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Ministry of Public Health
National Mental Health Programme

NEEDS OF WOMEN WITH SUBSTANCE USE DISORDERS

QUALITATIVE RESEARCH REPORT

2019



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FOREWORD

Women with substance use disorders have different experiences in the recovery process compared to men. Several factors are thought to influence decisions of women to seek treatment, however in Lebanon, evidence is limited. This qualitative research aims to provide a basic understanding of the needs of women with substance use disorders who are in contact with services and to share recommendations for improvement of the services.

The study was implemented in line with strategic objective 6.2.1 “Conduct an assessment to identify the needs of women with substance use disorders (including pregnant and breastfeeding women and women who exchange sex for money) and share recommendations with all relevant actors” of the “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021” (MOPH, MOSA, MEHE, MOIM and MOJ, 2016), which aims at ensuring the development of a sustainable system for substance use response in the country.

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EXECUTIVE SUMMARY

In Lebanon as in other countries, women with substance use disorders are vulnerable and they have special needs when it comes to accessing services, continuing treatment and recovering from their addiction. They are subject to stigma and marginalization, they are less likely to seek substance use services and are at a higher risk for physical and mental health comorbidities as defined by the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021.

Since research on vulnerable groups is limited, a qualitative assessment of the needs of women with substance use disorders was conducted to further explore their experiences while receiving services. Institutional Review Board approval was secured from the ethical committee of Saint-Joseph University in Beirut. In-depth interviews and one focus group discussion were conducted with women receiving services from treatment, rehabilitation and harm reduction facilities. In-depth interviews were conducted with service providers at the same facilities in addition to representatives from the Ministry of Public Health involved in Opioid Substitution Treatment (OST) services. Convenience sampling was adopted to recruit women from non-governmental organizations (NGOs) and purposive sampling was adopted to recruit service providers. All interviews took place at the organizations' premises in the two governorates of Beirut and Mount Lebanon where most of the services are located. Interviews were recorded and transcribed. Transcripts were coded and inductive thematic analysis was carried out to identify main themes, which were further elaborated and illustrated by quotes from the transcripts.

After regrouping all themes and sub-themes that emerged, the experiences of women with substance use disorders receiving services in Lebanon were classified into the following themes: substance use as an "escape", seeking and starting treatment, maintaining and completing treatment, support systems, stigma and taboo, sexual coercion and objectification. Stigma and more specifically fear for family reputation appeared in most of the interviews and was considered a cross-cutting theme that is an important barrier for women seeking services. Service providers at the treatment centers play a major role in the admittance of patients, continuation of treatment and the recovery process of women. Child custody was also apparent however, to a lesser extent compared to other countries from Europe, the US and Canada. Affordability of the services constituted a definitive challenge to pursue treatment.

This assessment clarified that women in Lebanon like elsewhere have special needs when using substance use services. Some of their needs are met, such as the availability of support systems that encourage them to seek and complete treatment. Other needs remain unmet, such as addressing sexual coercions, finding a place in a programme of the patient's choice and the affordability of services. To further address those needs, it is imperative to pursue the efforts that have already started being implemented by the Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021, which ensures the access to affordable and high quality gender and age sensitive services.



INTRODUCTION

Little is known about the needs of women with substance use disorders in Lebanon, about their experience with treatment services and about the different intervention models in various political and socio-cultural contexts. Empirical data indicates that there are challenges in addressing the needs of women with substance use disorders in current drug-related services as the majority of services are designed and tested for men's needs. Therefore, it becomes imperative to conduct a systematic needs assessment for proper programme planning, monitoring and evaluation.

In order to ensure that women with substance use disorders in Lebanon are receiving appropriate services tailored to their specific needs, we conducted a qualitative investigation of their experiences in the treatment facilities.

This report is designed to assess and raise awareness of the needs of women with substance use disorders seeking or receiving treatment. It provides a description of the experiences of women in accessing treatment and of the barriers and incentives for women to engage in treatment for a successful recovery. It brings together information from the literature, from in-depth interviews and focus group discussions with women accessing the services and from service providers for women with substance use disorders. The primary focus of the publication is on illicit substances and alcohol, since that is the focus of the Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021.

Hence, the objectives of this report are to identify the needs of women with substance use disorders in Lebanon and to share recommendations for the improvement of the services.

LITERATURE REVIEW

With worldwide increase in the prevalence of substance use disorders, the access to treatment remains scarce and inequitable (Pinkham et al., 2012). Women tend to enter treatment with more clinically severe profiles and tend to shift to substance dependence more rapidly after first use than men (Greenfield, Back, Lawson, & Brady, 2010). Several studies tackling gender differences have looked into gender-specific barriers to treatment, which included: unavailable or unaffordable childcare, fear of sexual harassment and fear of custody loss (Taylor, 2010, Elms, N., Link, K., Newman, A., & Brogly, 2018). Motivation to enter treatment differs between men and women and few studies have examined gender-related decision-making for treatment (Green, Polen, Dickinson, Lynch, & Bennett, 2002; Greenfield et al., 2007; Rhodes, Gottfredson, & Hill, 2018).

