

**Towards gender-sensitive prevention and treatment for
female substance users in Belgium**

**Naar gender-sensitieve preventie en hulpverlening voor
vrouwelijke middelengebruikers in België**

**Vers un traitement et une prévention sensible au genre pour
femmes toxicomanes et alcooliques en Belgique**

GEN-STAR – Recommendations

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Contract - DR/00/73



HoGent



DR/00/73

Published in 2018 by the Belgian Science Policy

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Schamp, J., Simonis, S., Van Havere, T., Gremeaux, L., Roets, G., Willems, S., & Vanderplasschen, W. (2018). *Towards gender-sensitive prevention and treatment for female substance users in Belgium. Final Report*. Brussels: Belgian Science Policy.

BRAIN-be - Belgian Research Action through Interdisciplinary Network

Recommendations for substance abuse prevention, treatment and policy

Based on the findings of the current research, we formulate recommendations for the drug demand reduction field in Belgium, clustered around five major themes including specific measures to develop a structural framework for more gender-sensitive approaches in this field. A crucial element to successfully implement these recommendations in the drug demand reduction is the involvement of all actors in the implementation process, irrespective whether it concerns the policy or practice level. Political authorities at the federal, regional and local level should be aware of the necessity to work in close collaboration with various actors in the field and specialized centres for achieving sustainable and effective changes.

1 Towards a comprehensive and integrated approach

When focusing on the concept of ‘integrated treatment approaches’, two different levels need to be distinguished.

1.1 A continuum of interventions and treatment approaches

A strictly medical approach or solely psychological support will often not be sufficient to promote change and recovery among persons with substance use problems. An integrated approach, including attention for **each dimension of the person** - being emotional, social, cultural, spiritual, physical and mental life -, is highly recommended. These dimensions can be taken into account through combination and integration of medical care, social support, psychological counselling, personal empowerment as well as philosophical and cultural approaches.

Within a gender-sensitive framework, promotion of **holistic treatment approaches** seems essential and promising, as it allows women to discover (once again) their bodies and to be fully aware of themselves in their totality and complexity. This way of thinking and empowerment can also help women to build a new identity as a person and as a woman by providing relief to the body and mental pain.

1.2 A tailored approach as part of a network services

Beyond the notion of gender, each female user brings in her specific and individual context. Given the diversity and complexity of social realities and their clear impact on the outcomes of substance abuse treatment (Neale et al., 2014), establishing tailored gender-sensitive services can be regarded a prerequisite through a diverse and **interdisciplinary network of specialized and non-specialized agencies**. There is a real need for integrated treatment, including childcare services, housing support, job training, low threshold and harm reduction services, trauma and other types of specific therapy. Ideally, the approach and support should be tailored to the needs of each female user with a treatment demand. Each person’s situation should be evaluated during the intake process to identify specific needs and desired support. A key factor of such an integrated approach concerns the importance of a wide range of treatment services that are offered (e.g. outpatient and residential settings; outreach work; single and mixed-gender initiatives), in order to respond to the multiplicity of female users’ situations.

Also, integrated approaches should include an aftercare component to ensure continuity of care, which is regarded to be a crucial element of a recovery-oriented approach. Healthcare and treatment services should be experienced as comprehensive and integrated by service users. Moreover, services provided by various professionals should be connected and coherent with individuals’ personal situation and needs. In that regard, knowledge on service users and their context are as important as their medical/psychological condition to ensure appropriate responses to their needs (Haggerty et al., 2003).

1.3 Some examples of including gender aspects in comprehensive treatment programmes

Besides integrated treatment approaches and integrated services, some concrete measures are recommended. To develop gender-sensitive practices in the field of treatment and prevention, we give some specific examples of such activities.

- I. In residential mixed-gender programmes, the implementation of specific women-only activities can help women to reinforce their own identity as a woman and create a sense of belonging to the group. Moreover, the difficulty of being in a large group of men can be overcome by specific women-only talking groups on topics related to sexuality, parenthood, violence or particular subjects that are identified as needs. Indeed, a safe and closed environment can be helpful to reduce the fear of judgment and to allow freedom of speech on intimate topics as well as topics regarding sex work. Importantly, when addressing the topic of 'gender', it is recommended to include and involve both men and women. Hence, the same type of groups can be developed for men as well. This approach could be a starting point to construct a shift in mentality in both groups, regarding the defined normative gendered roles and the gendered stereotype behaviours.
- II. In outpatient mixed-gender programmes, install a specific physical space for women only is recommended, as well as single-gender chat groups. These measures allow bonding with staff members, based on a relationship of trust and encourages women to talk about more sensitive subjects. Such a separate, safe environment is a core element to get beyond the fear of judgment.
- III. Installing a specific space for women-only in residential programmes, as well as providing separate bedrooms and bathrooms are recommended.
- IV. Provision of easy access to contraception and gynaecologist consultations in residential programmes, as well as outpatient services at a minimal cost are advised. Given the omnipresence of trauma in female substance users' life stories, a female gynaecologist trained in gender issues may help to diminish barriers regarding stigma and to create a safe environment to build up a relationship based on mutual trust.
- V. Given the stigmatization of female users and feelings of shame experienced by them, treatment and prevention services are advised to involve female experts by experience in the programme.

