



GENDER-NET Plus

Promoting gender equality in H2020 and the ERA

Final Dissemination Conference

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GENDER-ARP PROJECT

Addiction, health risks and recovery in context of social precarity: how to better address complex needs taking into account gender and life stages

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Co-authors (doctoral students): Abdelhakim Missoum, Estelle Filippe, Manon Bollé, and the GENDER-ARP team



INTRODUCTION

- Influence of gender on psychoactive substance (PS) use is still poorly documented (Campbell et Herzberg, 2017; Del Boca, 2016; Flentje et al., 2016; Greaves et al., 2015; Talley et al., 2016; Witikiewitz, 2017)
 - Programs and services that are implemented and evaluated **in this field** are largely unsuited to gender issues, contributing to or even accentuating certain inequities.
- ⇒ Our project aims to to better understand how **gender** and **life stages** influence **addiction, health risks,** and **recovery** trajectories in order to guide the development of integrated services that address complex social and health care needs.



Team : diversity, gender expertise and gender equality measures



Team members/discipline	Affiliation	Gender expertise
Karine Bertrand (PI, Canada) Psychology	Université de Sherbrooke	Women's experiences with respect to drug use (sex work, long-term recovery, comorbidities, motherhood), addiction treatment
Marie Jauffret-Roustide (PI, France) Sociology	Institut national de la santé et de la recherche médicale	Harm reduction policies, life trajectories of women who use drugs, empowerment
André Lemaître (PI, Belgium) Criminology	Université de Liège	Security policies, drugs policy, development of policies that are better adapted to gender specificities
Mathieu Trachman (Associate Partner, France) Sociology	Institut national d'études démographiques	Gender issues, trans identities, and sex and gender analysis methods
Julie Loslier (Associate Partner, Canada) Medicine and public health	Université de Sherbrooke Public health director (CSSSMC)	Health interventions for psychoactive substance users, public health
Line Chamberland (Associate Partner, Canada) Sociology and sexology	Université du Québec à Montréal	Gender and sexual diversity (LGBTQ+), stigmatization, accessibility of services
Wouter Vanderplasschen (Associate Partner, Belgium) / Special Needs Education	Ghent University	Recovery pathways, vulnerable groups, specific treatment needs of women
Julie Schamp (Associate partner, Belgium)	Ghent University	Gender responsive treatment, participatory methods, addiction treatment
Mathieu Goyette (co-researcher, Canada) Psychology	Université du Québec à Montréal	Sexualized drug use, chemsex, men who have sex with men
Jorge Flores-Aranda (co-researcher, Canada) Social Work and Health Science	Université du Québec à Montréal	Sexual minorities, men who have sex with men, intersectionality

Thank you to the international team, partners and research participants

Principal investigators:

Karine Bertrand (Université de Sherbrooke); Marie Jauffret-Roustide (Inserm); André Lemaître (Université de Liège)

Co-investigators:

Jorge Flores-Aranda (UQAM); Julie-Christine Cotton (UdeS); Mathieu Goyette (UQAM); Claire Gavray (ULiège); Christine Loignon (UdeS); David-Martin Milot (UdeS); Marianne Saint-Jacques (UdeS); Joël Tremblay (UQTR); Vincent Wagner (IUD)

Partner co-investigators and collaborators:

Line Chamberland (UQAM); Sophie Condopoulos; Julie Loslier (DSP de la Montérégie); Carl Tardif; Mathieu Trachman (Ined); Wouter Vanderplasschen (Universiteit Gent), Cécilia Comelli (Inserm)

Peer researchers:

Chelsea Groethe (UdeS), Jeanine Foisy (UdeS), women from the TIPI group (France)

9 Ph.D. students and 1 post-doc:

Manon Bollé (ULiège); Maxime Blanchette (UdeS); Myriam Beaulieu (UQTR); Elise Cournoyer-Lemaire (UdeS); Caroline Leblanc (UdeS); Florence Marsan (UdeS), Abdelhakim Missoum (UdeS); Fellipe Soares Salgado (UdeS); Estelle Filipe (EHESS)

Harm reduction, addiction treatment, LGBTQ+ community partners :

Cactus Montréal; COCQ-sida; CIUSSS du Centre-sud de l'Île de Montréal; RÉZO; Le Rucher; DSP de la Montérégie; Dans la rue; Centre de Solidarité Lesbienne; Portage; IUD; AQCID; AIDQ; Fédération Addiction; Autosupport des usagers de drogues; Tipi; Arc-en-ciel Wallonie; Fédération wallonne des institutions pour toxicomanes

