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 - Summary

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1 Introduction

This research is the result of a project investigating gender-sensitivity in the drug demand reduction field.

The basic arguments for distinguishing women's health practice, policy and research from generic or mainstream health practices, policy and research rest on increasing evidence of the pertinence of sex and gender in determining human health (Oliffe & Greaves, 2011; Wizemann & Pardue, 2001). It issues a call for not only including gender in services across the continuum of care (Mrazek and Haggerty, 1994), but to include gender in thoughtful and transformative ways as well, so that gendered norms are changed for the better and health is improved for both men and women (Greaves et al., 2014).

To explore these issues more fully, this report is divided into different chapters, starting with an overview of the theoretical background of this study in this introductory chapter. Second, based on an online-survey and semi-structured interviews with programme coordinators, we introduce in detail the gender-sensitive approach in the alcohol and drug demand reduction services in Belgium. The specific gender-sensitive initiatives along the full continuum of care (Mrazek & Haggerty, 1994) and their geographical spread are articulated along with their main features, accomplishments and challenges. In line with the latter, we look at the international landscape of gender-sensitive alcohol and drug prevention and treatment services in the third chapter, without claiming to be exhaustive. Both the EMCDDA best practice portal as well as the Reitox national focal points are consulted to monitor specific interventions for women regarding prevention, harm reduction and treatment. In part four, we examine the male-to-female ratio for various substances in through secondary analysis general and specific population samples in Belgium. Also, gender differences in treatment demand data from various treatment modalities for alcohol and drug users are explored. Next, we explore women's personal accounts of critical life events and experiences with services along the continuum of care through in-depth interviews. In addition, we intend to explore the obstacles and challenges that women experience when contacting alcohol and drug services. These challenges for further developing gender-sensitive alcohol and drug demand reduction services are analysed during discussion groups using the GPS Brainstorm toolkit. A number of points surface throughout this document: diverse levels of assignation of women's responsibility for change; various stigmatizing forces in society at large; and differing levels of knowledge regarding the influence and role of gender in drug demand reduction services. Finally, taking into account the previous findings, we address opportunities in going forward. We conclude with a proposition of potential options for pursuing changes in gender-sensitivity and alcohol and drug prevention and treatment in the wider spheres, and what influences might be shaping ongoing pressures and new opportunities for generating more gender-sensitive alcohol and drug prevention and treatment.

2 Gender-sensitive initiatives for female substance users in Belgium

First, we aim to identify which type of single (women-only) and mixed gender-sensitive programmes are available in Belgium in the area of alcohol and drug demand reduction. In this study gender-sensitivity is measured in single as well as mixed-gender projects, since gender-sensitivity of mainstream alcohol and drug services is an important issue, also highlighted by the EMCDDA (2006). Therefore, the whole continuum of care is respected and prevention initiatives, as well as initiatives in early intervention, harm reduction, treatment and continuing care are included. In the second part of this chapter, the main features, accomplishments and challenges of these gender-sensitive programmes are highlighted.

The mapping of gender-sensitive services in Belgium and the semi-structured interviews with key informants from these services prove that a considerable number of gender-sensitive initiatives are identified in the alcohol and drug treatment field. A total of 26 initiatives are reported (16 Dutch speaking and 10 French speaking).

Due to the diversity of gender-sensitive initiatives included in the project, and the differences between them, the initiatives are being analysed according to the setting (i.e. outpatient and residential) and according to the continuum of care (i.e. prevention – early intervention / harm reduction / low threshold / treatment – aftercare) (Mrazek and Haggerty, 1994). In Table 2.1 an overview of the gender-sensitive initiatives is provided.

Table 2.1 *Gender-sensitive initiatives in Belgium (2016)*

Setting	Continuum of care	Organisation	Type of gender-sensitive initiative
Outpatient	Prevention	Centre Alfa	Women health promotion actions
		CGG Houba Brussel*	Parent group to raise awareness
		Logo Oost-Brabant	Folder 'Illicit substances and pregnancy'
	Early intervention Harm reduction Low threshold Treatment	Centre Alfa	Service Parentalité
		Free Clinic vzw	PROject, Bubbels en Babbels, 'Vrouwenclub' (Activering)
		Interstices asbl	Service Parentalité-Addiction
		Le Comptoir	Projet Boule de Neige
		MASS Bruxelles asbl	Women group (future)
		MSOC Gent	KDO-project
		MSOC Leuven*	MaPa-project
		MSOC Oostende	KiDO-project
		Namur Entraide Sida asbl	Projet Salma
		Start-Mass	Groupe Maternité
	Aftercare	CGG Eclips	Women group
		CGG Vagga Antwerpen*	Women group
		Clinique Notre-Dame des Anges	Women group
		P.C. Dr. Guislain	Women group
		CAD Limburg	Women group
Residential	Treatment Aftercare	Adic vzw*	OP+ Women group in mixed-gender treatment programme
		Centre de Cure et de Postcure Les Hautes-Fagnes*	Separate building for women, women group, anti-sexist rules, women housework group
		Clinique Notre-Dame des Anges	Two residential women-only units
		Hôpital Psychiatrique du Beau Vallon*	Residential women-only unit
		P.C. Dr. Guislain	Women group
		Psychiatrische Kliniek Alexianen	Groep B
		T.C. De Kiem*	Tipi Women group in mixed-gender treatment programme Umbrella activities with T.C.'s in Flanders
		T.C. De Sleutel*	Evening activity for women Umbrella activities with T.C.'s in Flanders
		T.C. De Spiegel	IRIS (e.g. separate hall for women, women group, female counsellor, women hour, separate living room)

			Umbrella activities with T.C.'s in Flanders
		T.C. Katarsis	PINK (e.g. women group, women leisure activity) Umbrella activities with T.C.'s in Flanders
		Trempoline	Kangourou Women activities, self-help group, seminars, work sector, life space

* Added by the project researchers after data collection through an online survey.

It is clear that single-gender as well as mixed-gender treatment services are already implemented in the treatment demand reduction field in Belgium. However, it appears that a gender-sensitive approach is being operationalised in different ways and the effectiveness of the different programmes has not been confirmed yet.

