

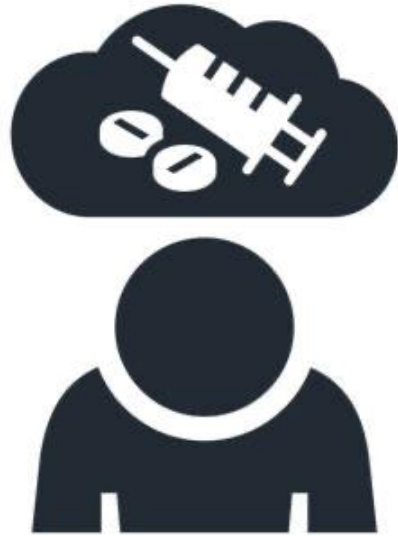


THE IMPACT OF STIGMA ON  
ACCESS, RELEVANCE,  
ADHERENCE AND  
EFFECTIVENESS OF SERVICES  
FOR WOMEN WHO USE DRUGS  
AND HOW IT AFFECTS THEIR  
PHYSICAL AND MENTAL HEALTH.

Dr Anna Maria Vella

# Why discuss gender in Addiction?

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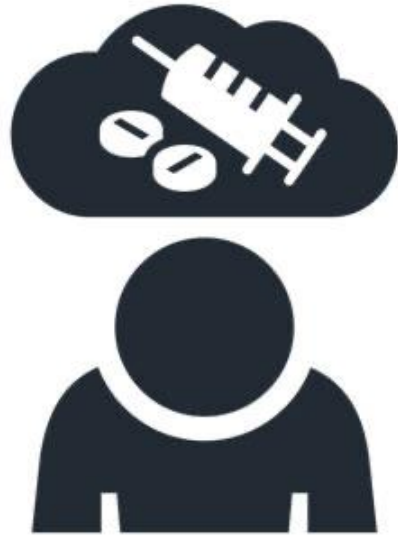
If there is no differentiation then it will be thought by men for men....women have to adapt!



# Why discuss gender in Addiction?

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- Because male and female addiction patterns/ problems/ needs are different and each merits its own field of study.
- Because it is not a one-size-fits-all situation.





# Female Substance misuse

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Definitely not the same as male substance misuse

- 1° prevention strategies are different
- Drugs of choice are different
- Progression career in substance misuse is different
- Means to maintain the habit are different
- Reasons to stop are different
- Relapse prevention is different

# 1<sup>o</sup> prevention strategies

Girls, who have a strong relationship with their parents, especially with their father, will resort less frequently to substance misuse. This is an important strategy to prevent female substance misuse. Girls who have a poor relationship with their family members are more prone to use illicit substances. Girls read more than boys and so written pamphlets are more efficient for girls.

Boys need to belong to a peer and so clean friends who are very much into sports and other extra curricular activities are the best preventive strategies for them.



# Drugs of choice:

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Women are known to misuse more 'over-the-counter' medication than men. They are the care givers and so visit the pharmacies and doctors more often than men. They are also known to use more tranquilizers and sedatives.

Men misuse more illegal substances.

In Malta the ratio between men and women who misuse heroin is 4:1



# Progression career in substance misuse

It takes longer for a woman to get involved into substance misuse, yet, once the first hurdles are overcome, a woman's career in substance misuse is much faster than a man's (Telescoping). Women resort earlier to IV drug abuse than men.

It has been suggested that the reason for this is that women should know better! Women are born Mothers.....they have to be role models.

Men are always allowed to play and have toys....women aren't!





# Women....

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‘Women are seen to fill the role of a caring wife and mother. The implications for family life are serious and justifiably cause much concern’.

Hilary Klee



# Means to maintain the habit

Women often resort to prostitution to make money to maintain their habit.

Men prefer to steal and traffic drugs. Or else they pimp women!



## Reasons to stop

A woman often starts contemplating stopping substance misuse because of her children. She may fear that they will be taken away from her and therefore she will try to stop her drug use. Often pregnancy is a turning point in her life.

