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Ad-femina

Female-oriented support
in addiction centres

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In 2010's, an impetus on developing female-oriented support in addiction care system

Ad-femina, an on-line survey on female-oriented support (FOS): i.e. **medico-socio-educational support** tailored specifically to **female** drug addicts in 2017

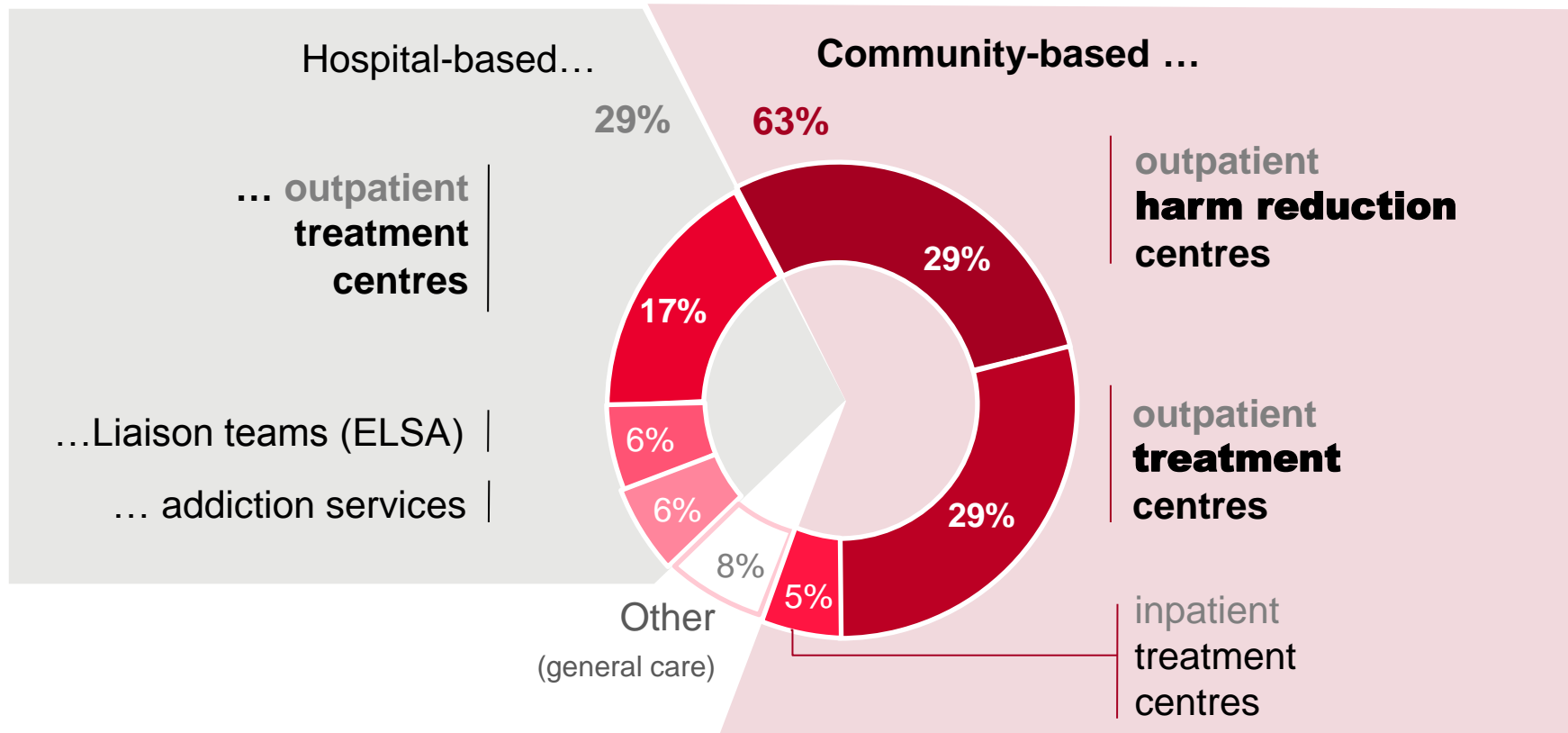
- 32 questions: objectives, activities, publics, involved professions...
- In Spring 2018, addressed to all addiction centres (treatment, H&R reduction, post-cure ; inpatient/outpatient, community/hospital-based) ...with the help of the main professional networks





Responding facilities

- 137 having a previous experience in FOS
including **80 facilities in 2017 that filled the Ad-femina Qre in.**



Results

Types of support
Publics,
Objectives & activities

...