Even though a gender-sensitive approach is a genuine concern for the different programmes and professionals, a theoretical framework or clear perspective is desired. This might turn gender-sensitivity into a more concrete and accessible concept, which may stimulate and attract other services to adopt the approach in their programmes. In line with the latter, we observe from the analysis that the conceptualisation of gender in the context of alcohol and drug prevention and treatment demand reduction on the one hand and the particularity of a substance using woman in society on the other hand, is very differing from programme to programme. Some organisations report retaining a coherent perspective and understanding of this topic, whereas in some organisations generating a clear vision regarding gender and gender-sensitivity is more challenging. Also, the extent to which gender-sensitivity is translated into concrete measures in a programme and the degree to which a gender-sensitive approach is adopted in a programme varies widely and depends on several aspects. In this regard, the commitment of a pioneer in the organisation and an elaborated vision are defining factors, as well as sufficient budget, staff and facilities.

Based on their experience and daily practice, the programme directors involved in this research indicate an existing need for gender-sensitive practices. The programmes and their professionals report paying attention to the specific needs of women. However, there is a need for specific tools and methods to work with, as well as specific training on gender related issues in the field of alcohol and drug prevention and treatment demand reduction. Merely an absolute minimum of all staff members of the gender-sensitive initiatives are educated or trained in gender issues in substance use prevention and treatment. Also, restricted budget, minimal staff and unsuited facilities impede creating a safe environment and a set of specific activities for women.

Based on the findings, it appears that the persistent stigma on women and substance use in society, and the concurring feelings of shame and guilt that these women experience, put women in a vulnerable position and make it hard for them to get enrolled in treatment programmes. Next to that, the outpatient case management programmes are often not abundantly known in the alcohol and drug demand reduction field on the one hand, and the general healthcare services and the substance users themselves on the other hand. Based on the interviews, general health counsellors such as general practitioners and gynaecologists, appear to not adequately know the available programmes and services for female substance using clients which leads to few referrals by first line healthcare services. Also, one of the most crucial reasons for female users[1] not to enter treatment, is parental responsibilities and care. Care for their child(ren) is experienced by female users as a challenge to seek for help. Next to a more difficult entry to treatment for women, the organisations report that retaining female clients in the programme is the next delicate hurdle to take. Female clients are more likely to drop out treatment programmes

[1] The mentioning of 'female users' throughout the report is defined as women who use(d) or abuse(d) substances. Accordingly, 'substance use' covers the use and abuse of substances.

due to especially responsibilities regarding their child(ren), but also due to the start of a relationship in the treatment programme, family obligations or external influences (e.g. financial situation).

Based on the data retrieved through a survey and semi-structured interviews, one of the most central features in treatment of women in outpatient programmes and in residential programmes, is parenthood (motherhood) or pregnancy. In that regard it is crucial not to consider a female substance using client as an independent parent, but to also consider 'the other parent' who is possibly not the primary focus of the treatment programme, but needs to be involved in the treatment programme of the female substance using client as well. Next to that, although parenthood is an essential consideration of treatment of women, attention must be drawn to not limiting a gender-sensitive approach in programmes to the parental role of clients.

Although women have a lot of responsibilities, the most important role that is being assigned to women by women and their environment on the one hand and by health and justice services on the other hand, is the role of first care giver of their children. This declaration implies specific needs related to childcare during a mother's treatment, and urgently suggests a shift in mentality in society as regards the (stereotype) roles of women and the conceptualisation of parenthood.

Based on the mapping of gender-sensitive services and the interviews with programme staff members, the prevention field in Belgium accounts for very few gender-sensitive initiatives. There is an extensive lack of targeted and specific campaigns for women regarding for example harm reduction initiatives, sex work, pregnancy, and alcohol and/or medication. An improved understanding of women and substance use will facilitate the development and implementation of more efficient campaigns for girls and young women. However, it is important to note that most likely an underreporting of gender-sensitive preventive actions is set in the research, possibly due to ambiguity regarding the definition and interpretation of gender-sensitive prevention.

Last but not least, the gender-sensitive initiatives plead to not only include the broader context (i.e. family, friends and community) of women in working on gender-sensitivity in the field of prevention and treatment demand reduction. Moreover, the involvement of men – such as a partner, a father, (a) brother(s), (a) son(s) – in the narrative of gender-sensitivity in the alcohol and drug demand reduction field is emphasized as a crucial element in order to make sustainable changes the development of prevention campaigns for girls and young women and treatment demand reduction services for substance using women.

3 Examples of gender-sensitive initiatives in some European countries

To explore what is lacking in terms of gender-sensitive services in treatment settings in Belgium, it is valuable to first establish a state of affairs on what is currently settled in Europe and how EU countries currently respond to new challenges and issues with regards to this topic. Though literature on gender-sensitive initiatives in Europe remains scarce, some common topics can be listed that regularly appear in gender-sensitive initiatives that are currently in place. To this end, this chapter provides an overview of the known responses and initiatives that are women-specific and are already implemented in some European countries.

First, we specify and describe what types of initiatives are implemented in European countries through the information provided by some of the Reitox national focal points (NFP) and EMCDDA reports. Second, one example of good-practice is presented more in detail in order to highlight the importance of integrating several services. Finally, a review of current recommendations and guidelines of international organizations is provided, in order to set a global frame for our own findings and national recommendations.

On a global scale, throughout the last years, based on the clear lack of gender-sensitive initiatives and related reliable data, several guidelines, recommendations and resolutions have already been published by European or

international organizations to promote gender-based interventions (EMCDDA, 2012; UNICRI, 2011; WHO, 2014). All of these recommendations advocate that there is an urge to integrate and understand the gender dimension in drug abuse in general, as well as stating the need for future initiatives that are able to address the different needs of women and that integrate trauma-informed services, interventions in prison, pregnancy care, childcare, or mental health services. A safer physical environment and a welcoming, non-judgmental place are essential to provide qualitative healthcare. As part of the scarce initiatives that are offered, the primary concern is pregnant women. Though certainly a topic of great importance, we might question whether these are services that truly take into account a special focus on the gender dimension? Obstacles and needs of female users are diverse, hence requiring a variety of services that correspond to the complexity and specificity of women's life, including social and cultural differences.