Some studies indicate that women are less likely to enter and to complete treatment than men, while others have found no differences. However, most information about addiction recovery is dominated by research with men (Monahan, Steinberg, Cauffman, & Mulvey, 2013; Mulvey et al., 2004). Commonly, women with substance use disorders tend to live with a partner who has substance use disorders (Mason & O’rinn, 2014), are responsible for the care of dependent children and have insufficient resources compared to men such as education, employment and income (Lee et al., 2017). Additionally, women with substance use disorders have an increased level of trauma related to physical and sexual abuse compared to men and have higher concurrent mental disorders, particularly post-traumatic stress disorder and other mood and anxiety disorders (Cohen & Hien, 2006, Polcin, Nayak & Blacksher, 2008).

According to the Global Gender Gap Report 2018, Lebanon is among the four worst performing countries that have yet to bridge 97% of their gender gap (World Economic Forum, 2018). Lebanese women have achieved much better progress in health and education domains, while economic returns on their education and work experience have been persistently low (World Economic Forum, 2017). Furthermore, Lebanese women face a number of socio-cultural, structural, and attitudinal barriers to career advancement. These include traditional views, expectations of women, patriarchal attitudes, corporate culture favoring men, perceived lack of commitment, exclusion from networks, and lack of corporate support mechanisms (Jamali, Sidani & Sa-fieddine, 2005; Latif & Helou, 2015). In addition, women in Lebanon are exposed to violence at the workplace

from their male colleagues; the Lebanese legal system does not provide any tools for monitoring violations of gender equality (Avis, 2017).

Substance use in Lebanon is still considered a crime (MOPH, 2017a). This hinders access to treatment. There is also high stigma associated with the disorder. In 2016, women in detention centers who were arrested for drug use constituted about 2% of the total number of persons arrested for drug use (MOIM, 2016). For the same period, about 8% of the persons who received drug-related treatment were women (MOPH, 2016). Nevertheless, article 199 of the Drug law No. 673 of 1998, stipulates the creation of the Drug Addiction Committee chaired by the Ministry of Justice to orient persons arrested to treatment as an alternative to imprisonment. This committee was re-activated in 2013, however, there was limited awareness on the existence of this body and very few cases have been referred to it: 4% of all arrested persons (MOPH, 2017a). In 2018, efforts have been carried out to increase awareness about the Drug Addiction Committee, and Circular No. 40 of 2018 requires attorney generals to “immediately” refer drug users to the aforementioned committee upon arrest without being held in detention.

Females in schools are significantly less likely to report lifetime substance use (WHO, 2005, WHO, 2011). There is limited data on the prevalence of use among the female population in Lebanon, nevertheless, information was retrieved from treatment centers to assess accessibility to services. In fact, the number of female patients who received treatment from 2014 till 2016 increased by 38% (MOPH, 2017a). Also, 10% of the total number of reported beds for the treatment of substance use disorders are dedicated to women (MOPH, 2017a). The results of the mapping exercise conducted in 2017 on the services for substance use response indicated a centralization of the services in two governorates: Beirut and Mount Lebanon with limited presence in peripheral areas (MOPH, 2017b).

The purpose of this qualitative report is to provide recommendations for services tailored to the specific needs of women with substance use disorders in Lebanon and to decide how to increase their uptake of services. By understanding factors that influence women’s decisions to enter treatment, programme directors and policy-makers can rely on evidence-based decisions to provide more effective approaches in their services.

METHODOLOGY

Participants recruitment

We recruited a convenience sample of 17 women that were receiving substance use treatment services from 4 non-governmental organizations (NGOs). We conducted one focus group discussion with 10 participants that lasted 45 minutes. With the remaining seven participants, we conducted in-depth interviews that lasted an average of 30 minutes each.

NGOs facilitated the recruitment of participants by informing women receiving services about the study. Once participants were identified by the collaborating NGO, interviews were scheduled at the NGO premises. Only the focus group discussion was held at a rehabilitation center where women, in a nine-month rehab programme, were used to discussing their experiences in a group setting. Women receiving outpatient care refused to participate in a focus group discussion with other women that they did not know. We did not recruit women that were in prison or undergoing detoxification.

Moreover, we recruited a purposive sample of technical representatives (n=6) for key informant interviews. These participants represented: outpatient treatment center (n=1), harm reduction center (n=1), residential rehabilitation facility (n=2) and the Ministry of Public Health (n=2). Treatment facilities were contacted about the study and each nominated the most suitable participant(s). In-depth interviews lasted an average of 20 minutes each.