2 categories of female-oriented support (FOS)



- **49** " women's programmes ", addressing physical, psychological and social vulnerabilities of women with addictions (stigmatisation, cases of domination or oppression by relatives, ...)



- **31** " maternal programmes ", aimed at improving mother-child bond focus on maternity and parenting support, perinatal follow-up

- **2/3** for less than 6 years
- **81%** on outpatient basis
- An informal approach for **1/4**



- **9** addressing exclusively/mainly women
⇒ **9/10** have adapted their general mixed service to develop FOS
- **1/2** is a periodic offer (on a daily (10), weekly (21), monthly (11) basis)



Publics

In 2017

2643

participants

- Polydrug users, **addicted** females (alcohol, opioids, tobacco, crack/cocain...)
 - ✧ ++ Comorbidities,
 - ✧ ++ social and family vulnerabilities
- Pregnant women (18 programmes)
- Many "new comers", not previously monitored, for 1/3 of women's and 2/3 of mothers' programmes

1/2 programmes have a framework for **accompanying** relatives

- **24** programmes (mainly maternal ones) involve the women's **partners** rather directly.
- **28** are opened to the participants' **children**
 - ✧ 18 facilities are able to count **261** children received with their mothers



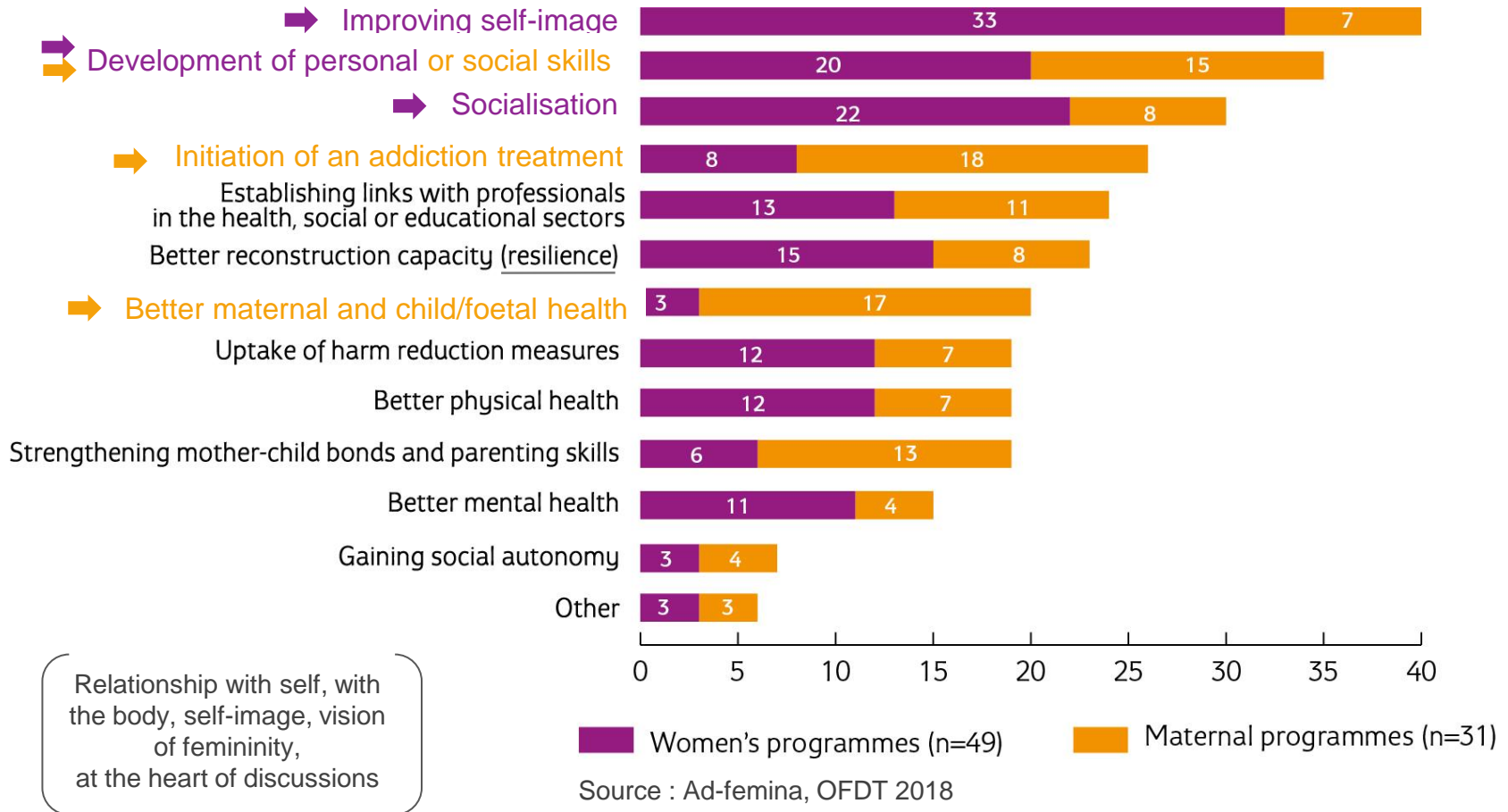
Health-based objectives : 2 main lines of action



