drugs Agency. (2023). *Women and drugs: Health and social responses*. [https://www.euda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses\\_en](https://www.euda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en)
- Fernández Rodríguez, M. A., Fontanil Gómez, Y., Dema Moreno, S., Quintero Ordóñez, B., & González López, I. (2021). Género y prevención de drogodependencias: Evaluación del programa escolar "Juego de llaves". *Health and Addictions/Salud y Drogas*, 21(1). <https://doi.org/10.21134/haaj.v21i1.581>
- Fundación EMET Arco Iris. (2020). Tratamiento de mujeres con adicciones y otras patologías en Comunidad Terapéutica: El porqué de un tratamiento específico para mujeres. *Monográfico*, 45(2), 64-72.
- Fundación Salud y Comunidad. (2021). *Centro de acogida y centro de día para mujeres en situación de grave exclusión "Beatriz Galindo" (Madrid)*. <https://www.fsyc.org/proyectos/centro-de-acogida-y-centro-de-dia-para-mujeres-en-situacion-de-grave-exclusion-beatriz-galindo-madrid/>
- Gamella, J. F. (1997). Heroína en España (1977-1996). *Claves de Razón Práctica*, 72, 20-30.
- Gamella, J. (2001). Mareas y tormentas: Ciclos de policonsumo de drogas en España (1959-1998). Algunas consecuencias estratégicas para el diseño de políticas públicas. *Cuadernos de Psiquiatría Comunitaria*, 1(1), 7-18.
- Gómez Moya, J. (2005). *El alcoholismo femenino: Una perspectiva sociológica*. Octaedro.
- Harm Reduction International. (2022). *Impact of service disruptions on women, ethnic minorities and Indigenous people*. <https://hri.global/publications/impact-of-harm-reduction-services-disruption-on-women-ethnic-minority-groups-and-indigenous-people-who-use-drugs/>
- Heras-Gröh, Á. (s.f.). *La atracción del abismo: Los años oscuros de la heroína en Euskadi*.

- Instituto de las Mujeres & Colegio Profesional de Ciencia Política, Sociología, Relaciones Internacionales y Administración Pública de la Comunidad de Madrid. (2024). *40 años de políticas públicas de igualdad en España: Principales avances en materia de igualdad entre mujeres y hombres*.
- Lombardo, E., & León, M. (2015). Políticas de igualdad de género y sociales en España: Origen, desarrollo y desmantelamiento en un contexto de crisis económica. *Investigaciones Feministas*, 5, 13-35. [https://doi.org/10.5209/rev\\_INFE.2014.v5.47986](https://doi.org/10.5209/rev_INFE.2014.v5.47986)
- Meneses Falcón, C. (2001). *Mujer y heroína: Un estudio antropológico de la heroínomanía femenina* [Tesis doctoral]. Universidad de Granada.
- Meneses Falcón, C. (2002). De la morfina a la heroína: El consumo de drogas en las mujeres. *Miscelánea Comillas: Revista de Ciencias Humanas y Sociales*, 60(116), 217-243.
- Mereish, E. H., & Bradford, J. B. (2014). Intersecting identities and substance use problems: Sexual orientation, gender, race, and lifetime substance use problems. *Journal of Studies on Alcohol and Drugs*, 75(1), 179-188.
- Ministerio para la Transformación Digital y de la Función Pública. (2024, 24 de julio). Real Decreto 718/2024, de 23 de julio, por el que se desarrolla la estructura orgánica básica del Ministerio de Sanidad. *Boletín Oficial del Estado*. <https://www.boe.es>
- Mutatayi, C., Morton, S., Soto, N. R., Pálsdóttir, K. I., & Pires, C. V. (s.f.). *Implementing a gender approach in drug policies: Prevention, treatment and criminal justice. A handbook for practitioners and decision makers*. Council of Europe. <http://book.coe.int>
- Pederson, A., Greaves, L., & Poole, N. (2015). Gender-transformative health promotion for women: A framework for action. *Health Promotion International*, 30(1), 140-150. <https://doi.org/10.1093/heapro/dau083>
- Plan Nacional sobre Drogas. (s.f.). *Consejo de Gobierno del Plan Nacional sobre Drogas*. <https://pnsd.sanidad.gob.es/delegacionGobiernoPNSD/organigrama/funciones/consejo.htm>
- Real Decreto 1677/1985, de 11 de septiembre, de Coordinación Interministerial para la ejecución del Plan Nacional sobre Drogas. (1985). *Boletín Oficial del Estado*. <https://www.boe.es>
- Romo-Avilés, N. (2001). *Cultura del baile y riesgo: La influencia del género en los nuevos usos de drogas de síntesis* [Tesis doctoral, Universidad Complutense de Madrid].
- Romo-Avilés, M. N. (2005). Género y uso de drogas: La invisibilidad de las mujeres. *Monografías Humanitas*, 5, 65-83. <https://digibug.ugr.es/handle/10481/22315>
- Romo-Avilés, N. (2010). La mirada de género en el abordaje de los usos y abusos de drogas. *Revista Española de Drogodependencias*, 35(3), 269-272. [https://red.aesed.com/upload/files/vol-35/n-3/v35n3\\_ed.pdf](https://red.aesed.com/upload/files/vol-35/n-3/v35n3_ed.pdf)
- Romo-Avilés, N., Hernández-Padilla, M., Pavón-Benítez, L., Ruiz-Repullo, C., & Tarriño-Concejero, L. (2023). "They are



- survivors". Violence against women drug users: A qualitative analysis of the professionals' narratives. *Drugs: Education, Prevention and Policy*, 31(6), 678–687. <https://doi.org/10.1080/09687637.2023.2269298>
- Romo-Avilés, N., Markez, I., Poo, M., Meneses, C., Gil, E., & Vega, A. (2003). Sobre el malestar y la prescripción: Un estudio sobre los usos de psicofármacos por las mujeres. *Revista Española de Drogodependencias*, 28(4), 372-379. [https://red.aesed.com/upload/files/vol-28/n-4/v28n4\\_5.pdf](https://red.aesed.com/upload/files/vol-28/n-4/v28n4_5.pdf)
- Romo-Avilés, N., Pérez-Amigo, J., & López-Morales, J. (2025). "You have to consider gender." Accounts of professionals on the barriers to women's treatment for drug problems. *Contemporary Drug Problems*, 52(4), 488-507. <https://doi.org/10.1177/00914509251334930>
- Serrano, A. (1983). Evolución social, criminalidad y cambio político en España. IX Congreso Internacional de Criminología, 284-287.
- Tirado-Muñoz, J., Gilchrist, G., Lligoña, E., Gilbert, L., & Torrens, M. (2015). Intervención grupal para reducir la violencia de género entre consumidoras de drogas: Resultados de un estudio piloto en un centro comunitario de tratamiento de adicciones. *Adicciones*, 27(3), 168-178. <https://doi.org/10.20882/adicciones.703>
- Usó, J. C. (2015). *¿Nos matan con heroína?* (pp. 38-51). Libros Crudos.
- World Health Organization. (2011). *Gender mainstreaming for health managers: A practical approach*. World Health Organization.