

Evaluation of care services provided to female patients by Drug Addiction Department: a national explorative survey

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Abstract

Background: Drug abusing women are one of the key customers due to their vulnerability directly linked to biological, genetics, psychological and social characteristics. **Objectives:** This is an exploratory research aimed to determine what are the most significant factors that would improve the access to the Drug Addiction Department and their adherence. **Material and Methods:** A 16 item self-administered questionnaire was assembled. Each item was scored on a 1 to 7 scale (Likert scale). The questionnaire was administered to women accessing a sample of Italian Drug Addiction Department. **Results:** A total of 299 women took part at this exploratory survey. Assurance of the protection of the privacy (mean 6.5) was considered to be the most important item at the time of the first access at the Service, followed by the availability of specific admission gender-

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oriented programmes (mean 5.5). At the treatment phase, the availability of specific support for women to have a baby was highly scored (mean 6.4), as well as a support for the management of eating disorders (mean 5.9). The interviewed women scored (mean 6.1) the item regarding the presence of the parents as being important only when a minor was involved or there was a suicide risk (mean 6.0); a criminal setting was considered less important (mean 4.8). According to the interviewees, the partner should be involved mainly in cases of pregnancy (mean 6.2), when there are minors involved, and when the partner is a drug abuser. The key factor causing the abandonment or the delayed access to the service was the fear of losing a child or being reported to the police. Overall the level of satisfaction expressed by the women involved was scored as good (mean 5.8).

Conclusion: The outcomes are: 1) assurance of the protection of subject privacy from the initial access until their dismissal; 2) provision of specific supports, availability of a gynaecologist in case of pregnancy, specifically for women willing to become pregnant; 3) the fear of losing their sons is the main reason causing the delayed access to the care services or, even more important, their abandon.

Keywords: Women, Drug Abuse, Accessibility

1 Introduction

Women, while representing a market share of 17% within the care services [1], are an important target as being more vulnerable to biological, genetic, psychological, social and relational factors. Women have less dependency problems, but when a woman develops an addiction, she tends to deviate much more than a man and the consequences may be more serious [2].

The stigmatization of these women in terms of their social deficits as both women and mothers often lead to feelings of shame and guilt [3]. Drug addict-abuser women often live in areas at risk of criminal violence, often exchanging sex for the purchase of other agents, for accommodation or for protection [4].

Women tend not to access services for the care for addiction [5, 6], although the few studies performed on the outcomes of treatments demonstrated better results when compared with males [7].

There are several reasons why the drug abusing women do not access the services; one of them is the attribution of their problems to depression or other mood disorders [8]. In addition, the presence of a partner who has problems with substance use is more likely in drug abusing women compared to males. Furthermore the male partners discourage the access of the treatment by their female partner [9, 10].

These elements result in less support and, in some cases, resistance to access to treatment. Other evidence also indicate the need for the care services to improve their quality both for access and assessment [11]. Being mothers with dependent children is a barrier to treatment for many reasons [10], the principal being the fear of losing custody. It is often also the reason for the abandonment of the treatment [12]. On the other hand, the presence of children can make the access more difficult because there is no support offered where to leave the children.

The main objectives of this exploratory survey were: 1) To evaluate the views of women dependent on services for drug addiction towards some indicators on reception (assessment) and taking on the services; 2) To collect the judgment on the importance of involving parents and partners in particular situations; 3) To evaluate the factors that determine the abandonment of the service or that delay its access; 4) To gather their opinion and overall satisfaction about care service offered.

Subjects and Method:

A self-administered questionnaire composed of a total of 16 items was pulled together. A Likert-type scale was used, with a score from 1 to 7. Identification of the item and its sub-item was done following the ideas arisen from a preliminary analysis of the literature and from a focus group of experts, differentiated according to profession (doctors, psychologists, social workers, etc.) and work experience (therapeutic community, local services, hospitals).

The questionnaire was divided into the following areas: 1) reception and initial assessment, 2) course of treatment, 3) involvement of parents and partners, 4) factors that may cause abandonment of local drug service (SerD) and those that delay access; 5) overall satisfaction about service care provided. The questions about reception and assessment covered items such as age, period of service's attendance, the main reason that triggered the access (such as psychological support, pharmacological treatment), type of pharmacological treatment and occurrence of side effects. Two versions of the questionnaire were prepared: one specifically for SerD and another for Therapeutic Communities. The difference was in a few items that were not applicable in the context of the Community (such as the presence of staff during inspections of urine).

The administration, after preliminary feasibility studies of a small sample, was made on Departments (SerD) and the Therapeutic Community (TC) of the units participating in the DADNET Project, which involved a sample of Italian Addiction and Mental Health Departments and TCs. The questionnaire was administered to women who accessed the service during the period of surveillance. The project and the scope of the questionnaire were explained to all women involved and a written informed consent was obtained to allow the data collection.

Data processing was performed using SPSS 13.0.