As women are usually the principal childcare provider and family responsibilities are often an obstacle when seeking treatment, their family situation should be taken into account in their treatment trajectory. Some specific recommendations that incorporate the family context are listed below:

- I. It is an urge to provide childcare services for female substance users with small children in outpatient single and mixed-gender programmes. A concrete and well-elaborated opportunity for childcare in an outpatient setting that allows female users to take their child(ren) along to these settings is considered to be of additional value.
- II. Adapted services are required to create or support the mother-child bond. Such services might be provided in the format of pro-children settings or parental support. Also, maintaining specific rooms in a hospital for female users in substitution treatment and their newborn after childbirth (e.g. kangaroo rooms) can be appropriate to reach this goal.
- III. By creating a helpline for female users that is also available outside office hours, women are provided with alternatives to seek help in an anonymous way, independent of others and while their child(ren) are at home.

- IV. A combination of outreach and outpatient services should be considered. Reaching more female users at home and including their relatives in family-focused interventions is recommended. Focusing on the home environment of female users and involving their family and network may facilitate access to treatment and other helping resources.

2 Training in gender issues and exchange of good practices

Taking into account these above-mentioned recommendations, several solutions might include specific adaptations to the treatment structure and setting. Therefore, it is essential to provide (new) training opportunities for staff members, as well as to promote the exchange of good practices between professionals from different services.

- I. Training and formation on gender-related topics must be provided for counsellors, psychotherapists, psychologists, psychiatrists and other people involved in the treatment of female users.
- II. A clear vision of what a gender-sensitive approach entails needs to be integrated in residential and outpatient programmes, based on experiences of counsellors, female users, the literature and available good practices. Such a (written) vision may facilitate the translation of abstract ideas into concrete plans and measures.

3 Attention for gender stereotypes and women's responsibilities

While it is central to address treatment of female substance users from a public health perspective, it is also meaningful to examine it from a sociological point of view. As a consequence, a broader view of the gender dimension needs to be integrated and topics related to gendered stereotypes such as domestic violence, parenthood and familial responsibilities should be addressed.

To promote gender equity and to reduce the burden of women's responsibilities, integrating psycho-education programmes which include both men and women must be elaborated. The diverse roles and responsibilities that women (can) take up in their daily lives need to be addressed in psycho-educational seminars or during therapy sessions. Adaptation to these new roles before they complete treatment is necessary to learn how to deal with these responsibilities. Such programmes can be linked to global or national campaigns of awareness-raising regarding this issue.

4 Targeted and gender-sensitive prevention campaigns

In order to develop gender-sensitive approaches along the continuum of care, gender-sensitive prevention approaches need to be further developed. In this respect, four aspects are highlighted: social stigma and the role of substances in women's life, specific talking groups, harm reduction strategies and type of substance.

- I. In order to improve female user's orientation to appropriate services and to reduce the persistent social stigma on female users, developing a recurring national prevention campaign for (mental) healthcare professionals is recommended. Various disciplines such as general practitioners, gynaecologists, social workers, psychologists and other stakeholders in contact with female substance users or vulnerable populations should be targeted, and themes like women, substance use, and shame can be tackled. Specific leaflets and referral guides can be developed with references to specialized centres, thereby attempting to reduce the gap between men and women in treatment seeking and utilization. Such leaflets can be spread through general practitioners, primary healthcare services, anti-poverty associations, etc.

- II. Implementing specific single-gender talking groups for female users or thematic talking groups is advisable. Such groups encourage female users to freely share experiences on certain subjects in a safe, non-judgmental environment.
- III. In order to improve the knowledge of women on gender issues in relation to substance use, targeted prevention/harm reduction campaigns are necessary (e.g. regarding sexual health and transmission of infectious diseases).
- IV. As women > 45 years are more involved in the use/abuse of prescription drugs, targeted prevention and communication campaigns towards this population are recommended regarding the misuse of prescription drugs and alcohol.

5 Evaluation and monitoring

Successful application of new approaches and measures, irrespective whether it concerns gender-sensitivity or other features, will require sufficient financial resources as well as adapted facilities which should be based on structural funding rather than project subsidies. In Belgium, it will be crucial to implement more gender-sensitive approaches on all levels, as the competences regarding substance abuse treatment and prevention are split into federal and regional authorities. Also, monitoring of the progress and development of gender-sensitive policies is required in order to enable evaluation of its evolution over the years. This may include, for example, the development of a national, representative database on the prevalence of substance use and service utilisation among the Belgian population, also including vulnerable and institutionalised populations, in order to better understand the extent and evolution of the treatment gap between men and women.

6 References

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