Men start contemplating to lead a drug free life if they are taken to court, or if their wife threatens to leave them, or if their families turn their back on them.

## Relapse prevention:

To maintain a drug free life, both men and women have to remain focused on the reasons that made them stop in the first place. Stress and poor support may be the cause of relapse for both men and women. Insignificant cues may be enough to cause both of them relapse. Women have shown to have better coping skills than men and they are influenced less by social pressures.



# Drug Addiction

Opioids: In Malta

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At SMOPU: 700 different clients per month

Ratio Male: Female=4:1

1994: 11% were female

2005: 14% were female

2008: 20% were female

2013: 21% were female

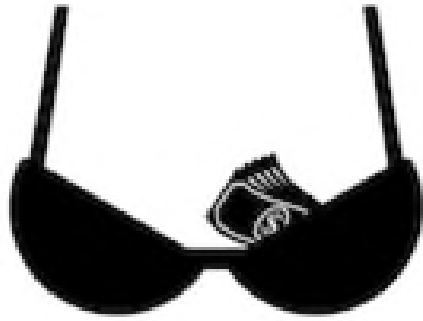
2015: 25% were female



Women entering the SMOPU are saying:

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I AM A DRUG ADDICT



# Junkie Women

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Women are  
seen as mothers  
and wives

Faster in drug  
career

Drug supply

Drug  
preparation

Drug injecting

- Who pays? How?





# Promiscuity

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Promiscuity is also very common among drug users, often, under the influence of drugs, poor contraceptive methods are followed and few give a thought to prevention of sexually transmitted diseases



# Partners

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A woman whose partner is a drug user  
has 2 options:

Leave him

Join him

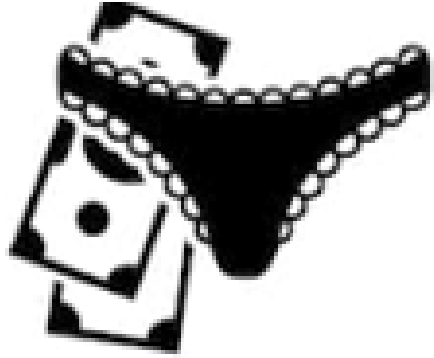


# Funding of drug use

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Usual paid job: Not Enough!