It is clear that a crucial first step towards a better understanding of the need of female substance users and gender-related queries remains the estimation of the prevalence of this specific target population (Arpa, 2017). Special attention should go to removing barriers to enrol into treatment, in particular the lack of childcare and the fear for legal consequences, as well as finding a balance between the protection of the child and the separation from their parents (Arpa, 2017; EMCDDA, 2006). Moreover, better support towards policy makers is required to promote gender equality and integrate women using substances in the development of treatment and prevention programmes (EMCDDA, 2012).

4 Secondary analysis of gender differences in population and treatment samples

International studies reported substantial differences between male and female substance users and revealed that the gender ratio in treatment populations differs according to treatment modality and primary substance. Though the gender ratio may vary by country or substance, generally male outnumber female by four, suggesting an inequitable access for women to treatment (Montanari et al., 2011). Still, gender differences among substance abusers in and out of treatment are poorly documented in Belgium, mainly due to a lack of national data covering the prevalence of substance use in the population. The extent of this gender gap has not yet been studied between population and treatment samples. In this chapter, several available databases are analyzed, some covering only Flanders, others covering the whole Belgian population: the Belgian Health Interview survey (BHIS, Belgium), the VAD school survey (Flanders), the VAD student survey (Flanders), the VAD nightlife survey (Flanders), the Belgian branch of the Global Drug Survey (GDS, Flanders), and the Treatment Demand Indicator register (TDI, Belgium).

As a first aim, this study investigates the gender gap in use and problem use of alcohol, illicit substances and psychoactive medication among the general population, specific populations of young people, at risk populations (i.c. recreational substance users) and persons treated for substance use problems in Belgium and in Flanders.

As a second aim, this study looks for trends in the gender gap regarding use and problem use of alcohol, illicit substances and psychoactive medication in the same study populations in Flanders and Belgium.

Finally, the third aim is to compare the extent of the gender gap between population and treatment samples in Belgium.

Despite the differences in the databases analyzed, we can make a careful comparison between certain tendencies and gender differences observed in the population data in the first part of this chapter and the characteristics of people seeking treatment for substance use described in the latter part. We observed different gender ratios for different substances.

For alcohol, it is clear that the prevalence of risky and problem drinking is higher among men. The only divergence in that pattern is the higher prevalence of regular wine drinking among female students. When it comes to risk assessment, even with gender-specific measures (binge or heavy drinking, AUDIT-C, 14+/21+ drinks as threshold for overconsumption), the odds are clearly higher for men than for women. The gender gap narrows slightly with higher age, but this is not due to decreasing drinking levels among men. Higher prevalence rates of alcohol consumption among older women explain this shift.

Cannabis and other illicit substances use is clearly more manifest among the youngest age group and is predominantly a male behaviour. In the included surveys, regular use of cannabis was two to seven times more prevalent among male adolescents and young adults. This gender gap persists in the age group between 31 and 45 years, despite declining prevalence rates.

Combined use of illicit substances with either alcohol or other illicit substances is three to four times more prevalent among male adolescents and young adults. In the oldest age group, use of illicit substances was too rare to observe gender differences.

Results for last year use of sleeping pills and tranquilizers and recent use of antidepressants show similar ratios, but in the opposite direction. More women than men use this type of psychoactive medication. In addition, for the use alcohol and psychoactive medication, we see increasing prevalence rates with increasing age, while for illicit substances, we see the opposite: the younger, the higher the prevalence.

The use of stimulants indicate an opposite gender ratio: the proportion of male students using stimulant medicines is three times higher than the proportion of female students. The fact that more male students use these medicines (e.g. Rilatine) as a substance to enhance study performance ('learning pill') could explain this difference.

Based on treatment demand data for illicit substance use, we see higher prevalence rates and risky use patterns among men and consequently more men enter treatment for cannabis, hallucinogens, cocaine and opiates. Findings on the use of psychoactive medication like sleeping pills/tranquilizers and anti-depressants reveal an opposite gender ratio: more women use these medicines and more women are in treatment for misuse of these products in each age category.

If we take the proportion of men and women in substance use treatment in general and we look at the specific proportion of women that enter treatment for alcohol problems (which is higher than men), it seems as if women enter alcohol treatment more easily than men.

The results also show that women more often seek treatment in hospitals while men are more present in specialized centres. The assumption is that the type of substance explains the choice of treatment centre. As women enter treatment more easily for alcohol problems than men, they probably seek treatment for alcohol abuse in hospitals first.

Considering the theoretical framework for the analyses and the limitations of comparing prevalence and incidence rates, assessing correctly the gender gap is not feasible. In that regard, the strategic implications for future research are extremely important in order to implement further analyses and have a better knowledge of this gender-issue.

Despite several reliable databases available in Belgium, this chapter was a rather difficult exercise, due to the lack of common and comprehensive databases, not only for gender. In that way, if we want to have a more complete view of the Belgian situation and a decent analytical framework, we urge to create a common way of working with

similar data in the whole country that include also more data on vulnerable populations, as well as data from general practitioners and private practices.

5 Treatment experiences of female substance users

In this chapter, we aim at a better insight in the perspectives of female substance users regarding barriers and facilitators in relation to the field of alcohol and drug demand reduction in Belgium. We focus on the intersections that they encounter as well as on trajectories and critical events they experience in using alcohol and drug treatment services. Diversity as a core characteristic is distilled from the narratives of 60 female users. Also, the trajectories testify to different barriers and facilitators for seeking treatment, as well as specific needs and concerns of women.

