

EXPERTS' OPINIONS ON AVAILABLE RESPONSES TO **WOMEN** **DRUG USERS**

SURVEY RESULTS
& REVIEW OF SCIENTIFIC LITERATURE



CYPRUS ANTIDRUG COUNCIL



CYPRUS
MONITORING CENTER
for drugs & drug addiction



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Introduction

There is growing evidence that substance abuse and its negative consequences are not simply a male problem. Recent research and social trends accentuate the need to examine substance abuse and its consequences for both genders.

Women and men differ as regards substance abuse etiology, long term effects and access to treatment. Additionally, women who present themselves for substance abuse treatment, exhibit a diverse set of complex medical and social problems, including mental health disorders, low income, and substantial addiction severity (Lincoln et al., 2006). Thus, different prevention, treatment and harm reduction strategies need to be employed.

The survey, herewith contained, conducted in the framework of the EU Cyprus Presidency, by the Cyprus Anti-drug Council and the Cyprus Monitoring Centre for Drugs and Drug Addiction, was focused on how responses to women's drug problems are planned and implemented in Europe according to **experts' opinions**, in order to aim at introducing a broader expert perspective on available responses to women drug users and also to attempt a perspective on useful practices for the future.

24 out of 30 heads of focal points and experts participated in the survey, providing their opinions as to the thematic areas of National Drug Strategies & Funding and the available responses on treatment, prevention and harm reduction for women drug users. The results of the survey are presented below, along with a literature review.

National Drug Strategies & Funding

At international level, Member States of the United Nations have developed a consensus on treatment strategy development that specifically includes references to gender (UNODC, 2004)¹.

In Europe, gender issues were at the core of some of the key objectives of the EU drug action plans (2005–08 & 2009–12). Specifically a key objective of the action plan 2009–12 is to enhance the quality and effectiveness of drug demand reduction activities, taking account among others, the specific needs of drug users according to gender. Gender issues will also be addressed in the EU Drugs Strategy (2013–2020). Additionally, the EMCDDA has been monitoring and reporting on drug-related gender issues since 1995. In parallel, the Pompidou Group of the Council of Europe initiated work on women and substance use in 1984. That resulted in a series of symposiums and reports on the topic (UNODC, 2004).

Concerns over developing high-quality care in this area have been also underlined by experts as witnessed in this survey. Most of them, believe that treatment units or programs for women drug users partially satisfy women treatment needs. A key challenge that needs to be addressed here is related to the effectiveness and quality of women's services across Europe. This follows from a broader need across the EU to establish consensus for minimum quality standards related to both prevention and treatment. Hence, national governments should further develop specific guidelines to address the needs of women and support research to improve the understanding of the needs of women drug users. It is therefore imperative to conduct additional research studies on a European but also on a national level, on women needs assessment and satisfaction in order to provide empirical evidence on the appropriate services required to respond to the diverse needs of women.

¹ See also: Bangkok Rules, Commentary to Rule 15, citing *ibid.*, referring to the Twentieth Special Session of the General Assembly, Devoted to Countering the World Drug Problem Together, 8-10 June 1998, paragraph 8 of the Declaration on the Guiding Principles of Drug Demand Reduction.

Cost-effectiveness studies are also important in order to provide a sufficient and solid basis for future funding decisions regarding treatment services for women. In the survey herein contained, experts from Southern, Baltic and some Central EU countries stated that in their countries there are funding difficulties in order to provide or expand services tailored for women drug users. This may be attributed to the present financial crisis and the respective measures taken, or even to the very nature of services targeting women's needs that have typically higher costs (due to the longer duration of treatment and inclusion of services that increase costs such as medical services, services for children, mental health services etc) (Burgdorf, Layne, Roberts, Miles & Herrell, 2004), thus making specialized women treatment services vulnerable to budget cuts.

Yet, empirical evidence from cost-benefit studies could be beneficial for societies that rarely address women substance abuse issues or are hesitant to provide specialized services due to funding difficulties. Earlier studies underscore that substance abuse treatment for women is cost effective due to the reported significant mean net savings for women who attended substance abuse treatment, compared to the cost for non-treatment controls (Svikis et al., 1997; Daley et al., 2000; French et al., 2002). Additionally, cost-effectiveness studies could enhance the discussion about which program (gender specific or mixed gender is more cost-effective) and how the currently prevalent mixed-gender programs could meet each gender's needs more effectively (Yeom & Shepard, 2007).

