

A satellite-style image of Europe, showing the continent in brown and tan tones against a blue background of the Atlantic and Mediterranean oceans. The text is overlaid on the image.

Euro-TC International Conference:
Learning from Each Other –
Integration through Cooperation

Working with parents and children

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European data on drug/alcohol consume: 1

- Women represent almost a quarter of the population consuming some form of illicit drugs in Europe, estimates the European Monitoring Centre on Drugs and Drug Addiction. EMCDDA also recognises that :

- *“whilst most drug services are designed with male drug users in mind — as they*

European data on drug/alcohol consume: 2

- Data from the European Union confirm the worldwide picture by which men using drugs outnumber by far women drug users. When looking in particular at problematic drug use, in general in European countries, it is more common among men than women. Nevertheless, some national research studies suggest that the gender gap may be narrowing in a few countries, at least in the case of some types of drug use (EMCDDA 2006a)

European data on drug/alcohol consume: 3

- It is difficult to study trends in drug use within a gender perspective. An attempt done by the EMCDDA in 2006 (EMCDDA, 2006a) showed that, for example, for cannabis use and binge drinking, differences in use between men and women are substantially narrowed down in many European regions, showing almost equality in use between genders.
- Another identified trend by the EMCDDA,

Alcohol abstainers by country in the European Union

Question: QB10a. During the past 12 months, did you drink any alcoholic beverage (beer, wine, sprits, cider or other local beverages)?




Answers: No

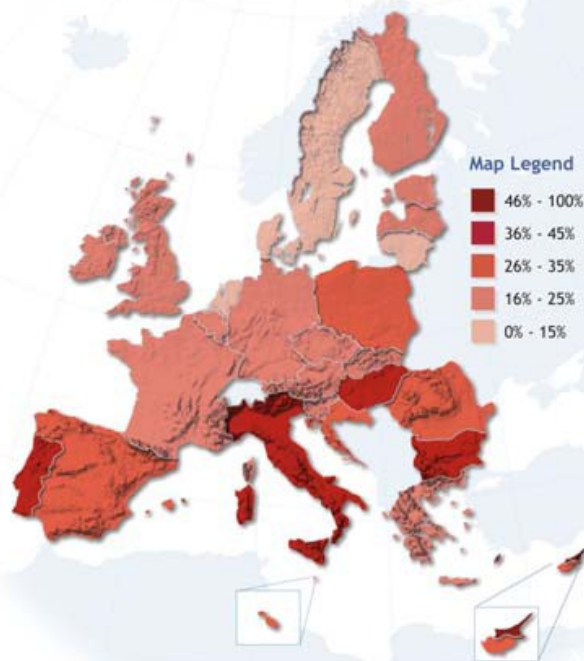
Country Results

| | |
|----------------------------------------------------------------------------------------|-----|
|  IT | 40% |
|  HU | 38% |
|  PT | 37% |
|  MT | 35% |
|  ES | 33% |
|  PL | 28% |
|  CY* | 26% |
|  EU25 | 25% |
|  SK | 25% |
|  AT | 24% |
|  IE | 22% |
|  BE | 21% |
|  FR | 21% |
|  SI | 21% |
|  EL | 20% |
|  DE | 19% |
|  LU | 19% |
|  UK | 19% |
|  EE | 19% |
|  CZ | 18% |
|  LV | 18% |
|  FI | 17% |
|  LT | 14% |
|  SE | 12% |
|  NL | 10% |
|  DK | 7% |

* CY (ccc) = 53%

Other Countries

| | |
|----------------------------------------------------------------------------------------|-----|
|  BG | 38% |
|  RO | 33% |
|  HR | 31% |



Source: Eurobarometer, 2007

Alcohol consume

- According to an EMCDDA gender perspective report, the gender differential of intensive alcohol use ranges from 1 (signifying equality) in Ireland, the United Kingdom and Norway to 2-3 in Poland and

Pregnancy and Maternity

- Each year there may be about 30,000 pregnant opioid-using women in Europe, and the number of pregnant women with other drug problems may be similarly high. (EMCDDA, 2009)
- Data from British studies in 2000 **established** that over 90% of women drug users presenting **themselves** to services were of childbearing age (Clarke & Formby, 2000).

