

COMPLEX SOCIAL AND HEALTH CARE NEEDS of women who seek addiction treatment

Listening to their voices to guide long-term, integrated services that take gender into account

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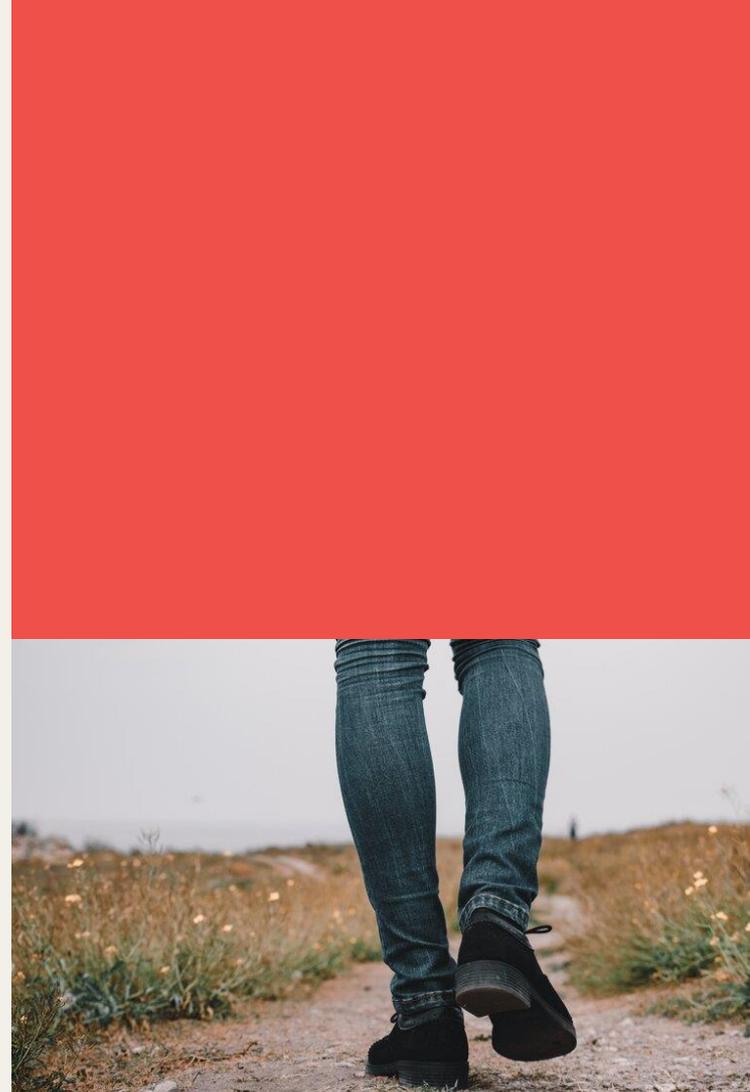