Prevention Responses on Women Drug Users

Increased understanding of the importance of drug use prevention for both males and females is essential. That is because girls and boys experience different developmental problems during adolescence (EMCDDA, 2006; Vigna-Taglianti et al., 2009), and have different resources to cope with problems (EMCDDA, 2006).

However, gender differences have not received adequate attention in prevention research or practice in Europe. The EMCDDA (2006), has noted that gender-related prevention work remains uncommon in all Member States, while from a research perspective, a major gap exists in research on prevention programs that address any unique causes of substance abuse in girls (CSAP, 2001).

This was also outlined in this experts' opinions survey, where only few experts stated that girl-specific prevention activities/programs are well-developed in their country.

For the purposes of developing appropriate and well-designed prevention responses for girls, there is a need to focus on evidence-based knowledge on what prevention practices might be particularly effective for females. This work has already been initiated in the US by the Center for Substance Abuse Prevention (SAMHSA, 2002). The study began in 1995 while 48 high-risk youth demonstration programs participated. The evaluation used a quasi-experimental comparison group design to study more than 6000 youth who were participating in the 48 demonstration programs, comparing them with more than 4500 similar youth in the same communities who were not participating in the programs. The focus of the study related to:

- **Research on risk and protective factors among young people.** The authors suggested that knowledge on the differences in risk and protective factors related to substance abuse among boys and girls may provide guidance concerning what protective factors should be emphasized in designing prevention strategies and implementing prevention practice. The results indicated that there are substantial differences in the ways in which boys and girls experience risk and protection. In summary, the study suggested that family and school were important protective factors for girls which may lower the possibility for use. In the contrary, boys reported lower level of protection as to the above factors.
- **Analyses of prevention programs effectiveness.** The authors suggested that it is important to: a) identify and explain gender differences in the effectiveness of prevention programs and b) identify program factors, including participation in programs that may make programs more effective for either boys or girls. In summary, the results of the survey indicated that:
 - As to gender differences, benefits in community-based prevention programs for substance use, are evident for males while they are in the programs. On the other hand, benefits for girls are not evident, until after they leave the program.
 - **Female only programs do not produce better results compared to mixed gender programs.**

- Programs that focus on developing behavioral life skills are more effective than knowledge-focused programs that emphasize information concerning substance use and its consequences.
- Interactive programs were more effective than traditional classroom-style approach.
- Intense and cohesive prevention programs were more effective than less intense and less cohesive ones.

Having all the above in mind and also that gender specific prevention work in Member States remains uncommon (EMCDDA, 2006), future European prevention studies could also utilize the same methodology employed in this study in order to provide evidence-based knowledge on what prevention practices might be particularly effective for girls in Europe. However, it's worth mentioning that a promising Italian program named "DAD.NET"² is under way. The ultimate goal of the project is to promote the adoption of best practices among drug addiction staff, in order to increase their awareness on gender differences and adjust their services to the specific needs of drug addicted women. Among others, the "DAD.NET" project's primary targets include:

1. girls and women who do not use drugs but who are considered, at risk (preventive intervention);
2. girls and women who occasionally use drugs (preventive intervention);
3. girls and women who have already developed a substance dependence problem and who need specialized attention.

A secondary target involves specialized staff training on gender issues.

² http://www.unicri.it/emerging_crimes/women_addiction/dad_net/index.php

Treatment Responses on Women Drug Users

Most experts in this survey reported having at least one treatment unit or program exclusively for women in their country. Additionally, most experts stated that integrated or women-only services for pregnant women (except: Croatia, Cyprus & Greece) or women with children (except: Croatia & Slovenia) are available in their country.

