

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

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2

What about...

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

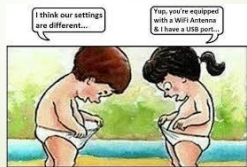
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3

What about... What we know

- Significant **gender differences** worldwide regarding the use and misuse of alcohol, prescription drugs and illicit substance



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4

What about... What we know

- 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

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5

What about... What we know

- 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 **scantly documented** in prevention, harm reduction and other demand reduction services along the continuum of care

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6

What about... What we know

- **Treatment entry** for women may be complicated
 - Socio-cultural factors
 - Social stigma
 - Socio-economic factors
 - Poverty
 - Educational attainment
 - Social support
 - System barriers
 - Accessibility and affordability of services
 - Opening hours
 - Absence of child care



7 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

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8 What about... What we know

- 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

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9 What about... What we know

- During the past decade, several gender-specific **initiatives** have been launched to address the needs of female substance user
 - Single gender
 - Residential mother-child programs
 - Women 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

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10 What about... What we know

- Both types of gender-sensitive treatment are **effective**
 - Vulnerable populations benefit more from single gender programs
- 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

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11 What about... What we know

- 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

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12 What about... Who we are

- A multidisciplinary research network
 - University of Ghent
 - Scientific Institute of Public Health
 - University College Ghent
 - International experts
 - Prof. Etorre (University of Liverpool)
 - European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)
 - Umbrella organisations

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13 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

Source: World Health Organization, The Problem of Substance Use and Mental Health: A Global Perspective. Geneva: WHO, 2004. Available at: http://www.who.int/substance_abuse/publications/en/mental_health_problem.pdf

14 What about... What we aim to do

■ **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

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15 What about... What we aim to do

■ **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

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16 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)

17 What about... What we plan to do

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 begin 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)

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18 What about... What we plan to do

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 misusers
 - Targeted sampling: heterogeneous sample of substance using women
 - Snowball sampling: hidden populations

19 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 analyzed, e.g.
 - Treatment Demand Indicator register
 - Belgian branch of the Global Drug Survey
 - The Belgian Health Interview survey

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20 What about... What we plan to do

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

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21 What about... What we plan to do

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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22 What about... Preliminary results

• **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

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23 What about... Preliminary results

• **Interviews**

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

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24 What about... Preliminary results

• **Analysis:** European Health Interview Survey (2013)

- Underestimation of substance use
 - Marginalized 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

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25 What about... Preliminary results

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

Overconsumption of alcohol (n=5996)	Yes	No
Women (%)	2.70	49.85
Men (%)	4.31	43.14
Total	7.01	52.99

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26 What about... Preliminary results

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

Cannabis use past 12 months (n=4925)	Yes	No
Women (%)	1.44	50.13
Men (%)	3.47	44.55
Total	4.91	55.09

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27 What about... Preliminary results

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

Use of drugs other than cannabis (n=4846)	Yes	No
Women (%)	0.29	51.36
Men (%)	0.60	47.75
Total	0.89	59.11

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28 What about... Preliminary results

- Analysis: European Health Interview Survey (2013)
 - Use of cocaine past 12 months: 0.14% women - 0.41% men

Use of cocaine past 12 months (n=4846)	Yes	No
Women (%)	0.14	51.51
Men (%)	0.41	47.94
Total	0.56	59.44

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29 What about... Preliminary results

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

Use of psychotropic medicine past 2 weeks (n=5242)	Yes	No
Women (%)	10.16	42.18
Men (%)	6.05	41.61
Total	16.21	53.79

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30 What about... Preliminary results

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

Use of psychotropic medicine past 2 weeks (n=5242)	Yes	No
Women (%)	8.11	44.23
Men (%)	5.04	42.62
Total	13.15	56.85

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31 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

Type of centre	Women (%)	Men (%)
Specialized centres	18.79	81.21
Mental health care centres	28.34	71.66
Hospitals	32.80	67.20
Total	27.72	72.28

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32 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 program**
 - The proportion of women in treatment appears to be higher in inpatient than outpatient programs? (needs verification)
 - Inpatient care: the proportion of women is higher in psychiatric units in general hospitals and in other units of general hospitals

Type of inpatient program	Women (%)	Men (%)
Crisis unit	18.97	81.03
Treatment program / Therapeutic community	18.58	81.42
Psychiatric hospital	30.53	69.47
Psychiatric unit in a general hospital	34.98	65.02
General hospital	32.72	67.28

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

Type of outpatient program	Women (%)	Men (%)
Low threshold	20.72	79.28
Specialized day centre	17.24	82.76
Specialized consultations	20.40	79.60
Centre for mental health	28.34	71.66
Other	17.50	82.50

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34 What about... Preliminary results

- Analysis: Treatment Demand Indicator register (2015)
 - 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

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

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35 What about... Preliminary results

- Analysis: Treatment Demand Indicator register
 - Proportion of women treated for a drug and/or alcohol use problem by **age category** by **main substance category** in Belgium in 2015
 - 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

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36 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 (a) gender-sensitive initiative(s)
 - Reasons for entering (a) gender-sensitive initiative(s)
 - How to reach hidden populations?



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Thank you!

Cheers to an
interesting
and thought-
provoking
convention!

