Gender-sensitive prevention and treatment services for alcohol and drug users in Belgium

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What about…

What we know
What we are
What we aim to do
What we plan to do
Preliminary results

What about… What we know

- Significant gender differences worldwide regarding the use and misuse of alcohol, prescription drugs and illicit substance
- Men and women tend to progress differently from first use to dependence and recovery
- Men clearly outnumber women in alcohol and drug services, although the male-to-female gender ratio differs between countries and treatment modalities and according to the primary substance of abuse
- Women with alcohol and stimulant drug use
- The number of female problem users in the population does not correspond with the proportion of women in alcohol and drug treatment (gender gap), especially among women in the childbearing age
- Underrepresentation of female drug users is particularly high in long-term residential services
- Gender aspects have been studied and discussed mainly in relation to treatment, while this phenomenon is scantily documented in prevention, harm reduction and other demand reduction services along the continuum of care
- Treatment entry for women may be complicated
  - Socio-cultural factors
  - Socio-economic factors
  - Poverty
  - Educational attainment
  - Social support
  - System barriers
  - Accessibility and affordability of services
  - Opening hours
  - Absence of child care
What about... What we know

- When women enter treatment they tend to present more severe substance abuse problems (physical, psychological, family and socio-economic).
- Once in treatment they tend to do as well as men regarding treatment retention, completion and outcomes, although several predictors of poor treatment outcomes are more common among women:
  - Unemployment
  - History of victimization
  - Psychological stress

The need for gender-sensitive prevention, treatment and harm reduction practices has been acknowledged in the EU Drugs Plan since 2005.

A gender-sensitive approach (Tang et al., 2012; Grella, 2008) has been described as:
- A set of comprehensive, family-focused interventions, which are provided in a strengths-based, relational, and trauma-informed fashion.
- Within a safe and affirming environment.

During the past decade, several gender-specific initiatives have been launched to address the needs of female substance users:
- Single gender
  - Residential mother-child programs
  - Women’s groups
  - Case management for pregnant women
  - Mixed gender
  - Parenting groups/classes
  - Child care services
- Single-gender projects are often well-known and are easily identifiable, whereas mixed gender-sensitive programs are often less visible.

Both types of gender-sensitive treatment are effective for vulnerable populations.

The degree of gender responsiveness varies widely between programs, which affects treatment outcomes.

Women enrolled in more gender-sensitive treatment are more likely to complete treatment and attend continuing care than women enrolled in less gender-sensitive programs.

In Belgium, few empirical studies have focused on gender issues in drug demand reduction:
- Women in drug-free therapeutic communities
- Female recreational drug users
- Female sex workers
- Drug-addicted mothers in residential treatment
- EMCDDA: stigma, parenthood, deprivation and abuse, role identity and self-awareness as key issues in developing gender-sensitive services.
- The increasing normalization of substance use poses new challenges to the provision of gender-sensitive services
  - Prevention, early intervention and harm reduction settings.

What about... Who we are

- A multidisciplinary research network
  - University of Ghent
  - Scientific Institute of Public Health
  - University College Ghent
  - International experts
    - Prof. Ettorre (University of Liverpool)
    - European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)
    - Umbrella organisations
What about… What we aim to do

Focus
- Gender sensitivity of alcohol and drug services
- As experienced by service providers and service users
- Illicit substances, as well as alcohol, prescription drugs and NPS
- Along the continuum of care

Aim
- To assess the availability of and need for gender-sensitive prevention and treatment approaches in Belgium
- The obstacles and challenges that are experienced by female substance users in utilizing these services

Theoretical framework
- The category of women is no longer universally treated as homogeneous in substance abuse research
- Diverse needs, concerns, experiences and aspirations of women in drug abuse prevention and treatment services
- Ways in which they can be offered the proper support in order to lead a good life

We aim to contribute to this strand of research, while studying how the lives of female drug misusers are constrained and supported by substance use prevention and treatment services and assess to what extent gender-sensitive services are provided.

What about… What we plan to do

1. Mapping of available gender-sensitive services for alcohol and drug users in Belgium
   - What?
     - Identification of single gender and mixed gender initiatives throughout the continuum of care
     - Comparison between services and with international standards or good practices
   - How?
     - A short survey is sent to directors and coordinators of all alcohol and drug agencies in Belgium
     - All identified organisations offering single gender or mixed gender-sensitive services (±30) are contacted for a semi-structured interview (60-90 minutes)
     - Basic information on organisation and service users, and measuring to what extent programs offer gender-sensitive services (cf. standardized instrument)

2. Review of the literature and international comparison
   - What?
     - Provide a short, but accurate and up-to-date picture on gender issues reported in the literature and on obstacles to treatment and viable alternatives, without the intention of being comprehensive or exhaustive
   - How?
     - International peer-reviewed literature
     - Best practice portal of the EMCDDA and similar organizations (e.g. European national focal points on drugs and drug addiction)