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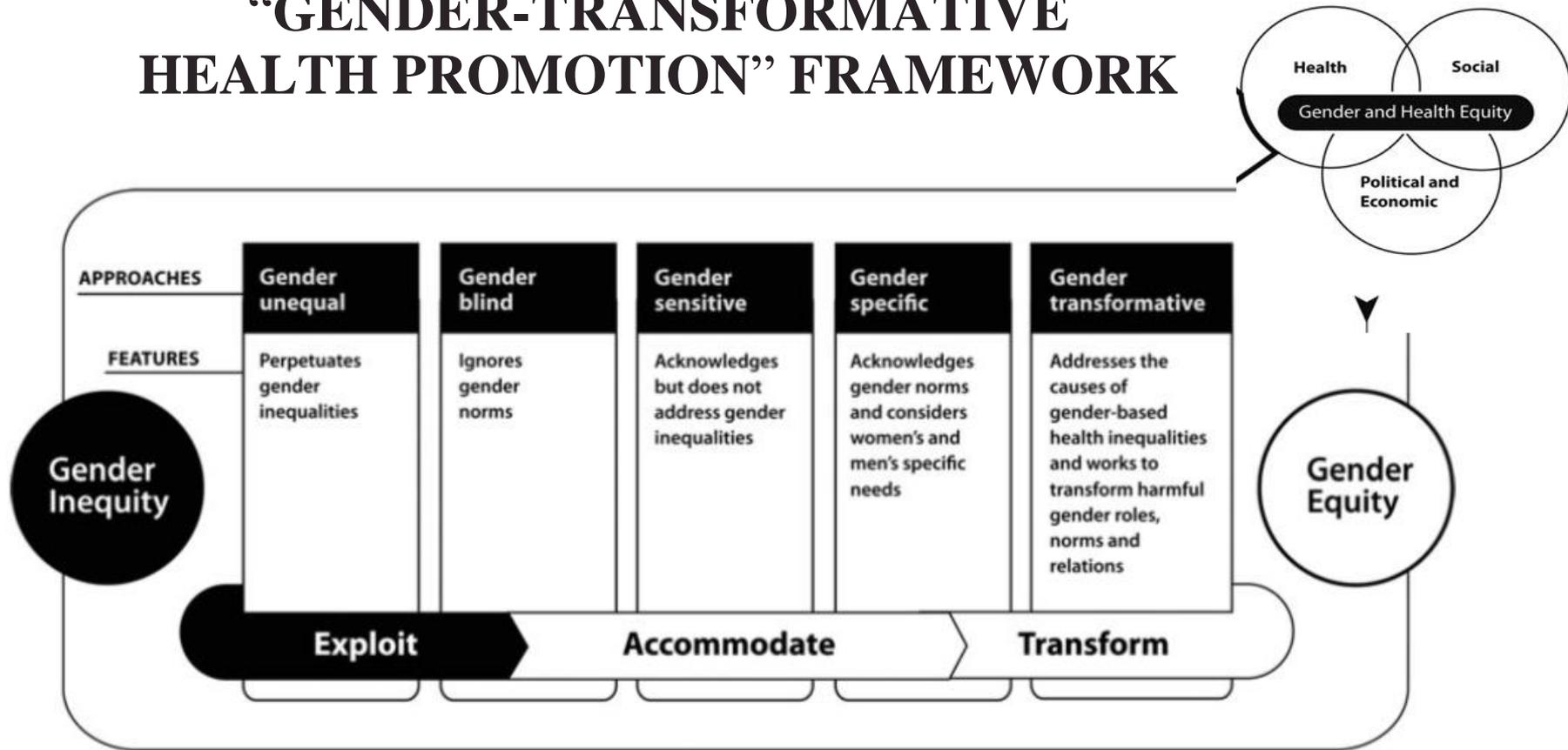
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INTRODUCTION

- Influence of gender on psychoactive substance (PS) use is still poorly documented (Campbell et Herzberg, 2017; Del Boca, 2016; Flentje et al., 2016; Greaves et al., 2015; Talley et al., 2016; Witikewitz, 2017)
- Programs and services that are implemented and evaluated in this field are largely unsuited to gender issues, contributing to or even accentuating certain iniquities.
- PS-use and services trajectories require more study to improve interventions that address the complex social and health care needs of women who use PS.



“GENDER-TRANSFORMATIVE HEALTH PROMOTION” FRAMEWORK



FROM: Pederson, A., Greaves, L., & Poole, N., (2015). Gender transformative health promotion for women: a framework for action. *Health Promotion International*, 30/1, 140-150.

AIM AND OBJECTIVES

- **To better understand how gender influence addiction, health risks, and recovery trajectories in order to guide the development of integrated services that address complex social and health care needs.**

The two specific objectives are to:

- 1) identify specific vulnerabilities and capacities of women in addiction treatment;
- 2) understand long-term service and recovery trajectories.



METHODS

- Semi-structured interviews on PS use and recovery trajectories were conducted in Quebec (Canada) with 68 participants, including 26 persons who identified as women.
- In the year preceding their participation, participants had to present problematic PS use and a combination of two or more associated problems (e.g. socio-judicial, housing, mental health difficulties).
- Thematic analysis of interviews transcriptions were performed, guided by the intersectional approach and Pederson's gender-based services analysis framework.