Gender violence

- The link between substance use and gender violence including domestic abuse is complex. There is no evidence of a cause-effect link between the two. However, where problems with substance use exist, domestic abuse is often present too. The link clearly combines the effects of the substance with gender roles, with physical or sexual abuse of women typically perpetrated by a male partner or other male figure. (UNODC 2004)

Social and enviromental aspects

- * In general terms and overall in many European countries, discrimination based on gender, within the socio-economic context is still very common. As a clear example, women continue to be responsible for 80% of the housework. Moreover, even in equal work conditions, women earn only 76.9% of the gross wage paid to men (on average in the European Union) (European Women's Lobby, 2001).

Social and environmental aspects



- Literature and case studies indicate that women with drug misuse problems have less resources and support than men and need assistance to develop economic independence, safe housing and social support (UNODC, 2004).
- Compared with male drug users in treatment, a higher share of female clients in treatment are decisively economically disadvantaged; besides, unemployment

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Are there gender sensitive

- Available data from European treatment centres in 2004 suggest that among drug clients asking for treatment for the first time males outnumber females by a ratio of 4 to 1. (EMCDDA 2006a).
- The structure and organisation of drug service often creates unwanted barriers to females to access them. Women might find intimidating, alienating, and with an unsupportive environment (IHRD 2007).

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Are there gender sensitive

- A United Nations Office on Drugs and Crime (UNODC) publication has divided the different treatment barriers for female drug users in three categories:

- Systemic barriers
- Structural barriers
- Socio-cultural barriers.

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Are there gender sensitive

- Systemic barriers impede the development of services that respond to women's needs. Some of these are:

- Lack of appropriate gender-responsive, low-cost, and evidence-based treatment models
- Need for a comprehensive array of services

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Are there gender sensitive

- Structural barriers. Some of these are:
services?

- Lack of childcare
- Lack of Pregnant woman services
- Location and cost of specialist services
- Lack of harm reduction services for those women who are not ready to begin a treatment

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Are there gender sensitive

- Social, Cultural and Personal Barriers.
services?

Some of these are:

- Disadvantaged life circumstances.
- Stigma, shame and guilt.
- Fear of losing custody of children (punitive approaches to pregnant women using substances).

Recommendations

General recommendations

- Specific attention needs to be put on confidentiality of services.
- Women clients should be involved in the set up of policies and services.
- Outreach should be used in all settings as an important tool to get to the most hidden part of women drug user populations.

Recommendations

Pregnancy and maternity

- Early screening, prenatal care, substitution medication during pregnancy, harm reduction counselling, specific treatment during labour, postnatal care and breastfeeding information are the most important steps to cover in order to provide a coordinated and integrated healthcare assistance.
- Providing a mother-child specific programme including: mother-child relationship activities in addition to psychological and social support, childcare and network

Recommendations

Pregnancy and maternity

- Both the pregnant woman and her family benefit from nonjudgmental information about the maternal and foetal risks of substance use. Counselling regarding strategies for cessation and describing the benefits of treatment are recommended.

Recommendations

Social and economic reintegration

- The three 'pillars' of social reintegration are (1) **housing**; (2) **education**; and (3) **employment** (including vocational training). Other measures, such as counselling and leisure activities, may be considered. Considering that, many measures are required to help women in the social reintegration phase:

Recommendations

Social and economic reintegration

- **Housing.** Providing Transitional housing and Securing stable housing is a key focus for women, in particular at the end of a rehab programme, in order to allow them to keep or recuperate custody of their children.

A satellite view of Earth showing the Americas and the Atlantic Ocean. The text "Thank you for your attention" is overlaid in the center in a blue, italicized font.

***Thank you for
your attention***