Ad-femina
Female-oriented support in addiction centres

Lisbon Addiction Conference,
23-25 October, 2019
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 for **female** drug addicts in 2017

- 32 questions piloted with field professionals: 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

- 338 facilities provided feedback (participation rate = 26%):
  - 137 (41%) having a previous experience in FOS
  - including **80 facilities in 2017 (24%)** that filled the Ad-femina Qre in.

### Outpatient Treatment Centres
- 29% of responding facilities

### Community-based...
- 63% of responding facilities

### Other (general care)
- 8% of responding facilities

### Hospital-based...
- 29% of responding facilities

- Outpatient treatment centres
- Liaison teams (ELSA)
- Addiction services

### Outpatient Harm Reduction Centres
- 29% of responding facilities

### Outpatient Treatment Centres
- 29% of responding facilities

### Inpatient Treatment Centres
- 5% of responding facilities
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

- A 6-day average waiting time for half of programmes (42). Otherwise when appropriate (38)
Publics

In 2017

2643 female 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%)**
- Improving self-image
- Development of personal or social skills
- Socialisation
- Initiation of an addiction treatment
- Better maternal and child/foetal health
  - Uptake of harm reduction measures
  - Better physical health
  - Strengthening mother-child bonds and parenting skills
  - Better mental health
  - Gaining social autonomy
  - Other

**Strengthening medicosocial care (40%)**
- Women's programmes (n=49)
- Maternal programmes (n=31)

Source: Ad-femina, OFDT 2018
## Activities specifically organised for participants

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Women's Programmes (n = 49)</th>
<th>Maternal Programmes (n = 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual meetings to listen, give advice or discuss</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Socio-aesthetic workshops</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Directed support groups</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Training or practical workshops: cooking, sewing, customisation, etc.</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Cultural trips or activities</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Informal groups, meetings</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Physical and sports activity workshops</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Sophrology workshops</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>No specific activity</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Scenario workshops, role-play games</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Others (therapeutic stay, non-directed support group, clothes swap)</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Hypnosis, hypnotherapy</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Well-being, dance and prenatal yoga workshops</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Artistic mediation</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

*Source: Ad-femina, OFDT 2018*
Developments to encourage women to seek help

- **Specific times or days** separated from the general mixed admission (45, 56%).
  - 15 facilities temporarily stop opening their doors to men while FOS

- **Responsiveness** (22, 28%). In average, 6-day waiting period

- **Reserved room** (20 cas), even **external places** (8)
- **Different forms of entry or access from the general admission**
- **22 facilities** (23%) rely on the team’s **mobility**

- **12** (16 %) have set up a reception area for accompanying children (adapted equipment and furniture)
  - 6 offer **activities** that mothers can do with children around;
  - 5 have **staff dedicated** to welcoming children
A rare offer and several issues still at stake for teams [improving earlier access to care/FOS]

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

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

*Thank you for your attention*

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