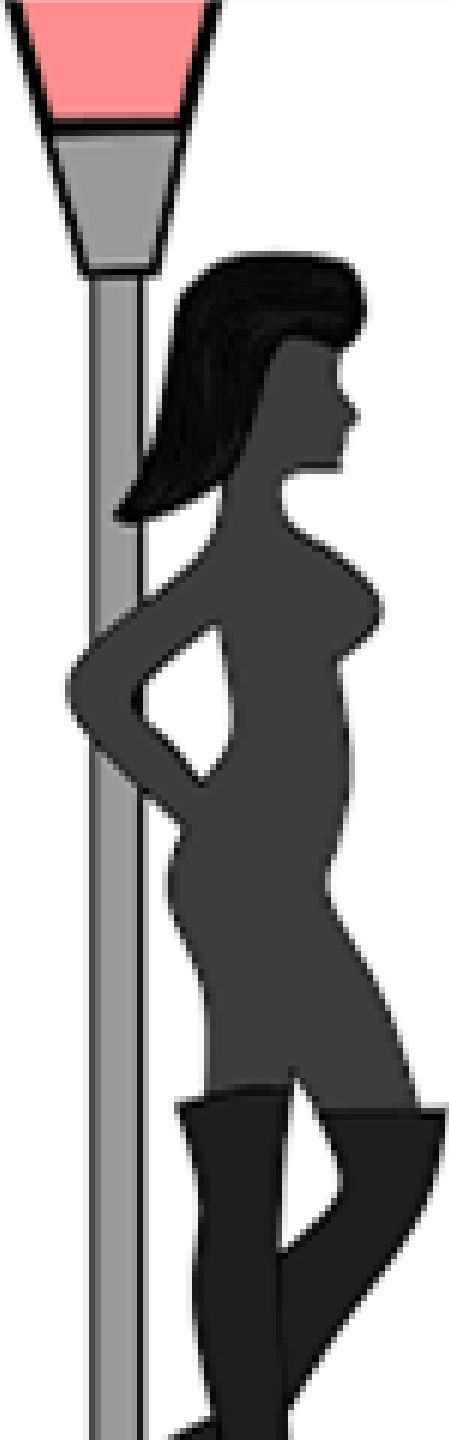
- Trafficking
- Stealing
- Prostitution



# Female drug use means:

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- Prostitution
- Sexually transmitted diseases
- Children who are poorly taken care of
- Besides the usual drug related problems



# Prostitution

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Prostitution is a lucrative means of money making. Although usually male partners act as their pimps, females expose themselves to great dangers in this trade. Drugs and prostitution often become a vicious cycle, one practices each habit to keep the other going!



# Who is the prostitute?

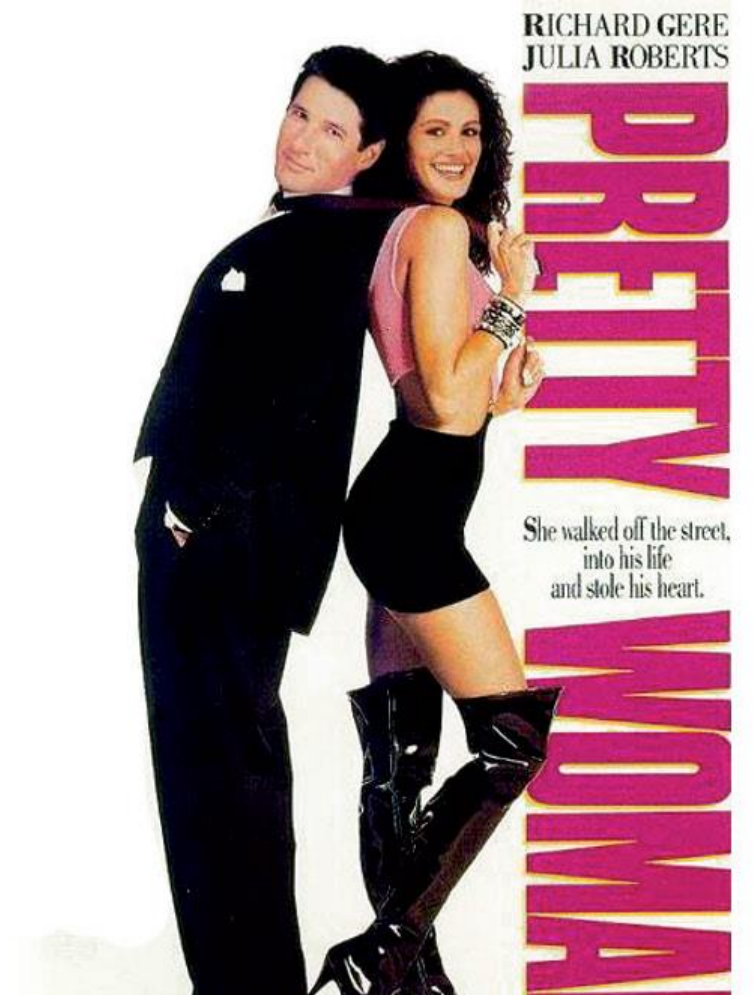
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Julia Roberts in Pretty Women?

Ruthless disgraceful women, wearing tiniest fabric, teetering on high heels?