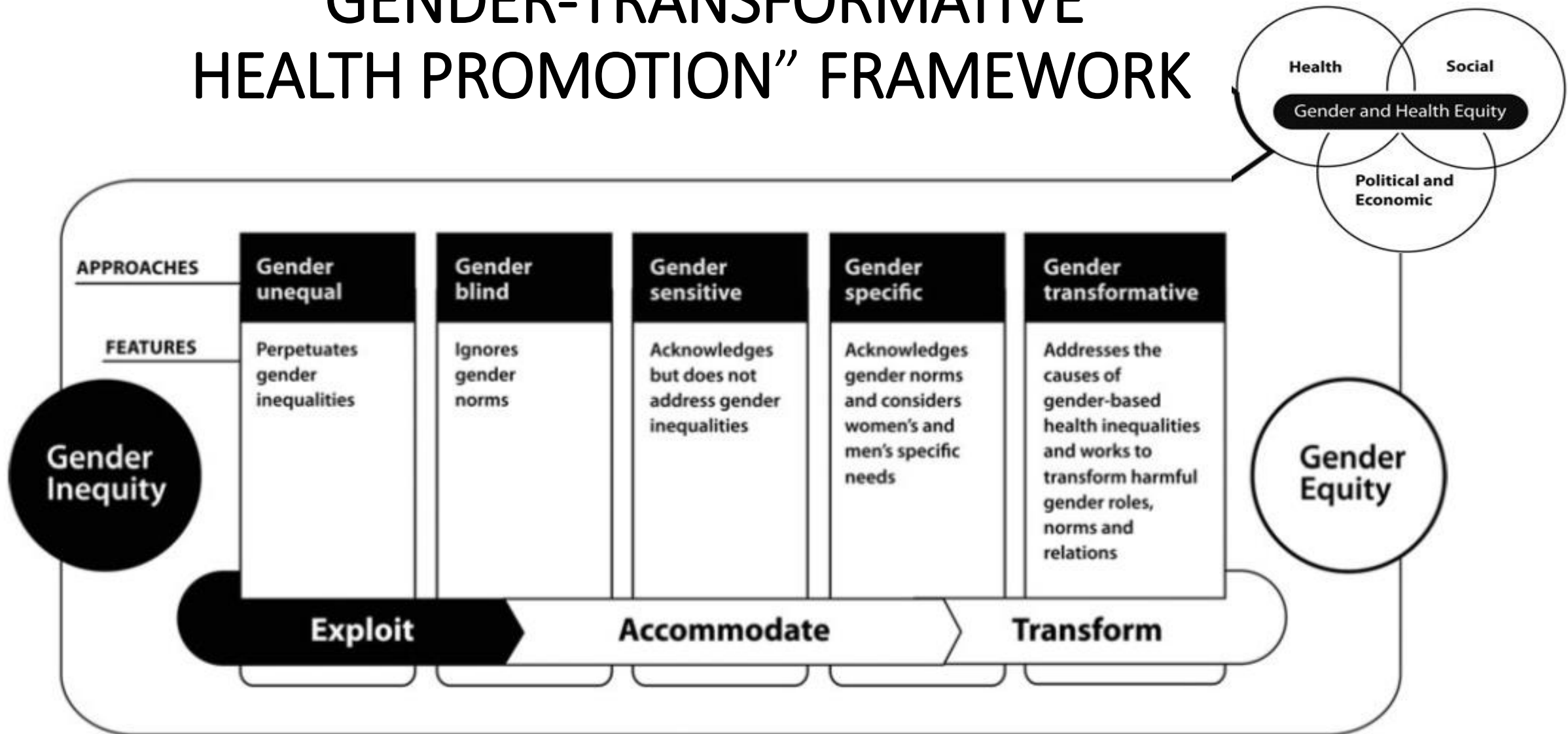
Research staff:

Abdelhakim Missoum (UdeS); Laurie Wdowiak (Inserm), Estelle Filipe (EHESS); Manon Bollé (ULiège), Thomas Haig (UdeS), Lysiane Robidoux (UdeS).

- Descriptive interpretative qualitative design/collaborative approach
- Semi-structured interviews on PS use and recovery trajectories were conducted:
 - ✓ Sample diversification: age, gender, sexual diversity, profiles of PS use, types of service utilization
 - Canada (Quebec): **76 participants**, + data collection in progress
 - France (Paris, Marseille, Bordeaux, Guyane): **50 participants and 8 focus groups with 15 with militant feminists** + data collection in progress
 - Belgium (Wallonie): **39 participants**, + data collection in progress
 - Belgium (Flanders): data collection in progress, + 10 LGBTQ+, + 20 parents
- Thematic analysis



“GENDER-TRANSFORMATIVE HEALTH PROMOTION” FRAMEWORK



FROM: Pederson, A., Greaves, L., & Poole, N., (2015). Gender transformative health promotion for women: a framework for action. *Health Promotion International*, 30/1, 140-150.