RESULTS

Description of profile of 26 participants

| Socio-demographic characteristics (n=26) | |
|--|-------------------|
| Age range | 21 à 58 years old |
| Average age | 37 years old |
| Children | |
| Yes | 12 |
| No | 14 |
| Sexual orientation | |
| Heterosexual | 15 |
| Bisexual | 6 |
| Lesbien | 1 |
| Other: pansexual, bicurious, homoromantic, asexual | 4 |

RESULTS

Descriptive of profile (persons who reported a female gender identify)

| Socio-demographic characteristics (n=26) | |
|--|----|
| Annual personal gross income | |
| Less than 12 000 | 10 |
| 12 000 to 19 000 | 8 |
| 20 000 to 29 000 | 3 |
| 30 000 to 79 000 | 4 |
| 80 000 and more | 1 |

RESULTS

Substance use and gender norms

Representations of being a woman in our society:

- High standards & pressure: physical appearance, mother, tasks
- Various factors influence substance use: self-medication; performance



*“Well, women have... women I find that currently there are a lot of ideals that are hard to achieve of what society wants. **And for me this was, among other things, something that made me use more.** Uh...the fact that my ex-partner hopes so much wanted me to be uh ... mother of three, who cooks all the meals, who goes to school, who dresses well, who gets her nails done, and goes to the gym too.”*

*“Yeah...whether it's one substance or another, you know, **with alcohol you do more, you're more open, you know, you can satisfy more as a woman in that sense. Then, in terms of more stimulating substances, well, you're able to do a lot more in your day, take care of the kids... So, a lot to perform ...**”*

RESULTS

Substance use and gender norms

Representations of being a woman in our society:

- Negative view of women who use drugs



*"I find that women are looked down on a little bit more. A woman who, let's say, has a **problem with alcohol or drugs**, ... **especially a mother**, there's more pointing of fingers."*

RESULTS

Substance use and gender norms

Representations of being a woman in our society:

- Being female and the risk of getting assaulted



"I was walking around in my steel-toed boots, being ready at any time, but... me, I'm always ready! I mean, if anyone attacks me, he won't have much luck! (laughs)"

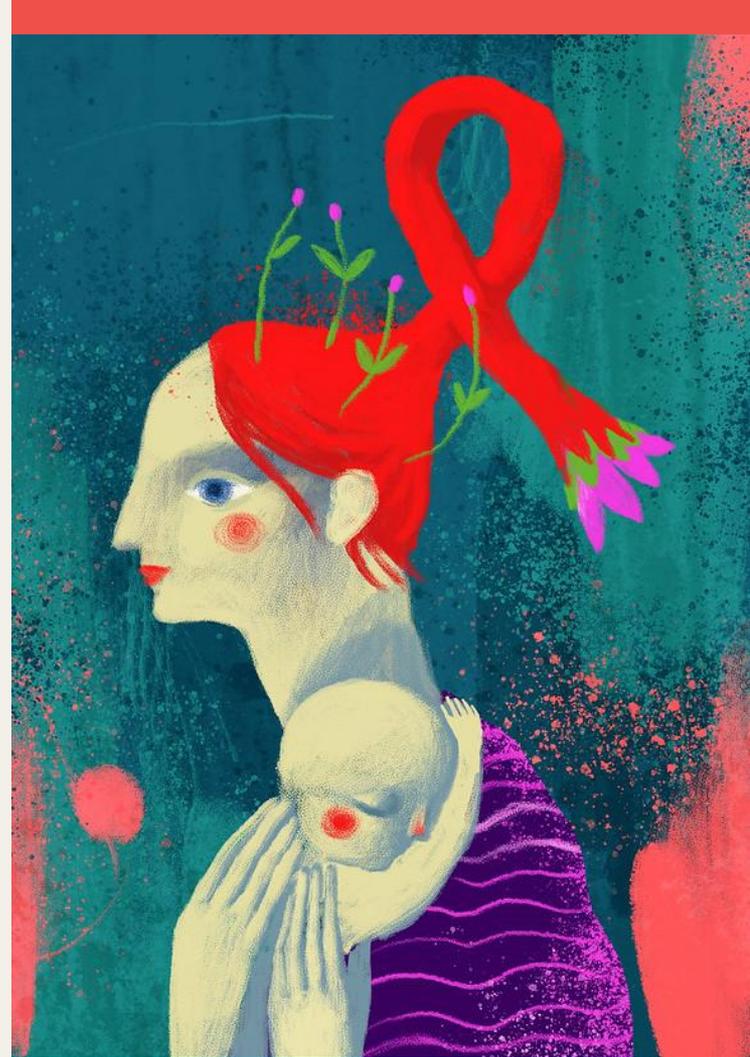
"But at the level of society, women are still at a disadvantage I think. Especially in terms of sexuality (...). But that's how it is, always a consumer society, huh! Still, straight people are more respectful. In the world of drug use, you know, it always ultimately comes down to getting some ass."