2 Main Results

299 women contributed to the survey, of which 234 in the SerD and 65 in Therapeutic Community. The Italian Regions (9) participating in the survey were: Lombardia, Liguria, Veneto, Friuli Venezia Giulia, Emilia Romagna, Umbria, Basilicata, Sicilia and Sardegna. The participating agencies were the Departments of Addictions, the Mental Health Departments and the Therapeutic Communities. The study period was November 2011 - March 2012. For the total sample the mean age was 34.7 years (std. dev. 10.2), the mean age was of 37.0 years (std. dev. 5.3) for women attending the local service (SerD) and for women in TC it was equal to 26.5 (std. dev. 5.3). The difference was statistically significant ($p < 0.05$, Student's T, Int Conf 33.6 to 35.9). With regard to the period of service's attendance, it was found that a total 50% of women dependent on SerD were attending the service at least for a 3 years period and 50% of those in the TC for approximately one year.

The processing of the answers of the questionnaire were made on the entire sample (total) and on 2 sub-groups (SerD and TC; Table 1).

In Table 2 are reported the mean score for each items surveyed.

In the area of RECEPTION highlighted the following points:

- Privacy was the most important item for a woman accessing the addiction service (mean 6.4);
- the presence or availability of specific paths was deemed important (mean 5.5);
- the presence of a female operator at reception was considered less important (mean 4.6).

Comparing the 2 groups, the item that showed no statistically significant difference was the one related to the availability of specific paths for the female gender.

In the area of initial ASSESSMENT, the results indicated:

- the investigation of relationships with partners at risk of sexually transmitted diseases (STDs) was considered very important (mean 5.5);
- violence and abuse were considered equally important (mean 5.4);
- women considered less important the possibility of prostitution (mean 4.3).

In particular, comparing the 2 sub-groups of women, the mean score was significantly different for all items. Women in the Community attributed less importance to risk behaviour, in particular to risk arising from possible prostitution and presence of criminogenic environments (e.g. living with a pusher). Whilst women who attend the SerD, living in a less protected context, considered more important risk factors such as sexual behaviour with partners as violence/aggression. These aspects should be addressed and better understood by the care services.

Regarding to the PATH OF CARE, it was found that:

- to be seen by a gynecologist within the service in case of pregnancy was the most important item (mean 6.4);
- equal importance was noted with regard to the presence or availability of a gynecologist at the services (average 5.9);
- the presence of specific paths for eating disorders was considered important (mean 5.8);
- the less important item was related to the presence of a female reference operator (mean 4.6).

In brief, women highly valued the presence of a gynecologist, especially in case of pregnancy, with the availability of specific courses for the female gender (especially in TCs), and a greater focus on eating disorders, whereas the presence of female workers was not in itself considered of particular importance.

On PARENTAL INVOLVEMENT, the interviewees specified that:

- when the drug addict/abuser is a minor or there is a risk of suicide, the PARENTS need to be involved (mean 6.1);

- the item that received lower score was related to the presence of criminogenic environments (mean 4.8).

Women dependent on SerD had higher scores than those in TC in all sub-items, except for those related to ongoing pregnancy and the presence of minors (children). In the 2 groups of women, there was a different judgment regarding the importance of the sub-item related to criminogenic environments.

Item on PARTNERS' INVOLVEMENT showed that:

- according to the women interviewed, in case of an ongoing pregnancy, it is important to involve the patient's partner (mean 6.2);
- average scores were very high in all sub-items;
- presence of criminogenic environments was also the less important item (mean 5.2).

Table 1: Mean age, Standard Deviation and Range for type of service

	SerD		Therapeutic Community		Total	
Mean age	37,0		26,5		34,7	
Standard Deviation	10,2		5,3		10,3	
Range	18-65		18-40		18-65	
	SerD		Therapeutic Community		Total	
Period of service's attendance	N	%	N	%	N	%
< 6 months	22	9,4	15	23,1	37	12,4
6 months to 1 year	23	9,8	17	26,2	40	13,4
1 to 3 years	65	27,8	21	32,3	86	28,8
3 to 6 years	42	17,9	12	18,5	54	18,1
> 6 years	82	35,0		0,0	82	27,4
Total	234	100	65	100	299	100