Key results from Canada



RESULTS

Substance use and gender norms

Representations of being a woman in our society:

- High standards & pressure: physical appearance, mother, tasks
- Various factors influence substance use: self-medication; performance



*“Well, women have... women I find that currently there are a lot of ideals that are hard to achieve of what society wants. **And for me this was, among other things, something that made me use more.** Uh...the fact that my ex-partner hopes so much wanted me to be uh ... mother of three, who cooks all the meals, who goes to school, who dresses well, who gets her nails done, and goes to the gym too.”*

*“Yeah...whether it's one substance or another, you know, **with alcohol you do more, you're more open, you know, you can satisfy more as a woman in that sense. Then, in terms of more stimulating substances, well, you're able to do a lot more in your day, take care of the kids... So, a lot to perform ...**”*

RESULTS

Substance use and gender norms

Representations of being a woman in our society:

- Negative view of women who use drugs



"I find that women are looked down on a little bit more. A woman who, let's say, has a problem with alcohol or drugs, ... especially a mother, there's more pointing of fingers."

RESULTS

Substance use and gender norms

Representations of being a woman in our society:

- Being female and the risk of getting assaulted



"I was walking around in my steel-toed boots, being ready at any time, but... me, I'm always ready! I mean, if anyone attacks me, he won't have much luck! (laughs)"

"But at the level of society, women are still at a disadvantage I think. Especially in terms of sexuality (...). But that's how it is, always a consumer society, huh! Still, straight people are more respectful. In the world of drug use, you know, it always ultimately comes down to getting some ass."

RESULTS

Substance use and gender norms: masculinity

- Pressure to be strong and attractive, substance use being valued as part of masculinity



“I was popular in the electronic music industry and I got approval and respect, and also in selling drugs, you know, women would say to me ‘Oh you’re handsome, you’re sexy’ etc.”

RESULTS

Gender and care pathway barriers

Women report multiple barriers :

- ❖ Shame
- ❖ Lack of resources for women
- ❖ Mixed-gender services found difficult
- ❖ Lack of respect and judgmental attitudes in the context of care
- ❖ Obstacles to the involvement of loved ones (e.g. couples or children not accepted)



RESULTS

Gender and care pathway barriers

➤ Mixed-gender services found difficult:

"It's more at the level of complicity than of atmosphere. You know, girls aren't as comfortable talking about our stuff when there are guys around."

"Me, I find it ridiculous. I never want to go to mixed therapy again."

- ❖ Need for safe space to discuss sensitive topics such as trauma
- ❖ Relational issues (seduction, emotional dependence) as an obstacle to recovery



RESULTS

Gender and care pathway barriers

- **Masculinity and substance use: barriers to help-seeking**



“I haven't met many female drug dealers. And I'd also say that **testosterone plays a lot into cocaine addiction** and also, like ego and pride, and you know, when I was so lost inside my crack addiction ... I would say that the fact being a man played a lot into, like 'okay I'll get through this, it doesn't matter, I'll find a solution', etc., but that's my perception. **Men have a much, much harder time asking for help because of this.**”

Key results from Belgium



- Violence and victimization over the life course: complex interrelation with substance use and relational power dynamics, rarely integrated to treatment approaches
- When discussing access to services, the failure to accommodate obligations related to parenthood and employment, and the lack of provision of services to couples are identified as barriers
- Service provision is seen to be satisfactory with regard to substance use, but should be more comprehensive and take better into account the diversity of needs.

Key results from France



RESULTS

Drugs, gender, feminism and experiential knowledge

- ❖ Relationships to drugs are linked to **political and social systems** and are subject to **social relations of gender and oppression** that need to be explored, in order to go beyond an approach focused on biological vulnerability.
- ❖ Women who are presented as vulnerable also possess individual resources, deploy risk reduction strategies, and have a capacity to take action.
- ❖ These women can reclaim their stories through a **narcofeminist** approach of **auto-ethnography** that denounces relations of oppression, produces **new subjectivities** and invents new forms of **resistance to discrimination** (Ettore, 2017).



RESULTS

Women denounce the world of psychiatry that stigmatizes drug use

- ❖ Focus group participants describe avoiding individual contact with health professionals so as not to endure discourses about women who use drugs that often oscillate between infantilization and false benevolence.