3. Narratives and treatment experiences of female substance misusers
   - What?
     - Women’s personal accounts of critical life events and experiences with alcohol and drug services along the continuum of care
   - Biographical research: subjective experiences
   - Pathways framework: dynamic interaction between the lifeworld/agency of female substance users and the systemic/structural support provided by factors associated with it
   - How?
     - 60 in-depth interviews (90-120 minutes) with female substance users
     - Targeted sampling: heterogeneous sample of substance using women
     - Snowball sampling: hidden populations
**What about… What we plan to do**

### 4. Secondary analysis of gender differences in population and treatment samples in Belgium
- **What?**
  - Calculate the male-to-female substance ratio for substances
  - Compare indicators of problem use between men and women
  - Standard epidemiological analysis
  - Study potential explanatory mechanisms
- **How?**
  - Several existing databases will be analysed, e.g.
    - Treatment Demand Indicator register
    - Belgian branch of the Global Drug Survey
    - The Belgian Health Interview Survey

### 5. Experts’ views on challenges and prerequisites and recommendations for further developing gender-sensitive alcohol and drug demand reduction services
- **What?**
  - Explore the challenges and obstacles that women experience when contacting alcohol and drug services for further developing gender-sensitive alcohol and drug demand reduction services
- **How?**
  - Four focus groups
    - Prevention, early intervention and harm reduction (NL/FR)
    - Treatment and continuity of care (NL/FR)
    - Including various stakeholders (service providers, practitioners, service users, client advocates, etc.)
    - Umbrella organisations

### 6. Integration of study findings and formulation of guidelines and recommendations for gender-sensitive alcohol and drug demand reduction services
- **Conclusions**
  - The accessibility of alcohol and drug services for women
  - The availability of gender-sensitive alcohol and drug services
  - Suggestions and recommendations for improving the accessibility of services and making them more gender-sensitive
  - Prevention and harm reduction initiatives
  - Policy recommendations to promote gender sensitivity as an important point of interest when shaping and creating services

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**What about… Preliminary results**

### 21. Short survey
- 65 completed: 40 NL, 25 FR (missing)
- 18 organisations report having (a) gender-sensitive initiative(s): 10 NL – 8 FR
- Continuum of care: 19 treatment, 11 after care, 11 harm reduction, 10 low threshold, 8 prevention, 5 early intervention
- Target group: 24 women, 12 parents young children, 6 men, 6 sexworkers, 6 people double diagnosis, 4 older people, 4 refugees, 3 youngsters, 3 holebi’s e.a.
- Setting: 19 ambulant, 6 residential, 5 community-based

### 22. Interviews
- On-going
- 25 organisations (33 initiatives)
- Overall impressions so far:
  - A much needed study
  - Compassion is difficult (diversity)
  - No specific training (experience)
  - Motivation: children

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**Analysis: European Health Interview Survey (2013)**
- Underestimation of substance use
  - Marginalised people
  - Lower response rate among people with more severe problem of substance abuse
- Data are limited, they give an indication, further analysis is needed to make conclusions
What about... Preliminary results

Analysis: European Health Interview Survey (2013)
- Overconsumption of alcohol: 2.70% women - 4.31% men

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td>Women (%)</td>
<td>2.70</td>
<td>94.65</td>
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<tr>
<td>Male (%)</td>
<td>4.31</td>
<td>97.74</td>
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<tr>
<td>Total</td>
<td>7.01</td>
<td>100.00</td>
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</table>

Analysis: European Health Interview Survey (2013)
- Cannabis use past 12 months: 1.44% women - 3.47% men

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Women (%)</td>
<td>1.44</td>
<td>95.13</td>
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<tr>
<td>Male (%)</td>
<td>3.47</td>
<td>96.56</td>
</tr>
<tr>
<td>Total</td>
<td>4.91</td>
<td>99.09</td>
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</tbody>
</table>

Analysis: European Health Interview Survey (2013)
- Use of drugs other than cannabis past 12 months: 0.29% women - 0.60% men

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<thead>
<tr>
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<tbody>
<tr>
<td>Women (%)</td>
<td>0.29</td>
<td>51.36</td>
</tr>
<tr>
<td>Male (%)</td>
<td>0.60</td>
<td>47.75</td>
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<tr>
<td>Total</td>
<td>0.89</td>
<td>99.11</td>
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Analysis: European Health Interview Survey (2013)
- Use of cocaine past 12 months: 0.14% women - 0.41% men

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</thead>
<tbody>
<tr>
<td>Women (%)</td>
<td>0.14</td>
<td>51.51</td>
</tr>
<tr>
<td>Male (%)</td>
<td>0.41</td>
<td>47.94</td>
</tr>
<tr>
<td>Total</td>
<td>0.56</td>
<td>99.44</td>
</tr>
</tbody>
</table>

Analysis: European Health Interview Survey (2013)
- Use of psychotropic medicine past 2 weeks: 10.16% women - 6.05% men

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<tr>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>Women (%)</td>
<td>10.16</td>
<td>90.10</td>
</tr>
<tr>
<td>Male (%)</td>
<td>6.05</td>
<td>41.61</td>
</tr>
<tr>
<td>Total</td>
<td>16.21</td>
<td>99.09</td>
</tr>
</tbody>
</table>