This result is very encouraging considering that research findings suggest that programs that provide ancillary services are associated with positive outcomes for women with substance abuse problems (Niccols and Sword, 2005). More specifically, research results have shown that programs with prenatal care give better birth outcomes and high rates of abstinence from drug use and retention in treatment (Carroll et al., 1995; Kukko & Halmesmaki, 1999) while at the same time, treatment programs with child care services have positive effects for women as they remain in treatment significantly longer than women whose children are placed with caretakers (Hughes et al., 1995; Gregoire & Schultz, 2001; Niccols et al., 2012). It is therefore documented that entering, engaging, and remaining in substance abuse treatment may require for women not only the availability of specialized treatment services, but also an array of other resources to help with specific issues (Kaltenbach & Finnegan, 1989).

In this survey, some of the experts stated that networking with other women-related supportive services (e.g. gynecological services etc) is well established. In a meta-analysis, Milligan et al. (2009) found that women who were in programs that provided comprehensive supportive services stayed significantly longer than in conventional substance abuse programs. In women services, communication, collaboration and coordination are important as it is clear that women with substance use problems need and interact with multiple service systems. Additionally, training other professionals, particularly primary-care providers, and networking and linking with health and social service providers can help in the identification and referral process of women with substance use problems (UNODC, 2004).

Other significant factors that were found in systematic reviews to be related to successful treatment outcomes were: supportive staff attitudes to women drug users and women-only programs (Orwin, Francisco & Bernichon, 2001; Ashley, Marsden & Brady, 2003; Sun, 2006).

In the present survey, most experts reported that substance abuse staff has supporting attitudes to women drug users and are ready to identify and address the special needs of women. However, at the same time, concerns over coverage of women service provision were also mentioned. Most experts pointed out that treatment unit(s) or programs for women are not distributed evenly to all regions/cities, while in 2006, the EMCDDA noted that coverage of gender-specific service provision is often limited to major urban centers.

Finally, treatment outcome studies and reviews have shown that **women in women-only programs remained longer in treatment and have better outcomes, as compared to mixed-gender** programs or programs without gender-specific treatment services (Greenfield et al., 2004; Ashley, Marsden & Brady, 2003; Brady and Ashley, 2005).

Harm Reduction responses on Women Drug Users

Women are biologically and physiologically more vulnerable to genital infectious diseases than men. They also use drugs with partners, exchange sex for money or drugs, and have difficulty negotiating condom use with their sex partners (Stevens, Tortu & Coyle, 1998).

Furthermore, women face social stigma and discrimination, a fact which makes them even less likely to seek help from harm reduction services or have access to any information materials. Consequently, women and girls suffer worse consequences compared to their male counterparts because of their substance dependence (Tanguay, 2007).

Thus, harm reduction practices that promote gender-responsive services is important in order to minimize risk factors among women. It is important to note that it seems that more attention is given across Europe to gender-related harm reduction measures focusing on infectious diseases rather than on drug-related deaths. In this survey, experts noted that measures for the prevention of infectious diseases among women drug users are more effectively applied than for the prevention of acute drug related deaths. Possible reasons include social and biological factors that make women more vulnerable to infectious diseases and other circumstances

that make women less vulnerable to drug-related deaths as compared to their male counterparts (there are lower proportions of females among cases of drug-related deaths while males are more likely to exhibit death high-risk behavior [ex. poly-drug use]) (EMCDDA, 2006).

However, women drug users face a range of barriers as regards access to HIV testing and harm reduction services. Having in mind that only 5% of those that need harm reduction services have access to them worldwide (UNAIDS, 2009), the case for female potential service users is probably much worse. Recently, the Global Coalition on Women and Aids (GCWA, 2011) published useful recommendations for designing: a) harm reduction and HIV-related services for women who use drugs and b) national policies to protect the health and wellbeing of women.

Some of the recommendations related to harm reduction services for women who use drugs include:

- Involvement of women who use drugs during the process of designing harm reduction services.
- Evidence-based treatment services need to be more accessible, friendly, gender-sensitive, have trained staff, be open at appropriate times to suit the needs of women, and have space for their children.
- Access to free, confidential and voluntary HIV counseling and testing.
- Increase of the availability of harm reduction information, safer injection techniques, and education and communication materials. The provision of couples' counseling was also considered as important, in order to facilitate safer injecting and sexual practices within their relationships and to ensure responsibility for preventing HIV among both partners.
- Mobile and take home dosing services should be widely available while at the same time, pregnant women who use drugs should have priority to opioid substitution treatment.
- Increase of access to sterile injecting equipments and condoms in both community and closed settings (provision of mobile services and outreach to appropriate locations).

