

Interventions with Women

Women face unique barriers to accessing alcohol and drug treatment services. These barriers have an impact on whether individual women seek out or continue with treatment services. Planning for the needs of women will positively affect the outcome of treatment and follow-up services.

Specific Treatment Issues and Best Practices

Service providers should pay particular attention to the following issues when providing treatment services to women:

- **Addressing a range of personal issues.** Group work has been identified as the optimal method for addressing personal and family related issues. Some topics that may be discussed using this format include: methods of self care, strategies for understanding relapse, elements of a balanced life, patterns of violence, childhood trauma and abuse, understanding effects of substances on the body.
- **Impacts on women's bodies.** It is important to educate women on the personal health impacts of substance use, including providing information pertaining to substance use during pregnancy and the prevention of Fetal Alcohol Spectrum Disorder (FASD).
- **Interpersonal Issues.** Treatment for women should be family-focused and client-centered in order to

effectively address interpersonal issues they may be dealing with. When appropriate, this may mean involving family members in the treatment process.

- **Outreach.** Outreach work should include efforts to establish respectful, supportive and empathetic relationships. Outreach services need to be offered outside conventional limits, especially for women who are street-involved or who live outside urban settings.
- **Service Delivery.** Setting appointments that are compatible with women's schedules may encourage compliance with treatment and alleviate premature termination of services. For instance, scheduling appointments when children are at school or when childcare is available, better supports parents in keeping appointments. Also, standardized, integrated assessments and partnerships between mental health and addiction services are considered best practice and aids in streamlining service delivery. Women with problematic substance use behaviours may associate their substance abuse issues with depression or anxiety and may first access mental health services. Integration of addiction and mental health services help to ensure clients receive the right services in a timely and coordinated manner.

Barriers to Treatment

Women face barriers to treatment of drug and alcohol misuse and abuse, including:

- **Childcare.** Some women have difficulty arranging or coordinating appropriate childcare while in treatment. They may lack support from family and friends who may have been utilized as child care

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providers in the past. Women who are unable to find childcare may discontinue their treatment plan, or may have to consider placing their children into care for a period of time. This is often a very difficult choice for women to make.

- **Culture.** Some women report that their cultural beliefs are not adequately addressed in treatment programming and services.
- **Gender-specific treatment services.** Gender-specific programming provides women with added safety, freedom and opportunity to explore and address issues related to their individual situations. Paying attention to the gender specific needs of women relates to improved treatment experiences and outcomes.
- **Isolation.** Women may not have sufficient information about the nature of their addiction or the services available to make informed decisions regarding a treatment plan.
- **Personal barriers.** Women may feel shame and guilt, or fear losing love, support and security from loved ones if they identify as needing alcohol and drug treatment services. They may also fear being isolated from family and, as a result, may deny that they have a problem with drugs or alcohol.
- **Stigma.** There is still stigma attached to substance use and accessing treatment for addictions, especially for women. There may be significant concerns associated with seeking treatment services, including being unable to fulfill family responsibilities while in treatment.

Sources:

- Best Practices Early Intervention, Outreach and Community Linkages for Women with Substance Use Problems, 2006, Cat. No. H128-1/06-460E, Health Canada at www.hc-sc.gc.ca/hl-vs/alt_formats/hecs-sesc/pdf/pubs/adp-apd/early-intervention-precoce/early-intervention-precoce-eng.pdf.
- Best Practices Substance Abuse Treatment and Rehabilitation, 1999, Cat No. H39-438/1998E, Health Canada.
- Best Practices Treatment and Rehabilitation for Women with Substance Use Problems, 2001, Cat. No. H49-153/2001E, Health Canada at www.hc-sc.gc.ca/hl-vs/alt_formats/hecs-sesc/pdf/pubs/adp-apd/bp_women-mp_femmes/women-e.pdf.
- Summary Report Workshop on Best Practices Treatment and Rehabilitation for Women with Substance Use Problems, 2003, June 6 & 7, 2002, Cat. No. Cat. H46-2/03-316E, Health Canada at www.hc-sc.gc.ca/hl-vs/alt_formats/hecs-sesc/pdf/pubs/adp-apd/treatment-traitement/treatment-traitement-eng.pdf.