RESULTS

Gender and help-seeking

- Mother or mother-to-be: tension between substance use and importance of role as mother

"I don't think I'm the only woman who told herself that having a child would make it possible to stop using. And when I saw that I couldn't do it despite being pregnant, I said to myself that I really had a problem."



RESULTS

Gender and care pathway barriers

- ❖ Shame
- ❖ Lack of resources for women
- ❖ Mixed-gender services found difficult
- ❖ Lack of respect and judgmental attitudes in the context of care
- ❖ Obstacles to the involvement of loved ones (e.g. couples or children not accepted)



RESULTS

Gender and care pathway barriers

❖ Lack of resources for women

“Like I said, there isn’t enough treatment just for women. You know, when you go there, to an addiction organization, six out of eight times it’s like just for men. [...] So there’s a bit of a gap, the doors are closed. For sure, if I were a guy, I’d have access to a whole bunch of treatment. »



RESULTS

Gender and care pathway barriers

➤ **Mixed-gender services found difficult:**

"It's more at the level of complicity than of atmosphere. You know, girls aren't as comfortable talking about our stuff when there are guys around."

- ❖ Need for safe space to discuss sensitive topics such as trauma
- ❖ Relational issues (seduction, emotional dependence) as an obstacle to recovery

"Me, I find it ridiculous. I never want to go to mixed therapy again."



RESULTS

Gender and care pathway barriers

- **Lack of respect and judgmental attitudes in the context of care and service provision**

She (the service provider) kept laughing at me: "You'll never get anywhere, you won't be able to have your surgery". So [...] then, I drank a massive amount. [...] I felt defeated, really defeated at that point."

"You've got no right to wear clothes with holes in them, with patches, with skulls [...]. I mean, you offer services to people who are drug addicts at some point, you have to give them a minimum of freedom in that way, in what they wear. [...] It's not very inclusive."



RESULTS

Gender - facilitators in the care context

➤ Holistic approach

- ✓ Involvement of loved ones
 - ✓ Mutual support between women
 - ✓ Trauma-informed
 - ✓ Diverse needs are taken into account
-
- ❖ Mental health, trans-sexuality, incest/trauma
 - ❖ Sexual risk prevention
 - ❖ Violence management/prevention
 - ❖ Parenting
 - ❖ Housing and social / professional integration



RESULTS

Gender and care pathway barriers

- **Holistic, “gender-transformative” approach:**
 - ✓ infrequently reported, but significant experience



*“I was really satisfied. I came there with my daughter who was one week old. [...] I got just as much from the night guards who **helped** when I had to give my daughter a drink in the **middle of the night**, as from the staff who helped me give my first baths, the first feedings. Afterward, I had **all the residents who helped me, gave me advice in my role as a mother.** [...] But you also have access to a **daycare** there, so you can focus on yourself. For real, unless I’m mistaken, **it’s one of the only treatment centres in Quebec to offer all these services.** . [...] They also offered to help my daughter’s father. I wanted to keep my **connections with the residents I met.** [...] Even with the nurses, we also have access to nurses there who do **follow up with the child.**”*

DISCUSSION

- Gender norms that influence substance use and the experience of care
- “Gender unequal” services that perpetuate gender inequalities
 - ❖ Confirms that women face numerous barriers in access to services (Green, 2006; Najavitis, 2015; Poole & Greaves, 2007)
 - ❖ Stigmatization happens within services: frequent and difficult to deal with
- “Gender-transformative” services: rare but significant experiences
 - ❖ This study put in light the importance to develop and evaluate gender-specific addiction services in both mixed-care setting and women-only environment that facilitate children and family implication and that take into account complex needs such as those related to trauma and violence
 - ❖ Safe spaces are needed for women and for persons with diverse gender identities and sexual orientation

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Projet Gender-ARP

genre | addiction | rétablissement | précarité



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MERCI!