The current findings support previous results regarding various barriers to treatment for female substance users as identified in international research, such as parenthood and stigma (Brady & Ashley, 2005; Greenfield et al., 2007; Taylor, 2010), the latter being an even larger barrier to treatment for women than for men (Stringer & Baker, 2018). Consistent with research that has found that the substance use treatment gap among women is due to internal barriers to treatment, such as shame and denial of their substance use that are associated with gender violation (Grella, 2008), the present results show internal-personal barriers such as enjoying the pleasant effects of substance use, shame and denial of problem substance use (see Figure 5.1). In addition, external barriers to treatment, which are shaped by structural inequalities, such as poverty and gender-related characteristics of treatment programmes (e.g. lack of childcare), have been identified in the literature (Grella, 2008; SAMASHA, 2012). Similarly, participants' experiences show external-systemic barriers that keep women from seeking treatment, such as facing waiting lists and characteristics of treatment programmes. Female users and parents experience a number of additional barriers to treatment (Stringer & Baker, 2018), including strong maternal and family responsibilities, lack of childcare while in treatment, scarce economic resources, lack of support from a social network or partner, and possibly greater social stigma. In addition, the social stigma on substance using mothers in a two-parent household or a single parent household is even greater than the social stigma of female users and hinders help-seeking behaviour (Stringer et al., 2018). Moreover, the intersection of single parenthood stigma and substance use stigma may further decrease the likelihood to seek treatment services.

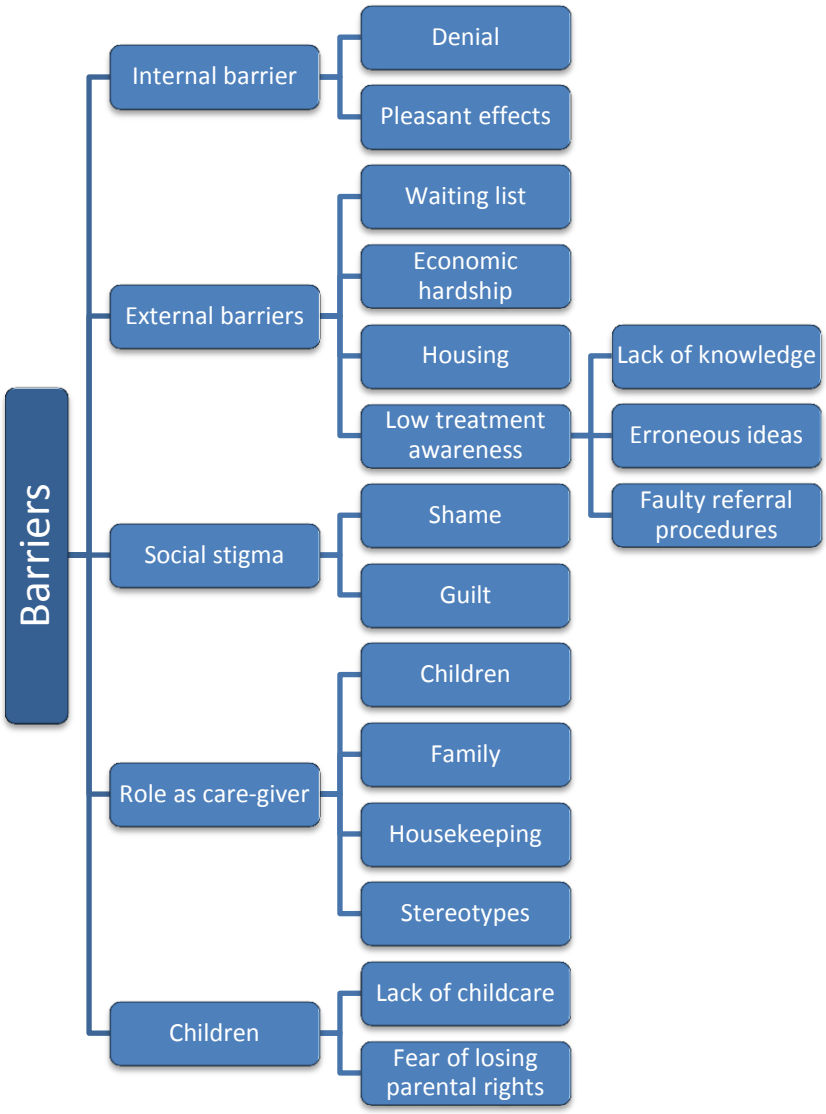

Figure 5.1 Barriers for seeking treatment and service utilizaton among female users.

The normative role of being a woman or a mother and the impact of these role models on treatment are reflected in women's trajectories and the way they perceive themselves. Gendered roles and higher expectations about women and mothers regarding caring obligations can be detrimental to women (Neale et al., 2014). Human capital is determined by a strong presence of the dominant 'normal' social behaviour and its negative effects are observed among female users. Furthermore, their hopes and aspirations for the future are directly linked to a 'normal life' and 'being normal'.

Evidence shows that the approach of deterrence by means of threats is counterproductive in stimulating help-seeking. In fact, it creates 'flight from care' (Jessup, 2003, p. 296). The current research confirms this and shows that the fear of loss of parental authority inhibits treatment participation. The obvious threats of becoming stigmatized and losing custody keep women who use alcohol or illicit substances from seeking help. On the other hand, some studies indicate that the fear of losing child custody may motivate women to seek treatment (Neale &

Tompkins, 2007; Virokannas, 2011). Similarly, from some of the participants' point of view, this fear serves as support for treatment entry (see Figure 5.2).

Although effective treatment programmes for substance-related disorders are widely available, adults with a clear need for these services underutilize them (Cohen et al., 2007). Moreover, it seems that especially women are hindered in seeking treatment (Greenfield et al., 2007, 2010). Understanding barriers to treatment utilization is necessary for developing accessible treatment opportunities. The interview data show a clear desire for gender-sensitive recovery-oriented outpatient and residential treatment services, tailored to individuals' treatment demand. Such programmes should include a holistic approach to recovery focusing on body and mind, and the opportunity for women to receive treatment while maintaining their role as mothers. Further, the introduction of (female) experts by experience and women-only chat groups, as well as incorporating attention for feelings of safety need to be considered. Still, women with substance use problems are a largely heterogeneous group, with diverse goals, aspirations and hopes, thus requiring a variety of gender-sensitive services to answer their particular needs.