All interviews and focus group discussions were conducted in February 2019 in two governorates: Beirut and Mount Lebanon, where the majority of services are located (MOPH, 2017b). Data collection guides were created for the purpose of this study. A focus group guide and an interview guide were created to interview women participating in the study. An interview guide was developed for the key informant interviews. All tools were translated to Arabic and piloted with employees at the Ministry of Public Health and then further reviewed after the first interview was conducted.

Ethical approval and consent

Ethical approval to conduct this study was granted by the Institutional Review Board of the University of Saint Joseph in Beirut. Informed consent was secured from all participants, whose identities remained anonymous by not recording any identifiers. Recruitment through NGOs ensured that researchers from the

Ministry of Public Health did not receive personal contact information. A financial contribution to cover transportation fees was given to all participants.

Overview of participants

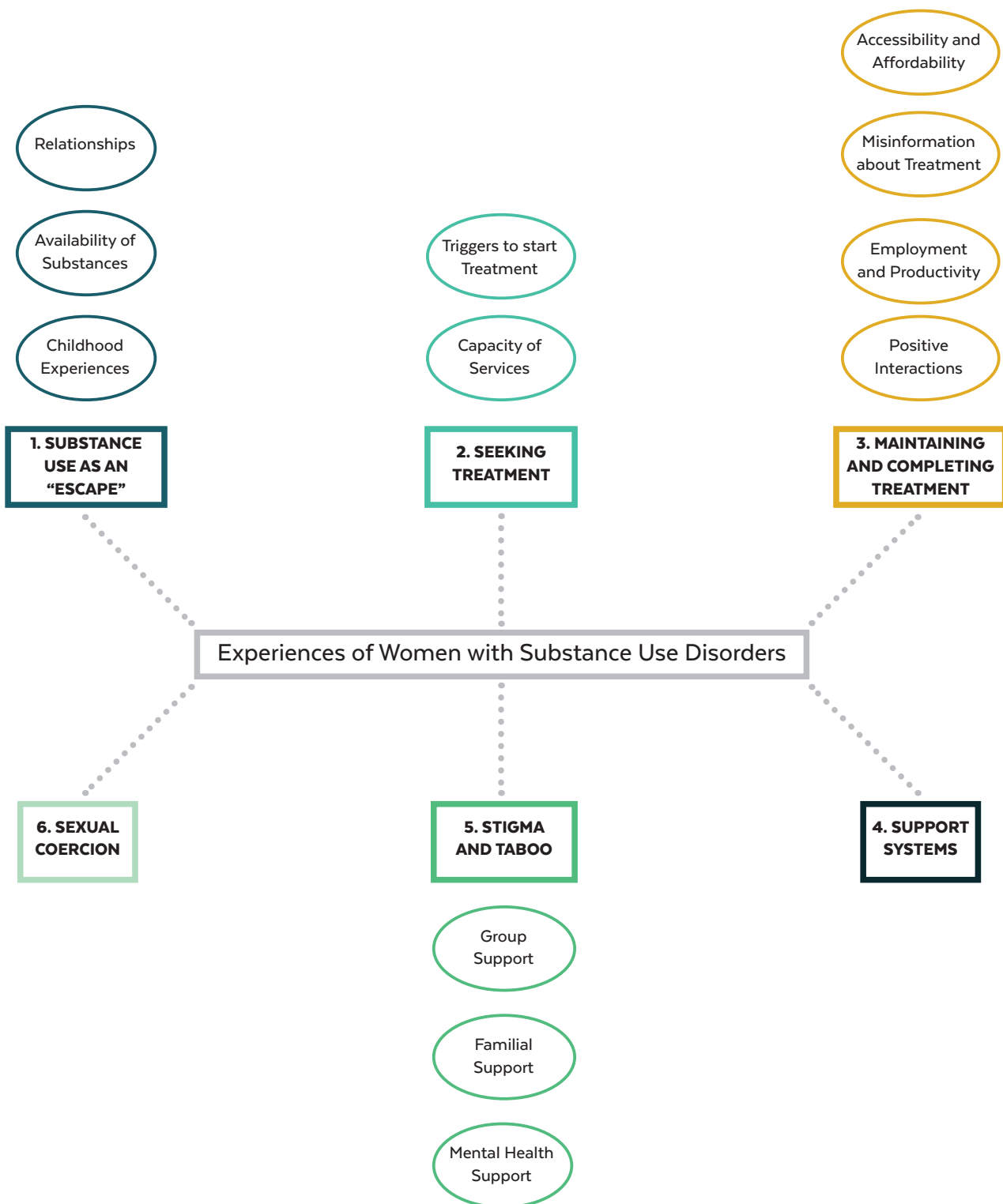
The women that were interviewed were Lebanese, primarily users of heroin. One of the participants was admitted to treatment for alcohol use disorder and two women had children. All women were aged 18 and above, were in contact with their treatment centers for more than one year and were currently receiving services.