Furthermore, some more general recommendations for designing national policies include:

- Support research to improve evidence based knowledge to promote strategies addressing the needs of women who use drugs.
- Refocus drug policies away from a drug supply focus, to a more harm reduction approach.
- Develop specific guidelines and targets to address the needs of women who use drugs.

In this survey, the harm reduction responses for women stated more frequently by experts are by order of priority the following: 1. Counseling & Testing, 2. Needle and syringe programs, and outreach education to female sex workers, 3. Dissemination of Information materials to female drug users and 4. Provision of sterile injecting equipments and condoms to sex workers.

Challenges & Evidence-Based Recommendations for Women at Risk of Drug Use

In this report, we have provided the results of the survey conducted by the Cyprus Antidrug Council and the Cyprus Monitoring Centre for Drugs and Drug Addiction regarding experts' opinions on available responses to women drug users. Also, we extended the topic with a literature review giving a more evidence-based knowledge on treatment, prevention and harm reduction responses for women drug users.

Through this work, some challenges and some evidence-based recommendations have emerged and those are provided in summary below. A **general challenge is that** although there has been an increasing recognition of women's distinctive needs in the substance abuse field and a growing theoretical support of the differential behavior of gender on issues of substance abuse, **more studies are needed, in order to investigate relevant issues in depth and provide empirical evidence for the purposes of promoting continued developments of gender-specific responses.**

1st Challenge: Increasing Funding for women services

According to this experts' opinions survey, several countries, are faced with funding difficulties which hinder the provision or the expansion of services for women drug users. Additionally, services targeting women have typically higher costs.

Thus, there is a need for:

1. **Cost-effectiveness studies and**
2. **Finding ways to increase the gender-sensitivity of services and thereby increase access by women to them, even when resources are constrained (e.g. women – only spaces, or women only times) (GCWA, 2011).**

2nd Challenge: Increasing Prevention programs with demonstrated effectiveness

Only few experts, who participated in this survey, stated that girl-specific prevention activities/programs are well-developed in their country. Furthermore, in addition to the results of this survey, the EMCDDA (2006) noted that gender-related prevention work remains uncommon in all Member States.

Thus, there is a need for:

1. **for more evidence-based knowledge on what prevention practices might be particularly effective for females**
2. **to rely on previous research results which indicate that:**
 - **female only programs in prevention do not produce better results compared to mixed gender programs**
 - **intense and cohesive prevention programs with interactive approach are more effective for girls/women.**

3rd Challenge: Increasing Treatment Effectiveness for women

Develop and implement evidenced based treatment practices that have been found from treatment outcome studies to be specifically addressing treatment needs of women and improve health and well-being of women drug users.

Thus:

1. **There is a continued need for well-designed outcome studies of substance abuse programs for women.**
2. **There is a need to rely on previous research results indicating that the factors below are providing better treatment outcomes for women:**
 - **Women-only programs.**
 - **Cross-system communication, collaboration and networking with other women-related services.**
 - **Supportive Staff attitudes.**
 - **Women programs with child-care support services.**

4th Challenge: Decreasing women's Risk of Exposure to Infectious Diseases

Gender-responsive harm reduction services are important, having in mind that women are vulnerable to genital infectious diseases.

Thus, there is a need for adopting recommendations for designing harm reduction services and change national policies' orientation towards more evidence-informed frameworks that support health and human rights.

General Conclusion

As regards policymaking and policy related questions, research to investigate which interventions or combination of interventions for women may be more appropriate, should be considered a top priority. The challenges that lie ahead as regards responses to women and drug use are great. Women drug users require services that are evidence-based and thus effective responses to specifically target their needs and vulnerabilities!

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CYPRUS ANTIDRUG COUNCIL
Cyfield Tower, 130 Limassol Avenue, City Home 81
4th Floor, 2015 Strovolos, Nicosia, Cyprus
Tel.: +35722442960, Fax: +35722305190
E-mail: info@ask.org.cy, info@ektepn.org.cy
www.ask.org.cy, www.ektepn.org.cy.



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