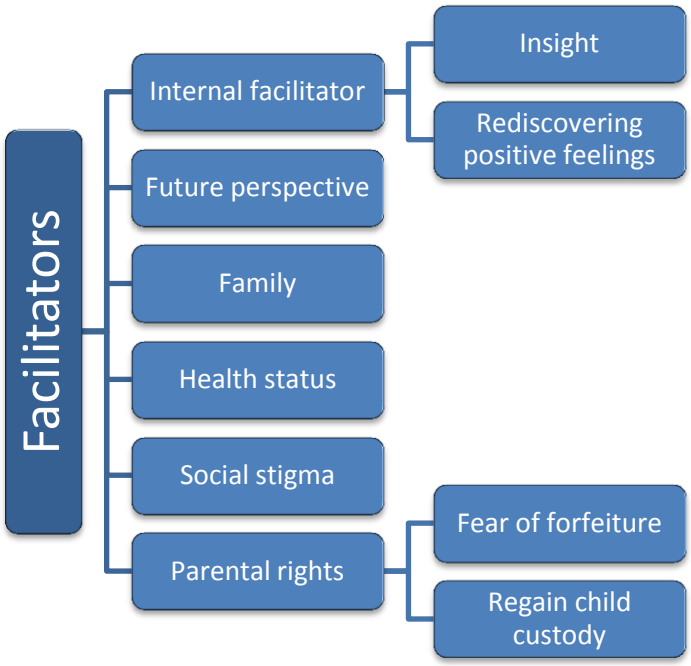

Figure 5.3 Facilitators for seeking treatment and service utilization among female users.

In developing appropriate services, specific themes need to be addressed, several conditions should be taken into account and structural challenges should be met. A gender-sensitive approach requires attention for specific themes in the treatment of female substance users including attachment, stigma and taboo, guilt and shame, trauma, sexuality and violence. Also, a holistic treatment perspective focusing on body and mind should be adopted. Furthermore, women describe the absence of men, the integration of experts by experience, the support by a peer group and the beneficial effects of single-gender programmes as prerequisities for creating a safe climate for women in treatment programmes. In mixed-gender treatment programmes, a space especially reserved for women such as a living room in residential services or a leisure room or kitchen in outpatient settings can offer a similar, safe climate. Finally, some structural challenges need to be dealt with, or at least acknowledged. There is a need for more residential services for parents and child(ren) as well as child-friendly settings in mixed-gender outpatient and residential programmes. In addition, a shift in mentality regarding parental and societal

responsibilities must be pursued, as well as destigmatization of female substance use whether or not associated with parenthood in society as well as among treatment programme staff. Also, female users should be better informed on what specialist addiction services are available and what types of support can be accessed in particular agencies (see Figure 5.3).

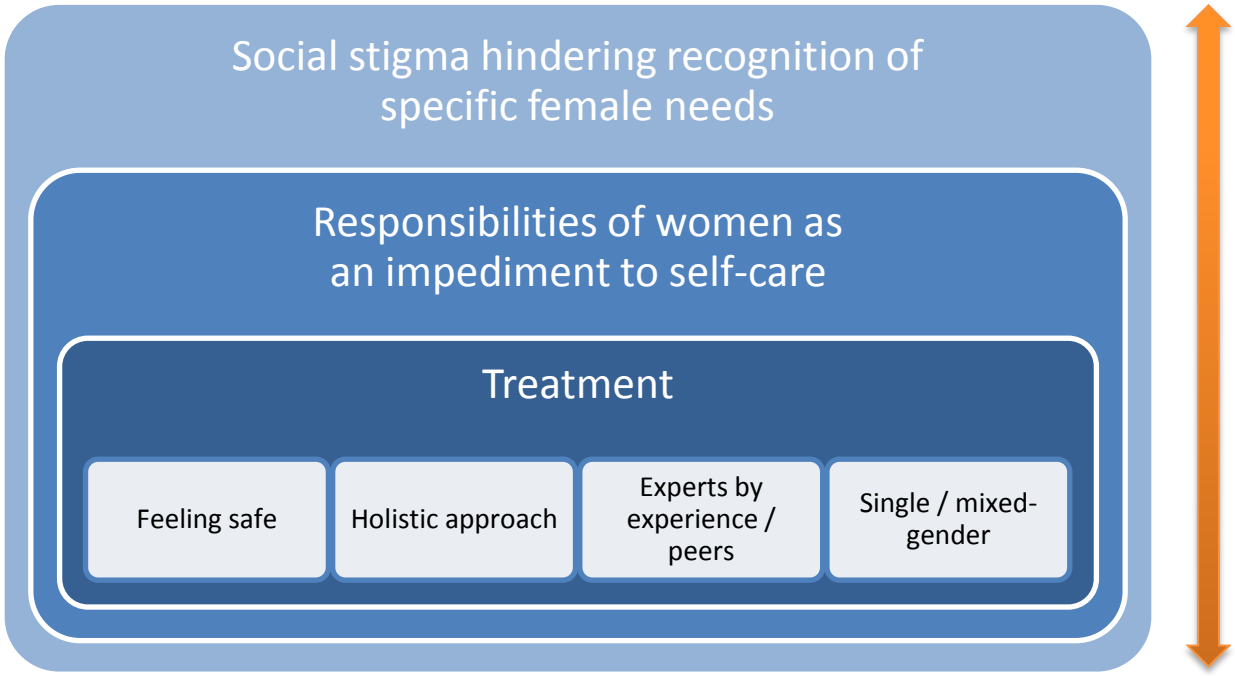

Figure 5.4 Interrelating key concerns of female users in treatment.

The study sample is characterized by great diversity and heterogeneity of the respondents' stories and trajectories. This diversity uncovers specific characteristics of women attending outpatient programmes on the one hand, and women attending residential programmes on the other hand.