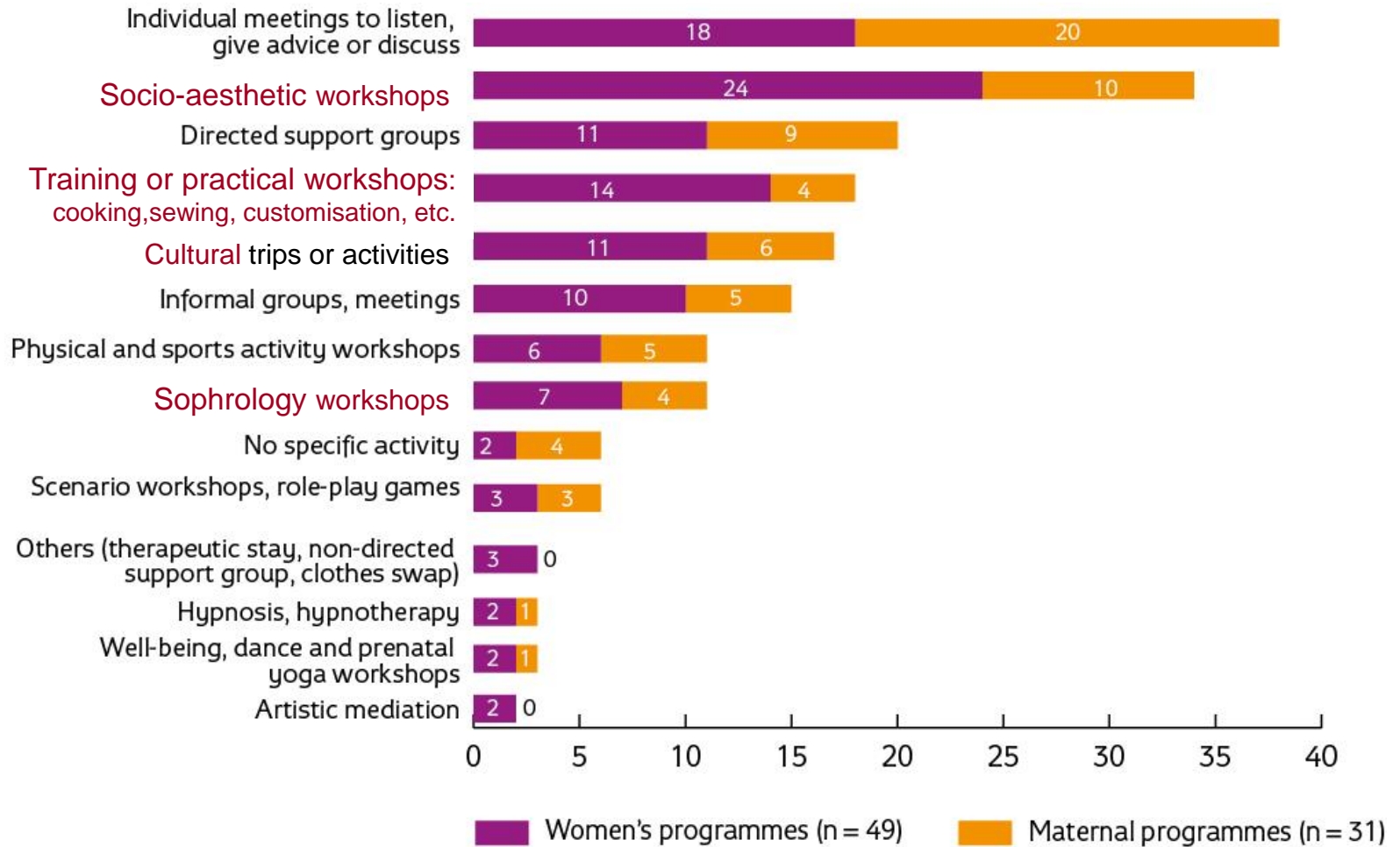
Better preparing
women for care (50%)