Table 2: Mean score of items

Items	SerD Mean	Therapeutic Community Mean	Total Mean	Student's T p.
Reception Area				
Female operator	4,4	5,2	4,6	0,007
Respect privacy	6,7	5,9	6,4	0,000
Specific paths for women	5,4	5,8	5,5	ns
Assessment Area				
Unprotected sex	5,5	4,7	5,3	0,003
Sexual partners at risk of MTS	5,7	5,0	5,5	0,002
Paid sex	4,6	3,2	4,3	0,006
Violence suffered	5,7	4,5	5,4	0,000
Attendance criminogenic environments	5,1	3,6	4,8	0,000
Care Path Area				
Female reference operator	4,3	5,6	4,6	0,000
Any inspections presence female staff	5,2		5,2	-
Care pathways specific women	5,6	5,8	5,6	ns
Care pathways specific for eating disorders	5,8	6,0	5,9	ns
Presence of gynecologists	5,9	5,6	5,8	ns
Theme sexuality, contraception and reproductive	5,6	4,7	5,4	0,000
For maternity accompanying gynecologist SerD	6,4		6,4	-
Involvement PARENTS Area				
Under the age of 18	6,1	5,9	6,1	ns
Ongoing pregnancy	5,1	5,9	5,3	0,003
Comorbidities	5,4	5,5	5,4	ns
Eating disorder	5,4	5,2	5,4	ns
Mental illness	5,6	5,0	5,4	0,018
Victims of violence	5,7	4,9	5,5	0,001
Presence of minor children	5,7	5,9	5,8	ns
Suicide risk	6,2	5,3	6,0	0,000

Attendance criminogenic environments	5,1	3,8	4,8	0,000
Involvement PARTNER Area				
Ongoing pregnancy	6,1	6,6	6,2	0,014
Presence of minor children	6,0	6,5	6,1	0,034
Comorbidities	6,0	6,0	6,0	ns
Mental illness	5,9	5,3	5,7	0,007
Also alcohol dependence	5,9	5,4	5,8	0,019
Dependence on drugs / alcohol of the partner	6,1	6,2	6,1	ns
Suicide risk	6,3	5,3	6,1	0,000
Attendance criminogenic environments	5,6	4,1	5,2	0,000
Factors of Abandonment SerD Area				
Lack of customization	5,2	5,6	5,3	ns
Lack of privacy	5,9	5,6	5,8	ns
Inability operators to face different problems from TD	5,6	5,1	5,5	ns
Fear, in the case of children, of alerts and / or removals	6,2	5,3	6,0	0,003
Involvement of other people without consent	5,9	5,1	5,8	0,002
Factors delaying access to SerD Area				
Lack of knowledge service	5,6	4,5	5,3	0,000
Fear of being identified by other services	5,8	5,0	5,6	0,000
Fear, in the case of children, of reports	6,1	4,9	5,9	0,000
Overall satisfaction	5,7	6,2	5,8	ns

Similarly to the previous items, women dependent on SerD gave higher scores, with the exception of sub-items relating to an ongoing pregnancy, the presence of minors, and dependence on the partner. Compared to the risk of suicide, family involvement (family of birth or not) was the matter of greater importance for women accessing the SerD compared to those in the TCs. A few hypotheses could

be formulated, including that the TC is likely to represent a more restraining and protective context.

With regards to the factors contributing to the abandonment or delayed access to services, the most significant factor was the fear of being reported and/or removal of children. This is a key point, because, in case of children, it is important that the woman remains in contact with the service that can provide them further help. Women treated in the community gave less importance to the fear of removal of children. Privacy remained a very important point.

The average score for satisfaction was good either for SerD or TC: overall women are totally satisfied.

3 Conclusion

The limit of the survey, however exploratory and unrepresentative, was mainly due to sampling of the participating units, i.e. not randomly selected but chosen on the presence of a representative Drug Addiction Department in Italian Regions. The impact of these results needs to take into account of the limitation of the selection of the units and this exploratory research should be only considered a pilot or the basis for a future research on this area.

Key points emerged from this survey were:

- 1) one of the most important requirements to be fulfilled is to ensure the privacy throughout, i.e. from entrance to discharge;
- 2) the presence of a gynecologist within the service to accompany the woman, especially during pregnancy, was very important as well. Women drug users do not have access to other local services, such as public counselling and districts, most likely due to the difficulty of movement within the territory and because these services are not readily accessible;

3) when there are children, the fear of being reported, is a factor that can lead to abandonment of the Service or delaying their access. This, as it was pointed out in the literature [12, 13] is one of the main points to be addressed. Services need to structure specific paths in these cases, maintaining the relationship with the user and ensuring the protection of the child, or, as other authors suggest [14] to actuate outreach interventions specific to them. By comparing the results of the same questionnaire with a similar population of Portuguese women [15], the Italian women scored higher the items relating to "fear, in the case of children, reports and/or removals" (6.0 vs. 5.4); and for the "fear, in the case of children, of reports" (5.6 vs. 4.9);

4) observing the 2 subgroups, SerD and TC, it was remarked that women who attended SerD attribute more importance to individual safety-related aspects (risky sex, violence/aggression) compared to women in the TC. Given that women attending SerD in this sample were significantly "older" and under care for a longer time (in a chronic state), this represents a particular risk and it is a vulnerable target. As consequence, further attention on these issues is required;

5) overall satisfaction was good for services delivered both at SerD and TC.

Competing interests:

The authors declare that they have no competing interests.

Acknowledgements. The project DADNET is supported by the Department for Anti-Drug Policies, Presidency of the Council of Ministers, Rome.

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