Future goals of female users and the role of substance use in their life differs for respondents in outpatient and residential settings. For those recruited in outpatient settings, of whom a large proportion is involved in Opioid Substitution Therapy (OST), occasional use of substances is part of their treatment objectives. However, women enrolled in residential programmes advocate total abstinence.

Female users in outpatient programmes seem to desire a range of short-term and practical support, including help with social support and companionship, meaningful ways of spending time, housing-related support, assistance with domestic activities, and financial resources. Also, immediate and basic needs like eating, sleeping, exchanging needles or seeing a doctor for injuries are prerequisites for most female users in outpatient settings. In contrast, respondents in residential treatment programmes explain to have more needs on the long-term, like creating a family, having a job, going on holidays, and having - what they refer to as - "a normal life".

As the needs and goals clearly differ, the type of help sought by these women might differ substantially. Actually, the services offered by treatment centres are often adapted to that demand. In outpatient services, the help provided is linked to the organisation of the everyday life of female users and interventions are intended to support them to work towards a healthier lifestyle and to promote access to primary healthcare. Assistance is offered with regards to doctor's consultations, parental challenges, administrative procedures or job/education applications. Although psychological support and counselling is also offered in outpatient settings, this is not the

main priority of female users. In contrast to this, female users involved in residential programmes aim at a total change in lifestyle and existence, including a fresh start that does no longer involve substance use. These residential clients differ from most clients in outpatient programmes in the fact that they are committed to a different process of understanding the role of substance use in their life and how to learn to live without drugs or alcohol.

In addition, the social network surrounding female users seems different: the urge of cutting all ties with the former social network and the 'old' environment in order to avoid any temptation to start using again is highly present among women enrolled in residential programmes. This awareness and desire is hardly observable or not present at all amid women visiting outpatient services. For the latter sample, there is an expressed intention of cutting ties with 'wrong' or 'old' friends to refrain from substance use, but this breakdown is mostly not yet accomplished.

6 Experts' views on challenges and prerequisites for a gender-sensitive drug demand reduction field

This chapter aims at exploring experts' opinions regarding necessary services and programmes for female users along the continuum of care, as well as obstacles and challenges that female users experience when contacting alcohol and drug services. The input and opinions of both service users, experts by experience and professional experts provide insight on gender-issues in relation to treatment entry and treatment trajectories of female users. Additionally, the prerequisites for implementing gender-sensitive services are explored.

Based on the results of the in-depth interviews with female users (see Chapter 5), prerequisites for implementing gender-sensitive services were explored by means of a discussion group strategy. In total, four discussion groups were organized: two in Flanders (Ghent and Leuven), one in Wallonia (Namur), and one in Brussels. The sessions were organized between October and December 2017 and each session took approximately two hours.

Using the innovative GPS Brainstorm toolkit method, the experts in the discussion groups managed to describe different vulnerabilities of women that seek treatment and ideas for implementing the concept of gender-sensitivity in alcohol and drug demand reduction. They report areas of attention on a policy-related level and a more (infra)structural, philosophical, as well as on a very practical level concerning treatment of female users. Further, a need is raised regarding collaboration and building networks in the field, as well as for exchanging good practices. Also, prevention is mentioned as an important field to further develop, and men are named as a crucial factor in the recovery of women.

A general remark that is observed in all discussion groups is clearly linked to the demands and needs of female users. For all participants, care should be provided according to the demands of female users and their actual needs. In that respect, more personalized support along with a clear and well-defined follow-up is crucial for the recovery of female users. Additionally, professionals in the field must be aware of their own personal representation of women and substance use. It is essential that they are free of judgment and stereotypes when working with female users, and it serves as an important step in the construction of a counsellor-client relationship based on confidence.

These results clearly reflect a need for a gender-sensitive approaches in the field of alcohol and drug demand reduction. The recommendations mentioned above will be elaborated in the next chapter in order to implement specific measures addressing women's needs.

7 Conclusions and recommendations

7.1 General conclusion

7.1.1 Gender-sensitive initiatives in Belgium

International research shows substantial progress in recent years in our understanding of the influence of gender on, for example, the epidemiology of substance use, diverse pathways into treatment, clinical and service need profiles of treatment participants, and factors related to treatment retention and outcomes (Grella, 2008; Tang et al., 2012). Furthermore, previous research on health services generated a range of findings on the organizational characteristics of the programmes in which women receive substance abuse treatment, and the type of services that are provided in these programmes (Grella & Greenwell, 2004; Sacks et al., 2004).

In Belgium, few studies have focused on gender issues in drug demand reduction, except some studies among specific treatment populations (e.g. De Corte et al., 2012; De Wilde, 2006). The current research aimed at enriching these findings and exploring the concept of gender-sensitivity throughout a broad array of services and settings. Our findings show that the gender dimension is an actual concern among prevention and treatment services in Belgium, specifically those services dedicated to female users and/or users with children until the age of twelve years old. Different types of gender-sensitive outpatient initiatives are identified such as case management for pregnant women and parents with child(ren), harm reduction and low threshold groups for women, and aftercare groups for women. Also, residential gender-sensitive initiatives are available in some psychiatric hospitals and specialized treatment services. In addition, the treatment model of therapeutic communities has been modified to incorporate empowering gender-sensitive approaches for women/parents. Still, service users as well as treatment providers report a lack of gender-sensitive initiatives in outpatient and residential settings, especially in specific regions (e.g. in the provinces West-Flanders and Luxembourg, in rural areas and small cities).

7.1.2 The extent of the gender gap in Belgium

While the use of illicit substances is more prevalent among a younger and male population, the use of sleeping pills and tranquilizers is more common among women. The use of the latter substances tends to increase with age for both men and women. Moreover, proportionally more women than men tend to seek treatment for these type of drugs. Even though women are less likely than men to seek treatment, also for alcohol problems (Greenfield et al., 2007; Greenfield et al., 2010), Belgian treatment demand data show that women primarily seek treatment in hospitals and enter treatment for alcohol problems more easily than men (proportionally).

