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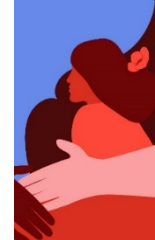
Ad-femina

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

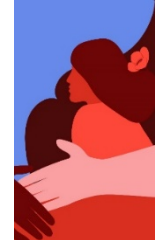


Ad-femina, an on-line survey on female-oriented support (FOS): i.e. **medico-socio-educational support** tailored specifically for **female** drug addicts in 2017

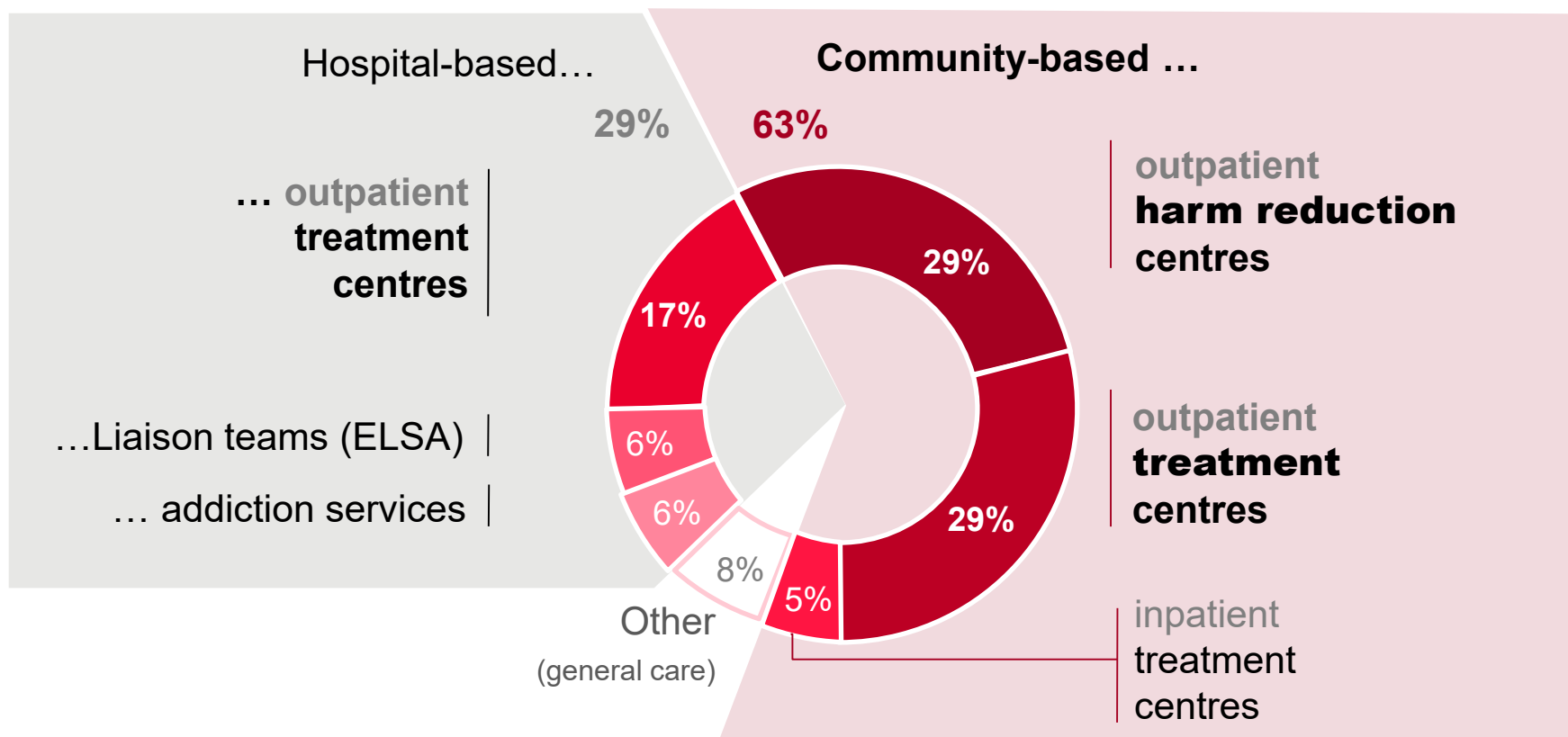
- 32 questions piloted with field professionals : objectives, activities, publics, involved professions...
- In Spring 2018, addressed to all addiction centres (treatment, H&R reduction, post-cure ; inpatient/outpatient, community/hospital-based) ...with the help of the main professional networks



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.**



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.