As for the organizations providing services: one has both outpatient and inpatient services, two have outpatient services only, one is a drop-in center, and the last has inpatient rehabilitation services. All organizations provide subsidized treatments (i.e. low costs) and are located in Beirut and Mount Lebanon.

Data analysis

All interviews and focus group discussions were audio-recorded and transcribed verbatim except for 20 in-depth interviews where notes were taken. Inductive thematic analysis was used to analyze interview transcripts and draw meaning from the interactions with participants (Brown, Clarke, 2006). Transcripts were manually coded by three researchers to ensure consistency. Initial and axial coding was used to aggregate data. This led to the identification of emerging patterns and recurring ideas that allowed the development of themes and sub-themes. The main themes identified were further refined to ensure that they capture all messages that came up from the interviews. The themes are organized in the results section and reinforced by verbatim quotes.

Figure 1. Thematic map of the experiences of women with substance use disorders in Lebanon



RESULTS

1. Substance use as an “escape”

“You think drugs are helping you escape and forget your problems, but instead you are creating bigger problems for yourself.”

[Participant 3, Interview, Woman with Heroin Addiction]

The majority of women described substance use as a form of “escape” from different types of immense stress in their life. Relationships, employment status, childhood experiences and even depression were issues identified by women as triggers for substance use.

Relationship issues, whether divorce or break-ups, were experienced by the women and perceived as major triggers of substance use. For instance, one participant described how the emotional distress of a break-up drove her to relapse:

“I have not used heroin in 3 years. I relapsed for a period of 5 months because my boyfriend travelled and I was depressed. When I did stop [using] I went through withdrawal and I cut it off. I didn’t think about it anymore.”

[Participant 4, Interview, Woman with Heroin Addiction]

Some participants recognized that childhood experiences, including abuse and conflicts, in the family are associated to their substance use disorders. Divorce was often cited as an example by participants while child abuse and neglect was discussed by two women:

“Drug use is related to psychological issues that the woman has. These could be matters that the woman started dealing with during her childhood.”

[Participant 5, Interview, Woman with Heroin Addiction]

The main message of the participating women was that their inability to resolve previous trauma and cope with stress in a healthy way increased their chance of using drugs:

“Although anyone may try drugs, only the person who has a subconscious need for the drugs gets hooked.”

[Participant 2, Interview, Woman with Heroin Addiction]

Four participants discussed the high availability and accessibility of illicit substances in their immediate environment. This availability, confounded with peer pressure for two women, facilitated substance use for them:

“The substance being available in your environment and having the means to obtain it play a role.”

[Participant 2, Interview, Woman with Heroin Addiction]

2. Seeking and Starting Treatment

When prompted about certain incidents or situations that encouraged women to seek treatment, all those who were mothers cited their children as their motivation. Two of them feared that they would lose custody of their children due to their continued use of substances, especially as this could be considered as child abuse and neglect. Most of all, both women feared that they were going to harm their children while under the influence, as described by one participant:

“Once I was drunk when I collected my children from school. I fell asleep on the wheel and we almost had an accident. Until today I don’t remember this incident because I was not sober ... I understood that I was endangering my children and that I may lose them.”

[Participant 1, Interview, Woman with Alcohol Addiction]

For this woman, although the safety of her children was a motivation to seek treatment, having children prevented her from seeking in-patient rehabilitation:

“I went to [a rehabilitation center] ... there, the staff explained to me that they have an in-patient programme which lasts for a year and a bit, that during this time I am not allowed visitors, and that when I have completed the [first three months of the] programme I can have visitors on Sundays ... because my case was severe I was advised that I had to be admitted to the in-patient programme. I refused because I have two daughters.”

[Participant 1, Interview, Woman with Alcohol Addiction]

Women that had no children gave different accounts of how they felt they “hit a wall”. Especially in the focus group discussion, different women described their “low points” as realizations of shame, dissatisfaction with life, loss of friends and loss of support from key individuals in their life. One participant described how the threat of imprisonment was her turning point; her lawyer convinced her to seek treatment instead of undergoing a prison sentence.

A barrier to starting treatment was the limited capacity at facilities that offer treatment programmes. The delay in receiving treatment caused by limited spaces at treatment facilities was worrisome for two women who perceived themselves as unstable while waiting. These women felt they were at a higher risk of overdosing. As one participant described:

"I called several associations. None of them had space for me. So I had to wait until August to be admitted to the hospital. In the meantime, I took drugs (for about 4 or 5 months). It could have been very dangerous [due to the possibility of overdosing]."

