Women who use drugs

Gender specificities and example of the setting up of a women-only drug care service

Florence Mabileau
florence.mabileau@coe.int - www.coe.int/Pompidou

Gender Equality Commission, Council of Europe
– Strasbourg, 22 - 24 May
The **Pompidou Group** is the Council of Europe co-operation platform in the field of drug abuse and illicit trafficking. It is an Enlarged Partial Agreement of 39 countries open to non-Council of Europe member states (e.g., Israel, Mexico, Morocco).

It promotes a balanced, multidisciplinary approach based on valid scientific data covering prevention, treatment, risk reduction and law enforcement to support human rights drug policy.

**Pompidou Group has a Gender Equality Rapporteur**

**MedNET** covers 16 countries:
- 10 PG member countries: Cyprus, Croatia, France, Greece, Italy, Malta, Morocco, Portugal, Switzerland, and Turkey
- 6 non PG member countries: Algeria, Egypt, Jordan, Lebanon, Palestine, Tunisia

It promotes **co-operation, exchange and two-way transfer of knowledge between countries of two rims of the Mediterranean (North-South, South-North and South-South co-operation)**.
PART 1 : WOMEN WHO USE DRUGS
—
Gender specificities
Gender specificities: some main points

- Data in the addiction field show that gender plays an important role.

- Globally, women use less drugs than men. At world level, 1/3 of drug users are women, however only 1/5 are in treatment.

- Women start later, but when they start, they tend to become dependent more quickly.

- In Europe, drug treatment services for women who use drugs and are pregnant exist in only 2/3 of the countries.

- In general, women use more: alcohol, tobacco, amphetamines, opioids, cocaine and crack.

- Women abuse prescription drugs for non medical purposes which increases according to age group, peaking in their thirties.

- If differences exist between women and men, consumption behaviours seem to be converging.
Some examples of specificities:

Women in comparison to men present more health and social vulnerability factors

Women tend to:

• Be stigmatised and economically disadvantaged, and to benefit from less social support.
• Have a partner who uses drugs.
• Have children who can play a central role in their drug consumption and their readaptation (pregnancy = motivation source to enter into treatment or children = stop to enter into treatment because of the services not being adapted or fear of losing custody).
• Be victims of aggressions and sexual or physical abuse, and to suffer from mental health problems linked to the abuse: Drug Treatment Data (TDI) show that 40 to 70% of women who use drugs have suffered from sexual or physical violence during their life time and 20% of women who have been victims of violence will develop a psychiatric disorder.
• Develop a drug dependency which may lead to prostitution, which may become a means to face it.
• Some groups of women have specific needs: pregnant women or mothers, sex workers, who often face violence; women in prison.
Example of recommendations towards States
2016 INCB Report

- INCB (International Narcotics Control Board) encourages States to collect sex aggregated data on participation in prevention programmes and access to treatment services, for an efficient allocation of resources.
- Measures to prevent and treat drug abuse among women should be better funded, co-ordinated and evidence-based.
- In order to put into practice the equality between men and women, policy-makers should provide more accessible, affordable and acceptable services for women who use drugs.
- Measures that tend to eliminate stigmatisation linked to drug use especially among women should be among government priorities.
- UN rules on treatment of prisoners (Bangkok rules) recommend treatment adapted to women: needs and traumas.
PART 2 : EXAMPLE

Development of a specialised service for women suffering from alcohol and other drugs disorder in Egypt
Women in Egypt

- Women represent half of the 90 millions inhabitants of Egypt
- 2013, inequality index between sexes of PNUD: Egypt = 110/159 pays
- Big differences between men and women about health, economic participation and autonomy
- Some women work outside home, go to school/university, can vote, but tend to be 4 times more unemployed than men
- Most of the women with children work at home, look after their children and elderly family members
- Men use more alcohol and others drugs than women in Egypt
- Within the general population, the prevalence of use is 6.4 %
- In Cairo, the gap between men and women in the use of drugs is narrower and is about 3 to 1
- Women tend to use alcohol, Tramadol®, hashish and opium
Development of the project of a drug treatment centre for women

2013 — proposal of a projet to MedNET, with two objectives:
• Study the needs for such a service in Egypt
• Train the staff to provide care and treatment taking into account the gender specificities

• The Pompidou Group MedNET gives funding for the project
• The General Secretariat of Mental Health and Addiction Treatment provides medical human resources and venue, covers the health costs, the training of staff and the implementation of the project.
Project phases

Phase I — Review of gender specific prevention and treatment services on alcohol use and other drugs worldwide. Review of the literature on the use of drugs among women in Egypt.

