



GEN-STAR

GENder-Sensitive Treatment and prevention services for Alcohol and drug useRs

Significant gender differences have been reported worldwide regarding the use and misuse of alcohol, prescription drugs and illicit substances (Back et al., 2010; Tang et al., 2012; Van Havere et al., 2009). However, men and women tend to progress differently from first use to dependence and recovery (Tang et al., 2012). Treatment demand data show that 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 (e.g. relatively more women contact treatment due to problems with alcohol and stimulant drugs) (Montanari et al., 2011; De Donder, 2014). Treatment entry may be complicated by various complex socio-cultural (e.g. social stigma) and socio-economic factors (e.g. poverty, educational attainment, social support), as well as system barriers like the accessibility and affordability of services, opening hours and absence of child care (Greenfield et al., 2007). Nevertheless, when women enter treatment they tend to present more severe substance abuse problems, including more physical, psychological, family and socio-economic problems (De Wilde et al., 2006; Kissin et al., 2014).

It is assumed that 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 (Montanari et al., 2011). Moreover, gender aspects have mainly been studied and discussed in relation to treatment, while this phenomenon is scantily documented in prevention, harm reduction and other demand reduction services along the continuum of care (Mrazek & Haggerty, 1994).

In Belgium, few empirical studies have focused on gender issues in drug demand reduction, except some studies among specific populations like women in drug-free therapeutic communities (De Wilde et al., 2005), female recreational drug users (Vander Elst, 2009), female sex workers (Decorte et al., 2012) and drug-addicted mothers in residential treatment (Vanderplasschen et al., 2015). In order to understand gender-sensitivity in alcohol and drug demand reduction services in Belgium, we will rely on contemporary third wave feminist theory in which anti-essentialism is a central concern (Grosz, 2005; Braidotti, 2013). From an anti-essentialist and intersectional point of view, the category of 'woman' is no longer universally treated as homogeneous in substance use research, and some authors have started to highlight and examine the diverse needs, concerns, experiences and aspirations of women in drug abuse prevention and treatment services and the ways in which they can be offered the proper support in order to lead a good life (Neale et al., 2014). In that vein, our aim is to contribute to this anti-essentialist strand of research, while studying how the lives of female drug misusers are constrained and supported by substance use prevention and treatment services and assessing to what extent gender-sensitive services are provided.

The overall aim of this study is to assess the availability of and need for gender-sensitive prevention and treatment approaches in Belgium and the obstacles and challenges that are experienced by female substance users in utilizing these services. The scope is not limited to illicit substances, but also alcohol, prescription drugs and NPS are included. Importantly, gender-sensitivity is not only studied in treatment settings, but along the continuum of care including prevention, early intervention, harm reduction and continuing care settings. The study will apply a multi-method design and will integrate quantitative and qualitative data.

The project is structured around six workpackages:

First, existing initiatives specifically targeted at (single-gender) or addressing women's needs (mixed-gender) throughout the continuum of care in Belgium will be mapped and compared with available practices abroad (via EMCDDA best practice portal). All alcohol and drug services in Belgium will be send a short e-mail questionnaire to identify their services. Next, semi-structured interviews (approx. 30) with the project coordinators of all identified organisations offering single- or mixed gender-sensitive services will give more detailed information on the services offered. To measure to which extent programs offer gender-sensitive services a standardized instrument (based on the literature review) will be used in the interviews.

Second, to identify good practices of gender-sensitive approaches for female substance users the international peer-reviewed literature will be reviewed. Also, the EMCDDA 'best practice' portal will be consulted as well as European national focal points on drugs and drug addiction to monitor specific interventions for women regarding prevention, treatment or harm reduction.

Third, female substance users' experiences and perspectives on good practices and barriers regarding alcohol and drug prevention and treatment will be explored by means of semi-structured in-depth interviews. We aim to recruit at least 60 female substance users (30 in Flanders, 10 in Brussels and 20 in Wallonia) with alcohol and/or drug problems from specialised (women only) services, as well as non-specialised services addressing the target population and specialised mixed-gender alcohol and drug services. After the first contacts with female substance users have been made, a strategy of snowball sampling will be adopted as a method to reach and find so-called hidden populations.

Fourth, quantitative data for Belgium are further analyzed to assess the 'gender gap' in national population and treatment samples. Several existing databases will be analyzed: The Belgian Health Interview survey, the school surveys in Flanders (VAD), the Belgian branch of the Global Drug Survey, the VAD nightlife survey, the Treatment Demand Indicator (TDI) register and UGent-data on the evaluation of alcohol treatment programs in psychiatric hospitals. Data from these sources will be compared and integrated to estimate the extent of the 'gender gap' in population and treatment samples for all substances covered by the TDI.

Fifth, we want to explore experts' opinions regarding necessary services and programs for female substance users and prerequisites for implementing these services. In 4 focus groups (one on prevention, early intervention and harm reduction; one on treatment and continuity of care; two focus groups in Dutch, two in French) involving various stakeholders (service providers, practitioners, service users, ...) who are familiar with the needs and expectations of female substance users, the challenges and obstacles will be discussed. During the focus groups we will use the GPS brainstormkit as a structural method to structure the brainstorm and to formulate specific recommendations for developing and implementing more gender sensitive approaches.

Finally, the findings will be integrated into coherent and grounded recommendations. Based on the findings from the five work packages, conclusions will be formulated regarding the accessibility of alcohol and drug services for women and the availability of gender-sensitive alcohol and drug demand reduction in Belgium. Also, suggestions and recommendations for improving the accessibility of services and making them more gender-sensitive will be proposed. Particular attention will be paid to prevention and harm reduction initiatives and other services along the continuum of care which now pay little attention to female substance users' needs. Also policy

recommendations will be suggested to promote 'gender sensitivity' as an important point of interest when shaping and creating services.

The project will be carried out by a multidisciplinary research network. The combination of addiction treatment (W. Vanderplasschen & J. De Wilde) and prevention specialists (T. Van Havere), experts on gender issues (G. Roets & E. Ettorre) and accessibility of health care services in general (S. Willems) and the national Scientific Institute of Public Health (epidemiology and public health) will allow a diverse and comprehensive approach of the phenomenon and will introduce multiple perspectives. An international expert on gender issues (Professor E. Ettorre, University of Liverpool) will support the research team. In addition, the European Monitoring Centre on Drugs and Drug Addiction in Lisbon agreed to be an associate partner in this study. To facilitate access and communication with alcohol and drug services in Belgium three umbrella organizations representing alcohol and drug services in Flanders (VAD), Brussels (Fedito Bruxelles) and Wallonia (Eurotox) will be subcontracted.

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