“Typical sentence: we won't be able to work together if you're using drugs when you come here. This brings us back to the issue of having to choose between mental health and drug use, when they go hand in hand. There's always this duality between infantilization and false benevolence. (...) I was told that as long as I take drugs, I will be bad, but addictions are an integral part of me.”

- ❖ Women find that a holistic approach that considers both mental health and drug use is difficult to obtain.
- ❖ The world of psychiatry tends to stigmatize them and they do not feel taken into consideration.



RESULTS

Capacity to act through collective storytelling

- ❖ Based on focus group results, these women are building a collective story situated within **logics of empowerment, with the idea that disclosing experiences of drug phobia in written form can make representations evolve**: "Society should work on representations" while "users are systematically put in a position where they have to justify themselves, to apologize for drug use."

"There is the idea that addicts are liars, but we are forced to lie because of the drug phobia that makes us hide ourselves. People who use drugs are always expected to adjust themselves to suit other people."

- ❖ These guilt-inducing representations are particularly significant for women and can lead people who use substances to not ask for help, to hide certain drug use practices and thus a part of who they are, and to be less well supported.



- ✓ **Our research underscores how gender unequal services perpetuate gender inequalities:**
 - Experiences of stigmatization or lack of safety in the context of care
 - Difficulties in access to adapted services block help-seeking or contribute to discontinuation of service use
 - Accumulation of stigmatized identities (e.g. sexual and gender minorities) accentuate barriers to care
 - Transformative services are rarely reported but have a significant impact on the recovery pathways of women; these services still tend to focus on mothers.
- ✓ Women might also benefit from group work aimed at empowerment to acquire skills to address the difficulties they face and overcome barriers in access to care & prevention.
- ✓ Collective stories of empowerment enable women to restore their capacity to take action, but profound structural changes, the implementation of "gender-transformative" services and a move towards less discriminating representations of people who use drugs are also required.

Expected socio-economic impact

- ✓ **GENDER-ARP mobilizes stakeholders in the transformation of addiction services from a gender perspective**
 - ✓ **Improving access to addiction treatment and harm reduction services and enhancing quality of care will contribute to diminish the high socio-economic costs of problematic substance use**
 - ✓ **Reducing the stigmatisation of people who use substances, in particular certain subgroups more markedly affected by stigma such as women and sexually and gender-diverse people, contributes to reducing social inequities in health**
- Harm reduction and addiction services can facilitate the identification and mobilization of personal and social resources.
- Women might also benefit from group work aimed at empowerment to acquire skills to address the difficulties they face and overcome barriers in access to care and prevention.
- Economic issues often compromise the recovery process, and for women are associated with a higher risk of victimisation, especially in the context of addiction (access to psychoactive substances, power imbalances in social relations).
- Accounts from men with diverse sexual orientations highlight a range of links between sexuality and the use of psychoactive substances.
 - During therapy, disclosure of sexual orientation and the experience of substance use in sexualized contexts are rarely discussed, resulting in stigmatization and discomfort.



- Scientific publications and presentations
- 9 doctoral theses, external scholarship awards, international research internship, gender training
- Gender-ARP has provided leverage to obtain further funding:
 - CIHR Research Chair in Gender and Intervention in Addiction (la-gid.ca)
 - Réseau 3DS EHES, with a focus on gender and participatory research (funding from IRESP); <https://drogueshs.hypotheses.org/>)
 - COVID-19 rapid-response grant/publication : comparison of France and Quebec
- 3 international conferences with partners and people who have lived experience
 - online dissemination of webinars : gender-arp.com/nos-travaux
- Articles in professional and scientific journals co-written with people who have lived experience
- Writing workshops : Fanzine Le TIPI
- Online, participatory multimedia project (videos, texts, podcasts) by and with people who have lived experience (*Les chroniques de l'invisible* : la-gid.ca/chroniques)
- Webinar series for practitioners and researchers to share experiential and academic knowledge (*Les Ateliers de dialogue*)



Directions for future research

- Gender diversity, substance use, and resiliency (Missoum, in progress)
- Women, substance use, and sexual diversity (Marsan, in progress)
- Consensus methods to develop clinical recommendations (fall 2023)
- Sexuality and substance use in various populations
- Rurality, gender, and substance use (Jauffret-Roustide, in progress)
- Gender and interventional studies (Flores-Aranda, Goyette, Bertrand, in progress)
- Intersectionality: cultural diversity, migration, post-colonial issues (Filippe, Jauffret-Roustide; Flores-Aranda, in progress)
- Comparative analysis between countries (in progress)
- Intensification of participatory research methods
- Diversification of substance use profiles: inclusion of at-risk substance use and socially integrated people (emergence of new research projects)