Specialized (drug) treatment centres are apparently not the first treatment option chosen by women in Belgium, which is also seen internationally (Green, 2006). Actually, women face multiple gender-specific barriers to accessing treatment. Specific barriers like motherhood, stigma and shame may explain the difficulties for women to enter treatment in specialized drug treatment centres in Belgium. Erroneous ideas about treatment, lack of informal knowledge, as well as the almost exclusively presence of men in treatment could explain this gender gap.

7.1.3 A conceptual framework for gender-sensitive approaches in treatment settings

Service providers reported the need for an integrated and comprehensive approach toward gender and gender-sensitivity in treatment. Moreover, service providers ask for specific tools and methods to create gender-sensitive prevention campaigns and to develop gender-sensitive approaches in treatment programmes. As in previous research (Poehlmann, 2004), programme directors and counsellors describe training focusing on gender-sensitivity and continuing education on women-specific issues regarding health and social support as methods to enhance women-specific and gender-sensitive approaches in treatment. Still, opportunities for this type of training are exceptional.

In defining what type of gender-sensitive services are needed to address female users' needs appropriately, the research started from describing women-specific services as those offered to women only or those in which there is a higher concentration of female clients (Grella, 2008). It may also include a range of gender-neutral services, offered in a women-only environment. An example of the latter may be an outpatient or residential parent-child programme that is attended by mostly women. However, also mixed-gender services can appropriately meet female users' needs. The results of this study confirm that the concept of gender-sensitive treatment services is a complex and multidimensional one, shaped by various theoretical perspectives (e.g. Grella, 2008; Niccols et al., 2010, Choo et al., 2016). The research results suggest that there are at least 13 components to gender-sensitive substance treatment programmes that are essential for a holistic approach of addressing women's needs (see Figure 7.1). Drawing on the work of the Vancouver/Richmond Health Board (2001) and Carter and colleagues (2013), we distilled these elements into three categories. First, eight pillars are described regarding strategies to successfully engage female users in treatment. Second, three elements that account for women's unique treatment trajectories are portrayed. And third, two philosophies for delivering gender-sensitive services are specified. We acknowledge that the degree to which these items are achieved in practice may vary depending on the purpose, context and number and characteristics of female users involved. Also, many of the principles overlap and are interrelated to each other. Gender-sensitive services for women involve an integration of some or all of these components, that have – in combination – an impact on female users' total experience of entering care on the one hand, and of staying in treatment on the other hand.

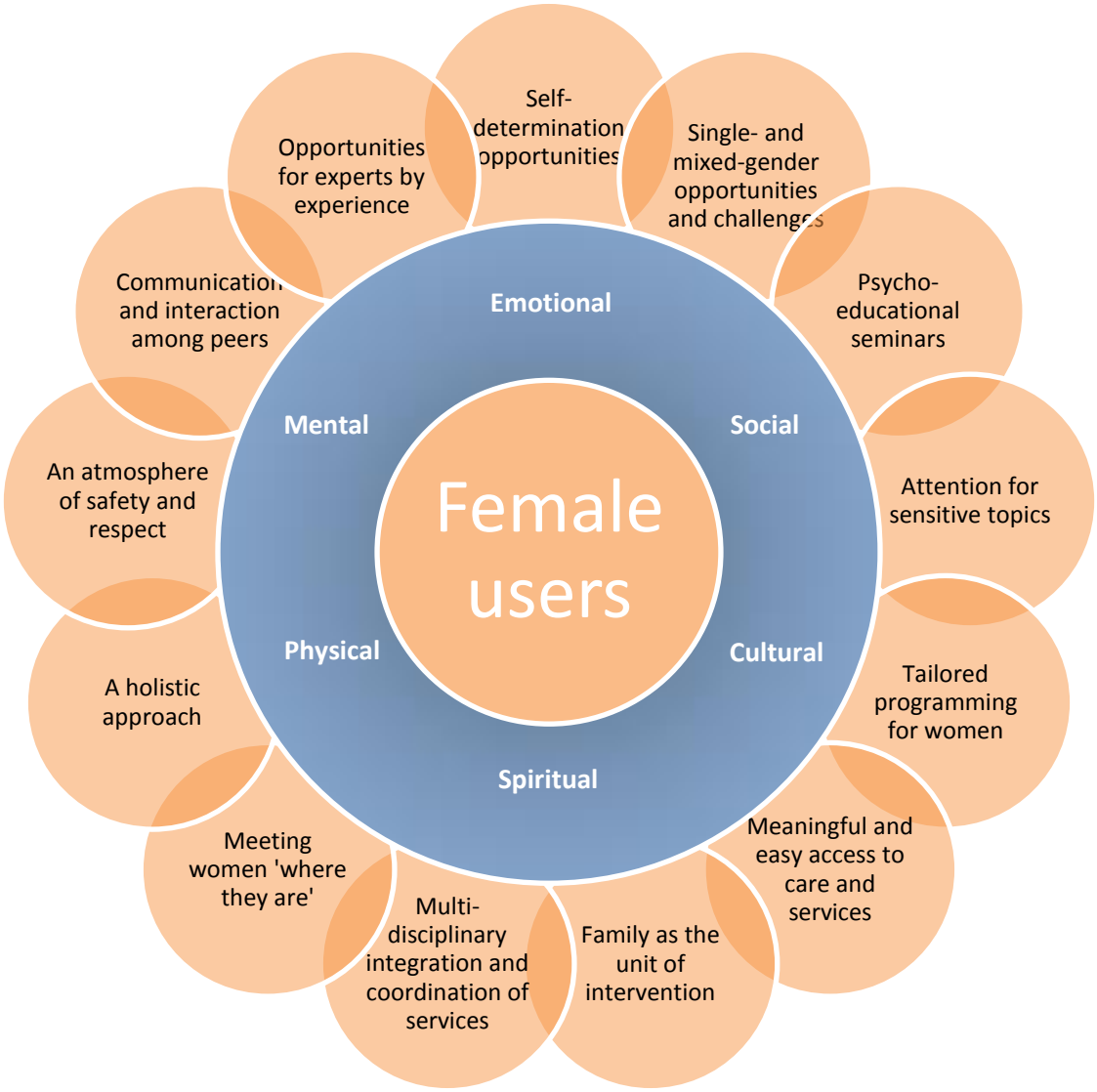

Figure 7.1 Conceptual framework of 'gender-sensitive treatment', based on female users' experiences. Female users are at the centre of the framework and are encircled, first, by six dimensions of women's health, and, second, by 13 interrelated components of gender-specific treatment (adapted from the Vancouver/Richmond Health Board, 2001).