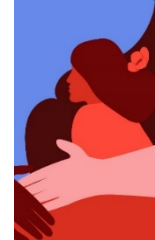
- **28** are opened to the participants' **children**

✧ 18 facilities are able

to count **261** children
received with their mothers



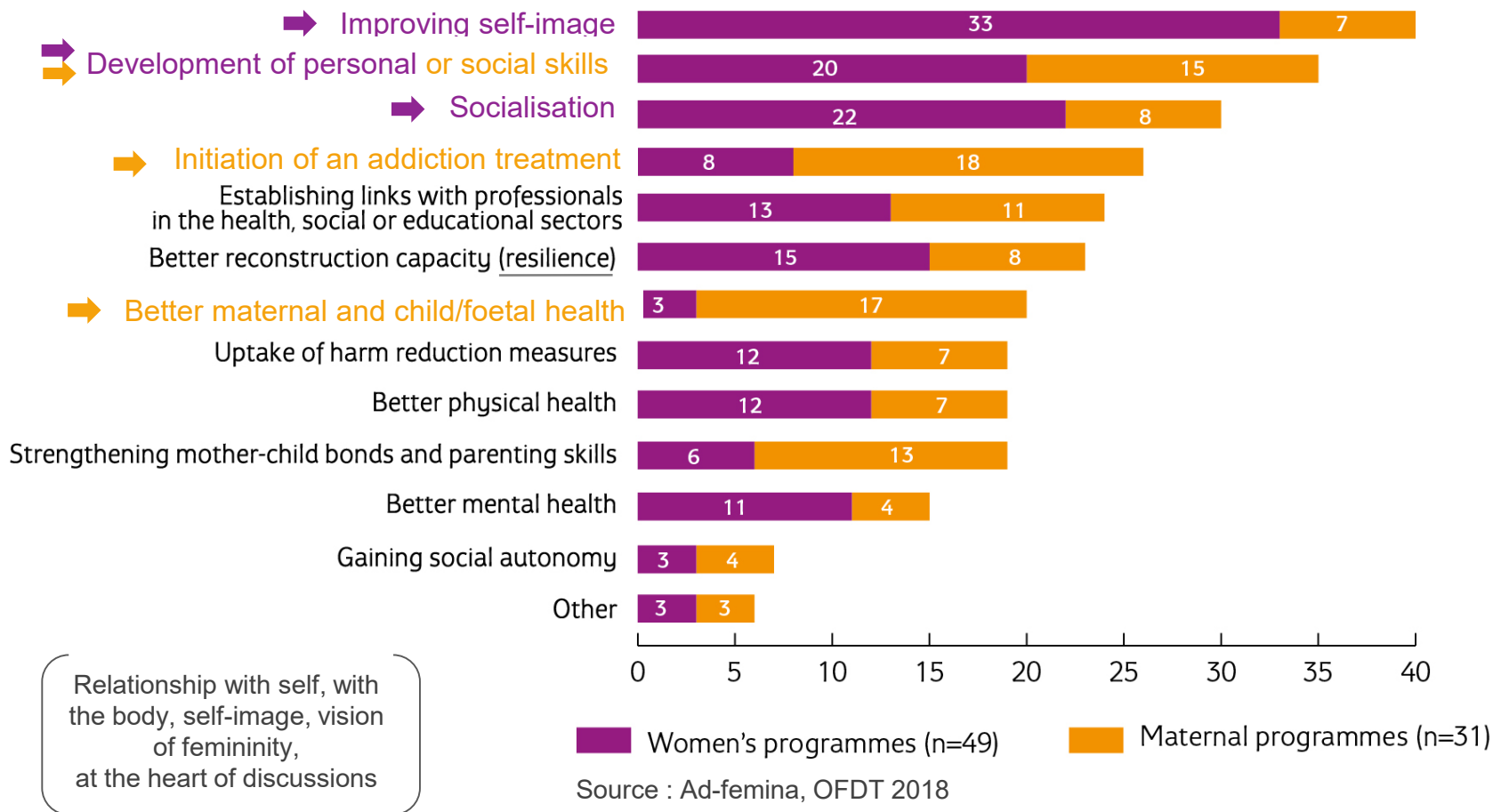
Health-based objectives : 2 main lines of action