Strengthening
medicosocial care (40%)



Activities specifically organised for participants



Source : Ad-femina, OFDT 2018



Developments to encourage women to seek help



- A more **serene environment** is crucial
- **Setting specific times or days** separated from the general mixed admission (45, 56%)
- **Responsiveness** (22, 28%). In average, 6-day waiting period

- **Reserved room** (20 cases), even **external places** (8)
- Different forms of entrance or access from the general admission



- **12** (16 %) have adapted their service to accompanying children by setting up a reception area (adapted equipment and furniture)
- by offering **activities** that mothers can do **with children around** (6);
- by **dedicating staff** to welcoming children



Finally, a rare offer outreach & accessibility being major challenges and several issues still at stake for teams



Issues	Facilities
Coordination between addiction care & general care sectors	40%
Early detection of women who need help	34%
Acculturation with other domains of vulnerability : domestic violence, prostitution, clandestinity	30%
Better bridging between treatment & harm reduction sectors	23%
Framework or guidelines to manage users' children	10%

- **1/3** of the 80 facilities consider that their women's programme is implemented in good conditions.
- **1/4** denounce a lack of institutional support and negative representations



Updates on current research



Female-oriented programmes in addiction care

Results from the Ad-femina survey

Carine Mutatayi

Women presenting with addictions are among the vulnerable groups who are seen as a priority by recent governmental and European strategies [1, 2]. As a minority in specialised care services, they represent 23% and 18% of the public seen in specialised drug treatment centres (CSAPA) and harm reduction facilities (CAARLDE) respectively [3, 4]. However, these women show more than men many social and health vulnerability factors (suicidal history, psychiatric comorbidity and an abnormally high death rate related to drug use, single parenthood, violence, etc.) and report a greater fear of being stigmatised [5-8]. When facing these situations, which can be exacerbated during pregnancy or when children are involved, addiction care services have sometimes developed specific care arrangements to meet women's needs (see box). These specific answers take various forms: from ad hoc interventions to the implementation of a framework of follow-up and appropriate care. Here, to simplify the language, the generic terms female-oriented programmes or support have been chosen to name this variety of approaches.

In 2018, the French Monitoring Centre for Drug and Drug Addiction (OFDT) launched the Ad-femina online survey to provide an overview of addiction schemes tailored specifically to women in 2017 in France. At the scope of these schemes was unknown, the questionnaire was sent to all drug addiction facilities, with the support of several national professional networks in the field (see methodology p. 3). Therefore, 146 CAARLDEs and 425 CSAPAs in mainland France and overseas, but also some 320 hospital-based Addiction Issues and Treatment teams (ELSA) and 350 hospital-based addiction services were invited to participate in the survey on a voluntary basis. At the end of the data collection campaign conducted in spring 2018, 338 facilities gave feedback, representing a participation rate of 20%. Of these, 157 reported that they had already implemented a women's programme, 60 of which (38% of respondents) were involved in this field in 2017. It is likely that non-respondents account for a large proportion of entities that have not set up such schemes. The

Support and programmes for drug-addicted women. Focus on 2017



activities of these 80 facilities or services are presented here. These responses come from 23 CAARLDEs, 17 outpatient CSAPAs, either community-managed (23) or hospital-managed (14), 4 CSAPAs with residential inpatient care, as well as 3 hospital-based addiction services, 5 ELSAs and 6 other social or health facilities.

Despite limitations due to its non-exhaustive nature, the Ad-femina survey provides valuable elements for the cross-sectional analysis of the principles for taking action with regards to female-oriented programmes/facilities in France. It questions the implementation modalities, the beneficiaries and the field actors involved. All these points are discussed in this issue of *Tendances*.

■ **Programmes aimed at "mothers" or at "women"**

Among the 80 women's programmes identified by the survey, two main areas of action stand out:

- The first is maternity and parenting support, including responses provided in relation to perinatal follow-up. Of the group studied, 31 female-oriented programmes focus on this and are referred to as "maternal programmes".
- The second area, while still working on the mother-child bond, focuses on addressing the physical, psychological and social vulnerabilities observed in women with addictions, particularly situations of domestic or even oppression by relatives (partners, parents) and the fact these women often feel

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Thank you for your attention



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