[Participant 6, Interview, Woman with Heroin Addiction]

3. Maintaining and Completing Treatment

Employment was considered important to some women who were seeking treatment. One woman described how her job made her feel productive which encouraged her to continue treatment and stay clean and sober. Feeling that she was reintegrated into society was motivating to her and having no criminal misdemeanors in her judicial record, unlike [Participant 2, Interview, Woman with Heroin Addiction], facilitated this process:

"I have been working as a cashier in a supermarket for about 8 months. Customers greet me every day. Work has helped me a lot. I feel that half of the rehabilitation was due to my job. I feel productive. I feel I am part of society and I have an income."

[Participant 2, Interview, Woman with Heroin Addiction]

In contrast, another woman expressed frustration and hopelessness at not being able to find work to sustain herself. Lack of income meant that she was relying on her family to finance her treatment which made her feel trapped and unable to lead a normal life. This woman expressed her inability to find an accepting workplace that would hire her due to her previous misdemeanour (substance use):

"I haven't worked for a very long time and I am unable to find work. [This is due to the fact that] I have been arrested in the past."

[Participant 3, Interview, Woman with Heroin Addiction]

An added dimension to maintaining treatment is accessibility to organizations and medication. Distance, transport, cost of drugs and the facilities' operating hours were highlighted as barriers by different women. It is particularly challenging for women with low income and inflexible job schedules to maintain treatment.

One participant reflected on this potential barrier:

"I work in the afternoons so I am able to attend the center in the morning. Others have to take the day off in order to attend the center and the hospital."

[Participant 2, Interview, Woman with Heroin Addiction]

All three representatives of treatment centers echoed concern about accessibility. The main barrier for women seeking treatment according to organizations is the cost of transport. This is especially true for women that live far away from the treatment centers, which are mostly condensed in the Governorates of Beirut and Mount Lebanon.

A participant discussed how the cost of treatment per month more than doubled at the center she was visiting:

"The center has financial problems. They were going to close. They used to take our [financial] circumstances into account so I used to pay L.L.40,000 a month [subsidized amount]. Now everyone has to pay L.L.100,000 a month (L.L.25,000 per week). But I understand, that they too need to earn a living."

[Participant 2, Interview, Woman with Heroin Addiction]

In addition, some women found that centers with professional and friendly staff made them feel comfortable visiting the center. Being treated with integrity and kindness was important to these women, as described by a participant:

"Unlike other centers, staff here are kind, warm, and supportive. I believe the services on offer are the same at all the centers. The individuals here make the center successful."

[Participant 2, Interview, Woman with Heroin Addiction]

A challenge described by one participant undergoing therapy was the lack of understanding of the treatment course she was receiving. She recounted how she relapsed after she stopped taking her antidepressant medication once she felt better, unaware of the side effects. She blames this on the lack of information from the service provider:

"I decided (for myself) that I was doing well and I stopped taking the medication. Now I understand that this was a mistake and I would advise others not to do the same [because] stopping the medication caused me to relapse ... The doctor had not explained to me what the effects of stopping the medication would be."

[Participant 1, Interview, Woman with Alcohol Addiction]

4. Support Systems

“When you are not sober you don’t think about being treated. The persons who are caring for you do.”
[Participant 1, Interview, Woman with Alcohol Addiction]

This quote highlights the perceived importance of substance users having a support system to help them start, maintain and complete treatment. Sources of support for female drug users were family, peer support in group therapy, mental health professionals and, for some, their partners.

The majority of participants talked about their family members; some had support from their families while others did not. A supportive family is seemingly one that encourages women to seek, and continue treatment, via emotional and instrumental support. Instrumental support involves financially supporting the woman to afford the cost of treatment, drugs and transportation.

In one interview, a woman described how her husband was the person encouraging her to seek treatment, financially supporting her and involving himself in the treatment process:

“When I started treatment my husband was supportive... He went there with me. He asked to be informed about the treatment as well. He would book me taxis because I could not drive at the time or take me there himself... [Sometimes] my children would come with their father to collect me. They would do their homework in the car while they waited for me.”
[Participant 1, Interview, Woman with Alcohol Addiction]

Conversely, one representative of a treatment center discussed how a common challenge among women in their care was that they were in relationships with a substance user. Also, most of the young men that were in this center were in relationships with women whom the representative believed may also be drug users.

Organized group sessions, held at NGOs, were described by two women as a source of encouragement to stay clean. Although one woman was describing an out-patient support group and the other was describing support groups that were part of in-patient rehabilitation, they both agreed that support groups were a way to share experiences and to meet people with similar difficulties:

“We help each other” [Focus group discussion 1]

In addition to the support received from professional and friendly staff members (mentioned in the previous section), the majority of women we interviewed identified psychologists and psychiatrists (at the NGOs they were seeking treatment) as a significant source of support. Discussing their experiences and reflecting on them with a well-trained professional supported their recovery:

“The psychiatrist here has helped me a lot. She helped me understand why and how I reached the place I am in.”
[Participant 3, Interview, Woman with Heroin Addiction]

5. Stigma and Taboo

The cross-cutting theme of “stigma” was discussed in all the interviews and focus group discussions that were conducted as part of this project. On the societal level, participants remarked how societal norms, taboo and stigma can be detrimental to both the mental health of women with substance use disorders and their chances of seeking treatment.