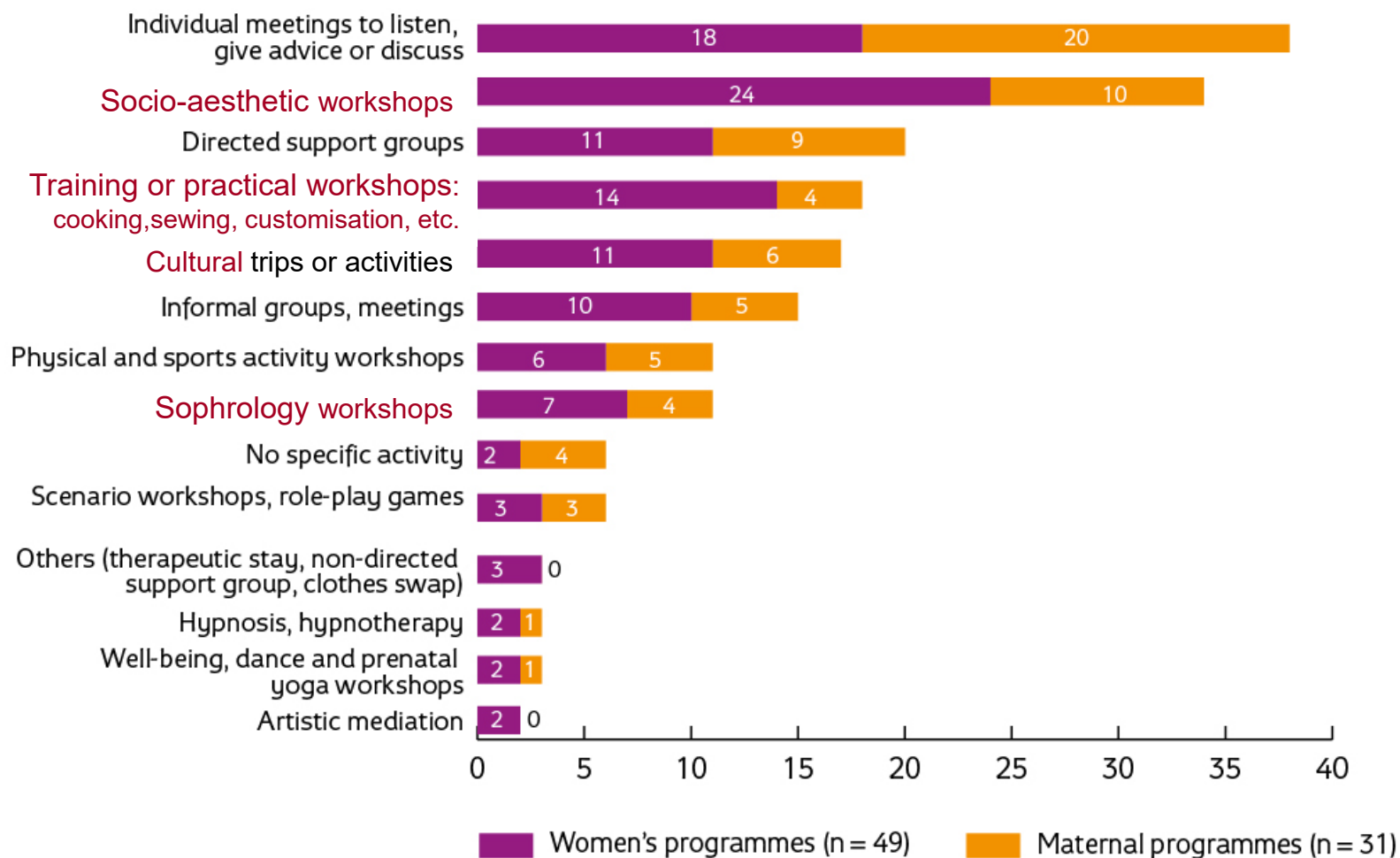
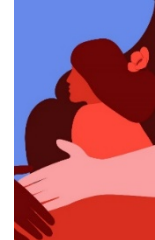
Better preparing women for care (50%)



Strengthening medicosocial care (40%)



Activities specifically organised for participants



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

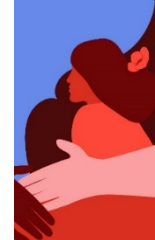
- **Reserved room** (20 cas), even **external places** (8)
- Different forms of entry or access from the general admission
- 22 facilities (23%) rely on the team's **mobility**



- **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]



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** report a lack of institutional support and negative representations of them.



Mutatayi, C. (2019). Female-oriented programmes in addiction care. Results from the Ad-femina survey. Tendances. OFDT. 130.

Thank you for
your attention



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