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Short review

The Rationale for Setting up Gender-Specific Facilities for the Treatment of Substance Use-Related Problems

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Abstract

The substance use pandemic has caused enormous health, social and economic problems globally. Many of the people with substance use related problems do not however seek help and treatment, and this has created a wide treatment gap. The treatment gap is particularly wider among women because of the additional barriers that women experience in seeking treatment. This review paper discusses and motivates the agenda for setting up gender-specific facilities for treatment of substance use related problems. It brings to attention the obstacles to achieving equal access to, and effective utilisation of substance use treatment services, especially in low-to-middle income countries. The paper interrogates the literature on substance use treatment barriers and puts into perspective some of the undertakings that can be made to enhance greater utilisation of treatment services by women. Setting up gender-specific treatment facilities will help to address the elevated stigma that female substance users experience in mixed-gender treatment facilities. Gender-specific treatment facilities respond better to women's needs that include provision of ancillary or wraparound services such as child care, ancillary services for the pregnant and perinatal women, and parenting groups which facilitate women's treatment entry and continuation. The gender-specific treatment facilities should provide gender-matching with counsellors, and counselling services for contextual confounders such as intimate partner violence exposure.

Introduction

The global prevalence of substance use related problems is quite high [1]. There are several explanations used to account for the surge in substance use and these range from unemployment and economic recession, socio-cultural factors and individual factors. Despite the resulting negative health, economic and social consequences caused by abuse of substances, utilisation of treatment services remains low [2]. In recent years, there has been a growing awareness of the importance of gender in medical treatment and research [3]. While much of the past research in addiction focused on men, there is now recognition that biological and psychosocial differences between men and women influence the prevalence, presentation, and treatment of substance use-related problems [3,4].

Although women are less likely than men to use illicit substances and develop substance use-related problems, women evidently report more severe problems and experience more health-related consequences from substance use [5]. In addition to this, women's substance use-related problems interfere with functioning in more life domains compared with men [5]. This paper provides a public health perspective on recognizing the rationale for providing gender-specific treatment facilities for substance use-related problems.

Elevated stigma against women using substances

Compared to men, women with substance use-related problems and those seeking treatment services tend to experience heightened stigma. Women using substances are particularly susceptible to feeling stigmatized and this interferes with detecting factors identified with the need to seek treatment [3]. Early research indicated that women were discouraged by family members from seeking treatment as families sought to prevent themselves from the 'embarrassment' associated with a female figure using substances in a family [6]. When compared to their male counterparts, women in substance abuse treatment are also more likely to report feeling shame or embarrassment [3]. An older Swedish study found that women were more likely to enter treatment only after the onset of serious acute complications of their substance use (e.g., unconsciousness, suicide attempts) [3,7]. There is need to create women-only treatment programmes to promote the privacy of women in treatment so that they can be motivated to seek or continue in treatment without the fear of being exposed and subjected to the court of public opinion and judgement on women who use substances [8,9]. Communities need to be destigmatised through awareness campaigns with specific programmes that address the importance and need to support women with substance use-related problems, and in need of treatment. Same-gender counselling in treatment facilities has been found to enhance treatment outcomes and chances of completing treatment [3,10,11]. In same gender client-therapist relationships, both the client and the therapist have the opportunity to see the world through the same gender lens [12] and understand each other's circumstances from a similar stand point.

Social circumstances and conventional roles of women in society

Women are more likely than men to encounter barriers that impede them from seeking or following through with treatment [13]. This includes finding time to attend regular treatment sessions because of family responsibilities and social expectations of the roles they need

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to play in society (e.g., as caretakers and child care) [13,14]. These roles constrict their time to seek treatment, especially in circumstances where in-patient treatment or longer commitment to treatment may be required. Additionally, women are more likely than men to experience economic barriers when seeking treatment [14]. In low resource settings such as the Low-To-Middle-Income Countries (LMICs), men are usually the sole breadwinners [15] and the family's disposable income is often too low and less of a priority to them to even consider spending on health services such as substance use treatment. In LMICs, substance use treatment services are not easily available and accessible, and most clients are left with the option to seek specialist treatment, which unfortunately is beyond the affordability of many [15].

Gender-specific treatment facilities have begun to incorporate parenting groups to facilitate women's treatment entry and continuation whilst childcare responsibilities are taken care of [3]. There is a growing need to accelerate the provision of these services in order to free up some significant amount of time for female substance users that enables them to focus more on getting treatment and less on their adopted societal roles. Rolling out subsidised treatment schemes or waivers for female substance users enhances the affordability of treatment [11,16], and motivates female substances to initiate treatment. In a recent cross-sectional study, pregnant women with substance use-related problems and covered with medical insurance were found to be significantly more likely to take up treatment for substance use-related problems compared to pregnant women with a substance use-related problems, but no medical insurance cover [16].

Limited women's health and ancillary services for the pregnant and perinatal women

There are gender differences in treatment needs [10,12].Unlike their male counterparts, women, especially pregnant women who use substances, have more health issues to be sensitised on. These health issues include information on prevention strategies of Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Spectrum Disorders (FASD) which may be overlooked in a mixed-gender treatment facility [17]. Furthermore, there is a higher prevalence of anxiety or depressive disorders among women and this tends to interfere with their readiness to enter treatment, especially in mixed-gender treatment set ups where they face uncertainties on what to expect from facilities that are not tailor-made to suit their specific needs [18]. Mixed-gender treatment facilities usually take a generic approach to treatment and are not equipped to respond to specific health and ancillary needs for the pregnant and perinatal women [17].

In the past two decades, there has been a heightened awareness to provide women-specific ancillary services in substance use treatment facilities that respond to the needs of pregnant and perinatal women [19]. Policy makers and health promotion practitioners are urged to become more proactive in providing pregnant and perinatal women with the required ancillary services that support women in in-patient facilities and help to anchor treatment retention [20].

Limited counselling and support services for intimate partner violence exposure

There are instances where women have adopted substance use as a coping strategy to manage intimate partner violence exposure and other forms of victimisation. In such circumstances, the use of substances ceases to be the underlying problem, but rather, the victimisation and intimate partner violence exposure [18,19]. Women, who find themselves in relationships where the partner is also a substance user, often find it difficult to seek treatment without the approval of the partner [19]. Women-specific treatment programmes need to focus on providing wider counselling that dovetails with the scope of the clients' problems. Women who use substances are also often victims of gender-based violence or sexual abuse and may desire to be in a treatment set up where they feel secure and able to obtain empathy from a same gender therapist with whom they can open-up [3,19]. In women-specific treatment programs, there is an increased chance of having several other women with similar ordeals to share and they will be better able to relate to their own situations and develop effective coping mechanisms.

Conclusion

There is need to canvass support for a paradigm shift from a generic treatment approach to a focus on gender differences and gender specificity and, to an emergent focus on gender responsiveness. The deficiencies and perceived inefficacy of mixed-gender treatment facilities discussed in this paper underline the rationale for setting up gender-specific treatment programs that respond to women's needs. There is evidence of an increase in awareness of gender-specific issues as seen in the clinical sector, with about 40% of substance abuse treatment facilities in the United States of America now providing special programs or groups for women [21].

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Conflict of Interest

The author does not have conflicts of interest to declare.

Contributions

TN conceived and analysed the paper.

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