Women described a taboo surrounding substance use which meant that it was rarely discussed in public. Some participants linked the effects of taboo to the lack of discussion of substance use in mainstream media while others reflected on the lack of knowledge on the topic of substance use in schools. This participant touches upon her parents’ lack of understanding of substance use and media as a way of changing social norms:

“Campaigns on TV are a way of reaching parents and helping change mindsets.”
[Participant 6, Interview, Woman with Heroin Addiction]

The women perceived themselves as highly stigmatized. They are not only substance-users, which are already stigmatized, but also females who are not meeting social expectations. Given the importance attached to the social status and image of a woman in Lebanese society, participants believed they are being subjected to “double stigma”. They highlighted that society is resistant to acknowledge them:

“In our society a woman that uses drugs is a failure.”
[Participant 2, Interview, Woman with Heroin Addiction]

Representatives of organizations that were interviewed all discussed taboo and stigma as major detrimental factors for women with substance use disorders.

Representatives reflected on how the Lebanese patriarchal society creates stigma around women with substance use disorders. High social pressure is placed on women to behave in certain “acceptable” and “modest” ways, therefore when they do not follow the status quo, they are shunned. As one representative highlights:

“Society is unforgiving of female drug users and women are afraid of acquiring a bad reputation.” [Stakeholder 1]

All organizations agreed that families are typically reluctant to encourage women with substance use disorders to seek treatment due to their desire to protect their reputation as there is stigma surrounding female drug users:

“Families are not accepting of females who use drugs because it gives their family a bad reputation.” [Stakeholder 2]

One organization’s representative reflected on how this stigma surrounding women with substance use disorders causes only a few women to seek treatment in comparison to men, and that those who do seek treatment are typically heavy users. Organizations also shared an observation that women in their care are more likely than men to suffer from psychological conditions and require intensive psychiatric care:

“Some patients are admitted by their family. These patients’ cases are usually serious and advanced. Relatives normally admit family members as a last resort.” [Stakeholder 4]

On average, 10-15% of users seeking treatment at the sampled organizations are women. There was consensus among all organizations that these statistics were low and reflected the reluctance of women to seek treatment.

6. Sexual coercion and objectification

“When a woman is under the effect of drugs, many people try to take advantage of her sexually. This happens a lot.” [Participant 6, Interview, Woman with Heroin Addiction]

Being asked to exchange drugs for sex was part of the narrative of the majority of the women we spoke to. Specifically, women gave examples of how male drug dealers take advantage of women with substance use disorders:

“Women get exploited in certain situations (e.g. if they don’t have money to pay for the drug). She may be asked to exploit her body or to sell drugs in order to obtain the substance.” [Participant 2, Interview, Woman with Heroin Addiction]

“Drug dealers expect to be offered something in exchange for drugs. This could be money, something valuable, or sex.” [Participant 3, Interview, Woman with Heroin Addiction]

Feeling objectified and stigmatized was even part of the experiences of women who were seeking treatment, specifically when collecting Opioids Substitution Treatment medication. Three women described feeling uncomfortable when collecting medication for their treatment due to the glares and stares of men. These women described feeling judged for being substance users due to stigma and felt objectified due to the perception that women who are substance users are impure and are therefore likely to sell their bodies for drugs.

DISCUSSION

This study allowed women with substance use disorders to share their experiences and challenges as substance users in Lebanon. Findings highlighted the barriers to seeking and maintaining treatment at multiple levels. An estimated 10-15% of users seeking treatment in the sampled treatment centers were women, a proportion similar to those of other countries in the region (Sabry, 2017). Although they are a minority, there are considerations unique to them.

The cross-cutting theme of stigma towards female substance users, is detrimental to their recovery. Women face pressures to abide by strict social and gender norms. In traditional patriarchal Arab culture, families aim to maintain a good reputation for the sake of their social status. High social status allows for favors, preferential treatment and, perhaps more importantly, the opportunity to associate young women and men to other well-off families with a high standing in the community. For women, being wed is essential as it allows them to adopt the most important societal roles: being wives and mothers (Lal, Deb & Kedia, 2015; Otiashvili et al., 2015). So, being a woman with a substance use disorder can be seen akin to social suicide. In addition to bringing shame to the family, addiction deems the woman as an unsuitable wife for a man from a 'respectable' family, and mother to his children (Lal, Deb & Kedia, 2015; Otiashvili et al., 2013). An analysis of barriers to seeking treatment among women substance users in Georgia suggests that social expectations lead to increased self-stigmatization and lower self-esteem among women as they view themselves as failures (Otiashvili et al., 2013).