Phase II — Evaluation: Interviews and group discussions among a random sample of 23 patients and 44 service providers on needs and expectations in terms of care and treatment.

Phase III — International workshop in Cairo and study visit in Malta in 2013.

Phase IV — Launch of the pilot service based on models identified during Phase I and following the visit to Malta.

Phase V — Evaluation of pilot service from January 2015 until July 2016.

Phase VI — Final project conference in 2016.
Opening of a drug treatment service for women in Cairo

- Treatment services for women who use Drugs in Psychiatric Hospital Héliopolis (El-Matar), Cairo
- Building separate from the hospital which cares and treats addiction disorders
- Special entry for the safety of clients
- Most of the service providers are women who have participated in the study visit to Malta
- Care and treatment for women only
- Clinical evaluation - includes violence suffered by women (post-traumatic treatment programme)
Principles/standards introduced by the service

- Recognising the role of personal relationships in women’s lives
- Addressing the unique health concerns of women
- Taking into account various caregiver roles women assume in life
- Taking into account traumas during the first diagnostic interview
- Guarantee of confidentiality
- Taking into account stigmatisation and taboos during the treatment
- Recognising the importance of socio-economic problems
- Motivation for therapy
- Taking into account the fear from legal consequences
- Taking into account the balance between therapy and family obligations
- Taking into account the fact that the guardian might refuse therapy
- Learning self protection against violence
Daily group therapies for in-patients: meditation, support group parental skills and childcare skills according to the needs

Rehabilitation activities:
• Creative activities weekly: painting, handcrafts, writing, cooking, gardening, cooking own food once a week to share with therapy team

In-patient stay for 4 weeks to avoid drop outs for married women

Outpatient clinics

Follow up of clients after discharge:
• Phone calls and website LHAA « for her »
• Communication with families during and after therapy: breakfast parties for patients and former patients with therapy team and family to instil hope, model for those under therapy.
Positive outcome

2015 National Drug Observatory: 17,165 consultations for drug addiction 2.1% women

Evaluation El-Matar hospital — within one year between 2014 and 2015:

New out-patient women cases increased from 5 to 249
Follow up of out-patient women cases increased from 28 to 470
Number total of out-patient women cases (including new and follow-up of patients) in 2018: 2325
Women in-patients increased from 7 to 55 in 2018

Impact: 3 specialised clinics for women in Héliopolis, Al-Maamora, Al-Abbassiaa

Challenge: prevention of early drop outs due to social pressure including questioning female absence from home and stigma attributed to maternal responsibilities

Follow up: Setting up of specialised services for women who use drugs and are pregnant
Achievements of the projet

• A gender sensitive responsive service for women in Egypt has been created
• The service is culturally acceptable, responds to the needs of Egyptian women
• This service impacted on all public mental health services in Egypt, creating a cascade of similar services
• Its main achievement is that many professionals in various specialities now know about the specific needs of women in treatment and are prepared to support them.
• The challenge will be to maintain collaborative links with other services worldwide in order to make further improvements.
• Data by the service since its inception indicate that it has a unique role in providing services for women with substance use problems in Egypt.
Impact of the project

After Egypt experience, other MedNET countries, wish to improve prevention, care and treatment of women who use drugs.

Lebanon Ministry of Health just published, with MedNET support, and in consultation with NGOs, a report on « Needs of women with substance use disorders: qualitative research report » (2019).

Other projects:
- Egypt: model of care for patients with dual diagnostic
- Seminar Algeria on care of women and drugs
- DU diplomas including a module on gender dimension
- In Morocco and Tunis
The gender dimension of non-medical use of prescription drugs in Europe and the Mediterranean region

Marilyn Clark
International Organisations reports

• 2015 UN Assembly underlined the critical importance of gender equality and the empowerment of women

• UN CND Resolution 59/5 2016 « Mainstreaming a gender perspective in drug-related policies and programmes »

• UNGASS 2016 outcome document encourages member States to address specific needs of women in the context of drug policy

• The International Narcotics Control Board (INCB) 2016 annual report - specific chapter on women and drugs

• UN CND 2019 confirms “the importance of appropriately mainstreaming a gender perspective into drug-related policies and programmes”
References


• UNICRI, “Promoting a Gender Responsive Approach to Addiction” - DAWN Project, 2015.


Thanks for your attention!

“We cannot succeed when half of us are held back.”

Malala Yousafzai