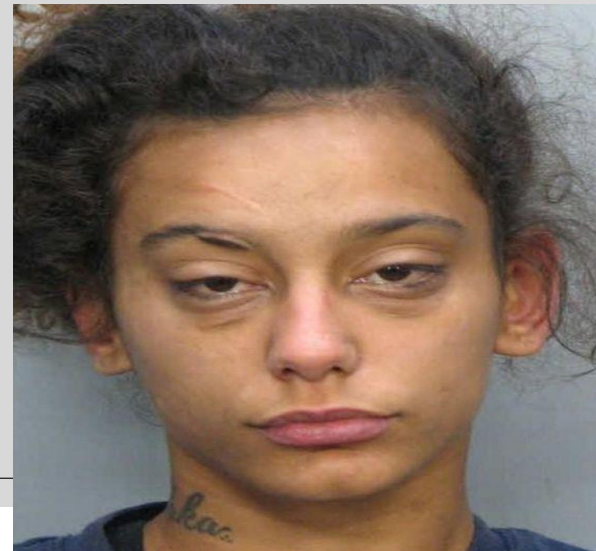
Hurt women who have a lot of traumas to get healed from?





Who is the prostitute?

# Who is the prostitute?







Mayor Job Cohen unveiled plans to clean up Amsterdam's historic prostitution district and the adjoining area around Central Station, the city's gateway for most tourists. (Koen van Weel/Reuters)

# Amsterdam to clean up famed red light district

The Associated Press

Published: December 17, 2007





# What comes first?

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Do women use drugs to be able to prostitute themselves?

Or

Do they prostitute themselves to keep us their drug habit?



Girls are held in brothels against their will;  
they are **tortured**,

**degraded,**  
**beaten**

and **forced** into submission through  
deprivation of  
food  
and water

# Why legalise Prostitution?

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Women....

They should know better!!!!





# Junkie Women

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“PEOPLE ALREADY LOOK DOWN  
UPON THEM AS THEY SHOULD HAVE  
KNOWN BETTER, SO WHY BOTHER!”

## 2 main perspectives with regards to prostitution:

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Women are being exploited and their work is demeaning. Therefore they should be helped out of their situation

Prostitution is a career choice and women should be left to take that kind of job



# Happy ending short story

Very difficult!





# Pregnant Drug Users

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# Pregnant Drug Users

At the Substance Misuse Unit we usually have 10 to 15 pregnant users every year.



# Opioids and fertility

- Opioids stop ovulation
- No menstruation
- With stabilisation of Methadone and no Heroin: Ovulation returns, and so does menstruation
- Women might get pregnant unwillingly and unknowingly





# Duties of Medical Officer

- Good History and Examination. Establish E.D.D.
- Blood investigations
- Referral to ANC
- Correct Methadone/ Buprenorphine dose
- Advice about healthy lifestyle, food, sleep, etc.



# Partner

- Involve in plans
- Stabilize Methadone
- Help to abstain from Heroin



# Methadone

Correct dose must be given at all times

Do not decrease Methadone before the 12<sup>th</sup> and after the 31<sup>st</sup> week of gestation

In the last trimester Methadone may need to be increased





# Pregnancy as a turning point

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Catch 22 situation:

If mother admits addiction, will she receive help,  
or will she be punished?



SUBSTANCE MISUSE

## Abused substances which may be used in pregnancy:

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- Alcohol
- Nicotine
- Tranquillizers, pain killers, sleeping pills
- Cannabis
- Ecstasy
- Cocaine
- Heroin



# The way drugs affect the fetus depends on

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- a) type of drug
- b) amount taken
- c) lifestyle of mother
- d) general health status of mother
- e) stage of the pregnancy

# Treatment Options for Pregnant Substance Misusing Women

# Services for Pregnant Substance Misusing Women

At the Substance Misuse Unit we usually have 15 to 20 pregnant users every year.

Our aim: To help the female drug abuser ***abstain*** from all harmful substances.

Our Ethos: To help Mummy be a better mother.



# Services for Pregnant Substance Misusing Women

No waiting lists for services offered by Sedqa

Pregnancy tests performed are highly sensitive and specific

In-Patient care for monitoring of treatment, respite or even to offer a roof for homeless women

Help and support to book at the Ante- natal clinic and to keep other appointments

Care plans are done with Multi Agency Team as to how the mother will cope once the baby is born

If the pregnant woman is living with a partner who also uses drugs he too is offered treatment immediately and no waiting lists are followed.