As a result of this study, **eight pillars** are defined **regarding strategies to successfully engage female users in treatment**. First, both service users and service providers report the need for considering body, mind and soul in treatment. Service programmes that apply a holistic approach are more appreciated by participants and rather meet the diversity of female users' needs. Second, some female users report underutilizing treatment services because of the social stigma and past experiences with negative judgments by service providers. Thus, engaging female users in treatment begins with safety and respect (Judd et al., 2009), including the creation of a welcoming and non-judgmental women-only space where women feel comfortable to share potentially sensitive issues (Ashley et al., 2003). Moreover, similar to previous research (Bride, 2001), most female users emphasize that employing female counsellors is a crucial component of treatment, as they may serve as female role models. Third, participants report that building connections with peers is an important source of support during treatment (Wisdom et al., 2008). Therefore, facilitating the development of a network of peers is an integral part of gender-

sensitive treatment programmes for women. Fourth, despite a lack of female experts by experience, service providers and service users acknowledge their added value in treatment programmes for female users. Fifth, improving access to information, skills and services are essential when attempting to empower women (Gupta, 2000). By doing so, women are encouraged to be vocal advocates of their rights and their care trajectories. Further, participants indicate that single- as well as mixed-gender services provide opportunities as well as challenges (Grella & Greenwell, 2004). Therefore, in a sixth pillar, treatment programmes need to recognize these structures and implement them consciously in the most appropriate way. Seventh, female users and service providers identify psycho-educational seminars on topics such as assertiveness and self-knowledge as valuable in the process of recovery. In the eighth and final pillar, participants report the need for treatment programmes to address potentially sensitive and painful issues such as trauma, attachment, sexuality, stigma, guilt and shame, and violence.

Second, we identify **three elements that account for women's unique treatment trajectories**. First, a gender-sensitive approach in treatment often includes services that are more relevant to women than those provided for men (Mason, 2007). The overall style of such programmes is more supportive, nurturing and cooperative, focusing on specific issues such as the multiple roles and responsibilities of women, self-worth, emotional safety and life skills training (Grella et al., 1999). Other examples typically associated with women's needs are childcare, transportation assistance and the full spectrum of women's sexual and reproductive health services (Campbell et al., 2009). Second, it is essential that gender-sensitive services provide social and supportive services. For example, for female users with competing responsibilities, this involves allowing them to be accompanied by their child(ren) when coming to the treatment programme, offering on-site childcare. For other female users, providing transportation support or flexible opening hours serves as a facilitator to treatment. Third, due to a tremendous diversity in the background of female users (i.e. family situation, living and housing conditions), a gender-sensitive approach in treatment should be flexible and take into consideration the diverse family contexts in women's lives.

Finally, **two philosophies or approaches for delivering gender-sensitive services** should be considered. First, the multidisciplinary integration and coordination of an array of services has been promoted as a means for managing the multiple and complex problems of female users (Ashley, 2003 et al.; Claus et al., 2007; Niccols et al., 2010). One potential way to attain this goal, is by establishing an integrated network of services that work in partnership to connect and refer women to appropriate service providers (Wisdom et al., 2008). Similarly, case management models have been set up to deal with this issue (Jansson et al., 2005). Another way to achieve this goal is known as a "one-stop shopping", in which several service providers are located together at one site (Yano et al., 2006). Both models require collaboration in delivering adequate responses to the needs of female users by an interdisciplinary network of providers. Also, besides linking female users to appropriate services, it is essential that support is experienced as connected and coherent by female users themselves and is characterized by continuity of care (Haggerty et al., 2003). The second approach stipulates that, as female users are at various stages in their lives and in their substance use, gender-sensitive service for women should involve support for all women by adequately meeting their individual health and social needs, without moral judgment. This implies flexibility in the provision of services regarding various needs and life stages (Jarrett et al., 2007), and may even include the delivery of services directly at home. Hence, outreach services are to be implemented in a more sustainable and tailored way and offer opportunities for female users who cannot participate in residential treatment programmes. Also, it underscores the importance of aftercare for women who have completed treatment, since continuing care and support services are key factors in maintaining behavioural changes and for recovery in general.

7.1.4 Towards gender-transformative health promotion

The GEN-STAR study showed a lack of gender-sensitive approaches in substance abuse prevention in Belgium and a need for integrated gender-sensitive prevention campaigns, focusing on awareness raising and sensitization. Such initiatives should not only target girls and young women, but society at large. Also, prevention initiatives

should be embedded in a broader long-term approach of substance abuse prevention and treatment, rather than as a stand-alone campaign. Further, the subject of gender-sensitive prevention should not only focus on female substance use, but also on gender inequity, gendered roles and responsibilities in society, and social stigma. From that perspective, the framework for Gender-transformative Health Promotion (Pederson et al., 2014) might serve as a guide to shape gender-sensitive prevention in Belgium. Specifically, gender-transformative approaches "actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives" (Rottach et al., 2009, p. 8). To achieve improvements in the lives of both women and men, and hence creating more equal chances and opportunities in substance abuse treatment, gender-transformative health promotion needs to be further explored, criticized and established in future research in Belgium.

7.2 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.

7.2.1 Towards a comprehensive and integrated approach

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

7.2.1.1 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.

7.2.1.2 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).

7.2.1.3 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, installing 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. Also, attention needs to be given to the female hygiene in treatment on a practical level (e.g. feminine care products and cosmetics, products for the female intimate hygiene, magazines for women).

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.

7.2.2 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.

7.2.3 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.

7.2.4 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.

7.2.5 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.

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