The salient task of protecting the family's reputation affects whether or not a woman will seek treatment. All organizations have agreed that families are typically reluctant to support women in seeking treatment and only do so as a last resort. This reluctance to seek treatment can be interpreted as an effort to protect the family's reputation from being tainted as regular clinical visits may increase the likelihood of their daughter being identified (Kirtadze et al., 2015). Given that support systems were highlighted by all women as a significant source of motivation to seek treatment, lacking support from family members can significantly hinder the recovery process. Similarly, women substance users from Georgia highlighted the crucial role that family and partners, play in encouraging or inhibiting them from seeking treatment (Kirtadze et al., 2015).

Delay in seeking treatment, due to lack of familial support and fear of social isolation and stigma, may explain why women who seek substance use treatment were reported by organizations to be "heavier users" upon presentation.

In connection with stigma, women seeking treatment highlighted the importance of interactions in treatment centers. Feeling respected and receiving positive reinforcement from staff members encouraged them to return to the center. On the other hand, being treated poorly, feeling stigmatized and disrespected by staff dissuaded women from seeking treatment. Poor treatment has been documented as a barrier in previous investigations while creating an "empathetic" environment has been recommended to facilitate treatment of women (Wechsberg et al., 2015; Otiashvili et al., 2015). In addition, women who had to collect medication for their substance use disorders specifically described feeling judged by men who were also collecting medication at these venues.

Affordability and accessibility were two major barriers for women with substance use disorders seeking treatment. Affordability was linked to the ability to pay for treatment and to afford transportation to the treatment facility (Green, 2006). Although non-governmental organizations offer treatment and medication at subsidized rates, some women, especially those from disadvantaged backgrounds and who receive no financial support, still struggle to meet these costs. Financial resources are more likely to be considered a barrier for women as they are typically dependent on their partners or families for financial support (Brady and Ashley, 2005; Greenfield et al., 2007; Otiashvili et al., 2015). Furthermore, since the main substance use treatment centers are located in Beirut and Mount Lebanon, it can be even harder for some women to reach them at a low cost. The centralization of treatment centers is a form of social injustice as women outside of these two governorates are less likely to access these services (MOPH, 2017b). In addition, women in the study, especially those employed, highlighted how it can be a challenge to access services during standard working hours.

Lal, Deb & Kedia, outline gender-neutral factors associated with improved treatment outcomes and retention for substance users (2015). These factors include being able to afford services, being employed,

getting referred from the justice system and having less clinical complications (Lal, Deb & Kedia, 2015). All of these factors were brought up in the interviews to some extent. In particular, employment made participants feel integrated in society which provided them with a feeling of renewed self-worth. Employment is also linked to the ability of women to financially sustain the costs of treatment, which as already discussed can be challenging. On the other hand, criminal records and lack of job skills can hinder the possibility of getting hired (Kirtadze et al., 2015).

Our findings reinforce the role of partners, husbands and boyfriends in influencing the substance use behaviors of women. A qualitative study in Kenya highlights that intimate partners can positively or negatively influence initiation, transition and chronic substance use among women (Mburu, Limmer & Holland, 2019). The influence of partners in this study was higher when women were more economically dependent on them and when they were in dysfunctional relationships (Mburu, Limmer & Holland, 2019). In fact, women are more likely to be separated and divorce due to a number of reasons including conflict around managing their addiction and stigmatization (Lal, Deb & Kedia, 2015; Mburu, Limmer & Holland, 2019). This highlights the importance of offering women support to help them develop healthy interpersonal relationships as part of treatment and providing them with couple-based treatment services as suggested by Mburu et al. (2019; Otiashvili et al., 2015).

A number of women had children that they considered both motivators and barriers for accessing treatment. Among out-patient treatment, only one organization reported having a nursery to accommodate for mothers. The lack of basic child care arrangements provide an additional obstacle for those seeking treatment. Lack of childcare is reported as a common barrier for women with substance use disorders with children (Jessup et al., 2003; Wechsberg et al., 2015). Simultaneously, children were described by some women as a motivation to get treatment. Previous reports found that having children is associated with increased initiation of treatment among women with substance use disorders, however, it does not guarantee that women will continue treatment (O'Toole et al., 2006). Other factors that are associated with increased motivation to receive services include: losing child custody, threat of legal repercussions and loss of material assets (Rhodes et al., 2018).

Most women in our study discussed sexual coercion and exploitation without ever admitting to it. Exchanging

sex for drugs is a risk for women, especially those that are unemployed and unable to finance their habits (Kirtadze et al., 2015). Furthermore, when a woman deviates from her expected societal roles, she is considered a deviant. This extends to perceptions of sexual misconduct (Lal, Deb & Kedia, 2015) and has implications on treatment, as women require therapy to deal with traumas resulting from sexual coercion and testing for STIs, in addition to bloodborne infections (Greenfield et al., 2007).