Analysis: European Health Interview Survey (2013)
- Use of sleeping pills past 2 weeks: 8.11% women - 5.04% men

<table>
<thead>
<tr>
<th>Category</th>
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<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women (%)</td>
<td>8.11</td>
<td>44.23</td>
</tr>
<tr>
<td>Male (%)</td>
<td>5.04</td>
<td>42.62</td>
</tr>
<tr>
<td>Total</td>
<td>13.15</td>
<td>86.85</td>
</tr>
</tbody>
</table>

Gender sensitive prevention and treatment services for alcohol and drug use in Belgium
What about… Preliminary results

**Analysis:** Treatment Demand Indicator register (2015)

- Proportion of women treated for a drug and/or alcohol use problem by type of centre
  - There are more women treated for drug-related problems in hospitals and in centres of mental health than in specialized centres

<table>
<thead>
<tr>
<th>Type of centre</th>
<th>Women (%)</th>
<th>Men (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General hospital</td>
<td>32.80</td>
<td>67.20</td>
</tr>
<tr>
<td>Mental health care centres</td>
<td>28.34</td>
<td>71.66</td>
</tr>
<tr>
<td>Treatment Demand Indicator register (2015)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Proportion of women treated for a drug and/or alcohol use problem by type of program
  - Inpatient care: the proportion of women is higher in psychiatric units in general hospitals and in other units of general hospitals

<table>
<thead>
<tr>
<th>Type of inpatient program</th>
<th>Women (%)</th>
<th>Men (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis unit</td>
<td>16.97</td>
<td>83.03</td>
</tr>
<tr>
<td>Treatment program / Therapeutic community</td>
<td>18.58</td>
<td>81.42</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>30.53</td>
<td>69.47</td>
</tr>
<tr>
<td>Psychiatric unit in a general hospital</td>
<td>34.98</td>
<td>65.02</td>
</tr>
<tr>
<td>General hospital</td>
<td>32.72</td>
<td>67.28</td>
</tr>
</tbody>
</table>

- Outpatient: the proportion of women is higher in centres for mental health

<table>
<thead>
<tr>
<th>Type of outpatient program</th>
<th>Women (%)</th>
<th>Men (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low threshold</td>
<td>20.72</td>
<td>79.28</td>
</tr>
<tr>
<td>Specialized day centre</td>
<td>17.24</td>
<td>82.76</td>
</tr>
<tr>
<td>Specialized consultations</td>
<td>20.40</td>
<td>79.60</td>
</tr>
<tr>
<td>Centre for mental health</td>
<td>28.34</td>
<td>71.66</td>
</tr>
<tr>
<td>Other</td>
<td>17.50</td>
<td>82.50</td>
</tr>
</tbody>
</table>

- Proportion of women treated for a drug and/or alcohol use problem by main substance category
  - Substances for which the proportion of women is higher: hypnotics and sedatives and alcohol

<table>
<thead>
<tr>
<th>Main substance category</th>
<th>Women (%)</th>
<th>Men (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>20.10</td>
<td>79.90</td>
</tr>
<tr>
<td>Cocaine</td>
<td>19.81</td>
<td>80.19</td>
</tr>
<tr>
<td>Stimulants other than cocaine</td>
<td>27.97</td>
<td>72.03</td>
</tr>
<tr>
<td>Hypnotics and sedatives</td>
<td>50.42</td>
<td>49.58</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>8.33</td>
<td>91.67</td>
</tr>
<tr>
<td>Volatile inhalants</td>
<td>28.57</td>
<td>71.43</td>
</tr>
<tr>
<td>Cannabis</td>
<td>17.77</td>
<td>82.23</td>
</tr>
<tr>
<td>Alcohol</td>
<td>32.00</td>
<td>68.00</td>
</tr>
<tr>
<td>Other</td>
<td>30.36</td>
<td>69.64</td>
</tr>
</tbody>
</table>

- Proportion of women treated for a drug and/or alcohol use problem by age category
  - The recurrent substances over the ages are hypnotics and sedatives, alcohol and stimulants other than cocaine
  - Trends: the proportion of women…
    - using opioids tends to decrease with age, except for women aged 60-64
    - using hypnotics and sedatives tends to increase with age, especially from 40 years old
    - drinking alcohol slightly increases with age
    - using cocaine is highest in age category 15-19
  - Trends: the proportion of women…
    - using opioids tends to decrease with age, except for women aged 60-64
    - using hypnotics and sedatives tends to increase with age, especially from 40 years old
    - drinking alcohol slightly increases with age
    - using cocaine is highest in age category 15-19

What about... Some challenges

- Comparison with international gender-sensitive good practices in prevention and treatment
- Service providers: education / training in women in addiction vs experience?
- Narratives of female drug users
  - Focus
    - What are their needs?
    - Challenges and obstacles for not using (is) gender-sensitive initiatives?
    - Reasons for enrolling (is) gender-sensitive initiatives?
  - How to reach hidden populations?
Thank you!

Cheers to an interesting and thought-provoking convention!