# Services for Pregnant Substance Misusing Women

Once the baby is born, it is monitored to see whether withdrawal symptoms start. The Finnegan charts are used to score the Neonatal Abstinence Syndrome. If the score is  $>8$ , morphine has to be given. The baby is transferred to Neonatal and Pediatric Intensive Care Unit (NPICU) until the dose of morphine is established. Then it is transferred to the Pediatric wards for slow detoxification. Once the morphine dose is completely tailed, the newborn is still kept for observation for 2 days to ensure that s/he is fit to go home.

## Services for Pregnant Substance Misusing Women

Most mothers spend most of the day next to their baby in hospital.

Usually at the end of the pregnancy the mother needs more Methadone even though she may be free from drugs.

Once she delivers her baby she can tail her Methadone, but one should monitor closely and watch out for postnatal depression and hence relapse.

# Services for Pregnant Substance Misusing Women

## The Multidisciplinary Team

This team meets on a once monthly basis to discuss all the pregnant substance misusing women and to tailor individual plans for each and every one of them.

Information is shared in the Team but otherwise all is kept strictly confidential.

The team is portrayed as adjunct help to the substance misusing mother and not as a threat to her. The team's aim is to support the mother and not take away the baby from her family.

# Services for Pregnant Substance Misusing Women

## Who forms part of the Multidisciplinary Team?

- **Midwives** and **nurses** who work in Antenatal clinic, Labour ward, Obstetric wards, Neonatal and Premature Intensive Care Unit (NPICU), Parental Craft classes, Disneyland and Wonderland
- A specialised **doctor** from the Substance Misuse Outpatients Unit
- A consultant **paediatrician** responsible for children with social problems, a **gynaecologist** and a **psychiatrist** who care for most of these women
- **Social workers** who work at Mater Dei Hospital, Appogg: child protection services.
- **Professionals** from Sedqa and Caritas.



Methadone is safely used throughout pregnancy. Once the baby is born it will slowly be weaned off at Mater Dei Hospital.



Buprenorphine (Subutex) can also be safely be used in pregnancy.



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There is no relationship between dose of Methadone or heroin taken by mother during pregnancy and dose of methadone needed by new born to help decrease the withdrawal



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Never should a pregnant woman be encouraged to stop taking her methadone since this would cause her to miscarry.





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Taking a stable daily dose of Methadone, often helps the pregnant user abstain from all other illicit drugs. Trying to decrease Methadone may make the woman resort to other drugs or medications.

## Residential Programmes

At present we do not have a live in rehabilitation programme for mothers with their children.

If a mother opts to go to a programme she has to either institutionalize her children, or if she is lucky enough, find family members who will take care of her children

## Coercion or Care?

Should pregnant substance misusing women be obliged to do a Rehabilitation Programme?

Should their children be separated from them as soon as they relapse?

How many chances can we give the mother?

# Way Forward

Fill	Fill the gaps in Care
Make	Make women better mothers
Promote	Promote a helping environment, not a punitive one
Improve	Improve the bio-psycho-social-educational environment
Provide	Provide an Outreach programme
Provide	Provide a low threshold service

# Way Forward

Food, vitamins, lodging should be accessible for them and their children

Training to all staff at ante-natal staff as how to deal with these women

Better referral system (SMU=ANC)

Training of family doctors

Safe Health Care

Communication and Confidentiality

Consistent advice

Respect of patient's rights

Postpartum care

# TREATMENT OPTIONS IN MALTA





# Treatment options for Substance Misusing women

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## Medication

We offer:

- Methadone (Free of charge)
- Buprenorphine
- Any other psychiatric medication (Free of charge)



What's for the future?



RICHARD GERE

JULIA ROBERTS



PRETTY WOMAN

# What's for the future?

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## Women in Prostitution

Best legal framework to care for these women

Support and help if they decide to stop: Exit programmes

Education and prevention at an early stage.

# let's talk about drugs

a blog brought to you by Kent State SSDP

## What's for the future?

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### Health Promotion

How can it best be done for women?

1° 2° 3° Prevention: Which best strategy to follow for women?

Outreach services on Saturday nights?