Also, in our study, some women connected childhood experiences to their substance use, which is supported by research evidence. Adverse childhood experiences (ACE) are associated, with a dose-effect relationship, to a wide range of negative health outcomes (Felitti et al., 1998). ACEs include harmful events that children directly experience, such as child abuse and neglect, or indirectly, such as parental conflicts, substance abuse or mental illness. In particular, a systematic review of 37 studies on ACE found that ACEs are very strongly associated with substance use disorders (OR > 7) (Hughes et al., 2017). This finding highlights the importance of preventing risk factors and securing healthy early childhood development.

Finally, we had difficulties in recruiting participants for this study which can be associated with stigma. Women that were seeking out-patient services were reluctant to participate in focus group discussions with other women that they did not know. They cited lack of comfort in sharing their experiences in front of others, which made the study team resort to primarily using interviews. As in other stigmatized populations, such as people living with HIV, accessing participants is challenging due to the inclination of participants to remain anonymous due the intense stigma they face (Gokengin et al., 2016; Mahfoud et al., 2010). Snowballing can be a more effective recruitment strategy to identify women with substance use disorders, not necessarily seeking treatment, however even snowballing can be challenging in Lebanon (Mahfoud et al., 2010).



STRENGTHS

This research is conducted on a specific vulnerable group which is more susceptible to stigma, less likely to seek services and is at high risk of physical and mental health comorbidities as defined by the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021. Hence the recommendations stemming out of this report are applicable and tailored specifically to address the issues pertaining to the treatment of women with substance use disorders in Lebanon. Furthermore, interviews conducted with service providers and with women with substance use disorders allowed conclusions to be drawn in a wider angle encompassing different perspectives. This also permitted the triangulation of information - especially with situation analyses and existing literature on the topic.

The assessment provided insights into the needs of women that are already met and the needs of women that would need to be addressed. The recruitment process respected the privacy of participants. There were no reports of psychological discomfort as a result of bringing up previous experiences and none of the interviewed women dropped out of the study or stopped the interview. This assessment helped in spreading awareness about how gender differences affect the provision of services.

LIMITATIONS

The study team did not assess mental health comorbidities that might be a variable impacting motivation to seek treatment. Additionally, since the topic is shrouded with stigma, it was difficult to reach women as we needed to maintain their privacy. The research team has tried to reach women from several geographic areas to capture differences in the regions and to account for the relatively low number of interviewees. Also, women from nationalities other than Lebanese were not interviewed, as they were not accessible. Further research might be needed to explore other socio-economic factors and concurrent vulnerabilities which could influence women with substance use disorders to access and receive services.

RECOMMENDATIONS

In this section we outline recommendations based on the main findings we highlighted above and further research. Some recommendations can be directly linked to strategic objectives from the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021. Some recommendations are addressed by the aforementioned strategy but are not specific to women, such as the recent development of the “Accreditation Standards for Residential Substance Use Rehabilitation Programmes” ensuring participants centered programmes and respect for human rights (MOPH, 2019). Additionally, a map of services pertaining to treatment, rehabilitation, harm reduction, and social re-integration was developed and will serve as a reference for the referral of women to appropriate services (MOPH, 2017b).

Policy level

1. Support the decriminalization of Substance Use as per the current law revisions submitted to the Parliament.
2. Support treatment, not punishment: ensure that substance users are referred to the Drug Addiction Committee (DAC) rather than imprisoned.
3. Increase funding for women-specific substance use services.
4. Increase financial support for women who cannot afford substance use treatment.
5. Expand treatment centers to improve access of persons with substance users disorders to appropriate services in Lebanese Governorates outside of Beirut and Mount Lebanon.
6. Implement strategic objective 4.1.4 “Establish a monitoring mechanism to monitor substance use facilities regularly to ensure protection of human, child and women’s rights of persons with substance use disorders using quality and rights standards in line with international treaties, conventions signed/ ratified by the Government of Lebanon”.

Socio-cultural level

1. Reduce stigma and discrimination: implement strategic objective 1.3.4 “A child and gender sensitive advocacy strategy for mental and substance use disorders related stigma and discrimination is developed”.
2. Working on properly framing substance use disorder as a health condition in need of care and not as a criminal behavior that should be punished.
3. Encourage self-support groups.

Women-specific treatment services

1. Support the development of policies related to child custody of women with substance use disorders receiving any type of service.
2. Include a gender-based violence (GBV) sensitive approach when working with women with substance use disorders.
3. Ensure implementation of “Accreditation Standards for Residential Substance Use Rehabilitation Programmes”.
4. Increase outreach to vulnerable and stigmatized women and ensure referral to services.
5. Include partners and families in the treatment programmes.

Finally, pursuing the efforts put forward in the implementation of the Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021 would ensure access to a full spectrum of high quality gender and age sensitive prevention, treatment, rehabilitation, harm reduction and social reintegration services.

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