

**Co-operation Group to Combat Drug Abuse
and Illicit Trafficking in Drugs
(Pompidou Group)**

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**Problem drug use by women
Focus on community-based interventions**

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Lisbon, 17 March 2000,
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1. Introduction

1.1. Context

Work in the Pompidou Group on the topic of women and drug use started in 1984, when the Norwegian Minister of Justice proposed at the Group's 7th Ministerial Conference to give more attention to the special problems of addicted women and their treatment and rehabilitation needs. A working party collected and analysed research studies carried out in the member States, as well as information about projects developed for the treatment of women drug users. On the basis of the working party's findings and proposals, the Permanent Correspondents of the Pompidou Group decided to organise a Symposium. This event, which took place in Gerzensee (Switzerland) in April 1988, provided the first European forum for an exchange of views and experiences between people from various professions working with female drug users and researchers in the field. It addressed the nature of female drug use and specific problems met by the users, analysing, among others, appropriate service responses for pregnant drug users and those with small children, and for women with HIV/AIDS (Pompidou Group, 1993).

At a small Pompidou Group Expert Seminar on the topic, held in Prague at the end of 1993, demand reduction experts from six countries of central and eastern Europe took stock of the situation of drug-using women and the service capacities for female addicts in the region (Pompidou Group, 1995). This multilateral seminar, study visits, and national seminars which followed, provided an opportunity for information exchange and networking within and between countries, and for discussions with western and northern European experts on prevention and intervention strategies with regard to female heroin use, an emerging problem in the region.

A second major Symposium of the Pompidou Group on the topic of "Women and Drugs" took place in Bonn in 1995 and focused on the prevention of drug misuse by girls and young women. It examined girls' ways into drug misuse, early intervention strategies and risk management approaches (Pompidou Group, 1997).

Recommendations of the 1988 Symposium with regard to the management of pregnant drug users and the improvement of service responses for drug-using parents and their children were followed up by a Pompidou Group Symposium on "Pregnancy and Drug Misuse" in 1997 (Pompidou Group, 1998), and a consultant study on the special needs of children of drug misusers (Leopold & Steffan, 1997).

In 1997, the Ministerial Conference of the Pompidou Group decided to give further specific attention to women's issues, in the area of therapy and care of its new work-plan. Between 1997 and 2000, the dissemination of proven experience of services for women drug users, the establishment of resource banks, the identification of research needs and increased networking among professionals in the field, are objectives to be achieved.

Elaborated by a working party of the Group¹ in June 1998 and adopted at the 42nd Meeting of Permanent Correspondents at the end of the same year, the terms-of-reference for the consultant study described in this report², give particular emphasis to the need to adapt services to developing needs as well as to the requirement to ensure effectiveness and quality of services.

The consultant study was carried out between September 1999 and March 2000.

¹ Meeting of the "Working Party on Prevention, Treatment and Care and Reduction of Harms to Individuals and Society", 28 June 1998, see P-PG/Treatment (98) 2.

² see P-PG (98) 16.

1.2. Aims and immediate objectives

The aims of this consultant study are:

- to provide a compilation of case-studies on community-based well-reputed projects in the field of women and drugs in the member States; and
- to draft guidelines for good practice on community-based intervention strategies for female drug users, specifically focusing on users of opiates and benzodiazepines.

Its immediate objectives are:

- to review the literature on service provision for women drug users;
- to outline key-elements of service provision for women drug users;
- to investigate and describe women's services (and to focus here on locally based, multidisciplinary initiatives involving the voluntary sector, on projects undertaken by women providing counselling, motivational work, treatment referrals and otherwise special care); and
- to prepare a draft document on guidelines for good practice in the field.

1.3. Method used

An outline for the consultancy project was submitted to the Secretariat of the Pompidou Group on 15 September 1999, which specified that the main instruments to collect information on relevant projects would be two questionnaire surveys, and listed activities to be undertaken with regard to identifying service-related evaluation or research literature, as well as with regard to co-ordination of the work with others, in particular the EMCDDA. Both questionnaires are attached in Appendix III.

The first questionnaire survey on **"Community-based Projects for Female Drug Users within the member States of the Pompidou Group"** addressed Permanent Correspondents. It aimed at the collection of information on key experts, networks, associations or institutions working in the field, about recent or on-going evaluation or research studies of service provision for female drug users, as well as on community-based services available in the countries. Furthermore, member States' representatives were asked to identify adequate projects for the consultant study.

The survey among member States started in September 1999; replies arrived until February 2000. Its results are summarised in Chapter 2.

In parallel, literature on service provision to women drug users was identified and reviewed. The main parts of the literature review (see Chapter 4) were drafted by Gill Hunter (London), further literature, in particular the research published in German, was added by the consultant.

On the basis of the literature review, a second questionnaire on **"Community-based Services for Female Drug Users"** was developed, and sent to the agencies which had either been referred to by the countries or by key experts and networks.

With the questionnaire for agencies, the following key information was collected: institutional status, funding sources, infrastructure, number of staff, if the agency provided services to male and female, or only to female drug users, and which monitoring and evaluation instruments the agency had in place. With regard to the women's services, the questionnaire asked when they had been set up, which specific group of female drug users they targeted, how this group was reached and which obstacles had been met in reaching the target group; which objectives the agency had in their work with the target group and which specific services were provided to women drug users. Respondents were also asked to make recommendations on good practice, and to say, what, according to their experience, had not worked well, and which were important staff qualifications for working with female drug users.

Information about referral networks and main co-operation partners of the women's services within the community as well as the level of networking with other women and drugs services was requested. During the drafting process, Gill Hunter and Jutta Rahmeier (Manager of the NGO Frauenperspektiven, Hamburg) gave valuable feedback.

The first questionnaires were sent to service providers in November 1999; replies arrived until February 2000. They were available in English and German, and replies could also be given in French or Portuguese. Chapter 3 summarises the results.

Contacts with the EMCDDA and with key experts from international organisations and networks were established and information about on-going work in the area was collected.

Table 1 gives an overview of the work which was carried out.

Table 1: Objectives, activities and timetable

Phase 1, Objectives: Collection of information and networking	Timetable
Activities	
Plan consultant study;	15 September 99
Submission of draft outline of actions to be undertaken	September 99
<u>Compilation of projects in PG member States:</u>	22 September 99
- Draw up a questionnaire for survey among Permanent Correspondents of	Oct - Dec 99
Pompidou Group to obtain overview of availability of defined target services,	Dec 99 - Feb 00
to identify well-reputed projects, networks, as well as key experts in the	
member States;	
- Mail questionnaires to PCs;	
- Send reminders;	
- Evaluate and summarise replies to PC survey.	
<u>Research/Literature review</u>	Sept - Nov 99
- Identify key literature on service provision for women drug users as well as	Nov 99
existing guidelines or handbooks on good practice in the field (including grey	Nov 99 - Jan 00
literature);	
- Identify basic elements of service provision to female drug users (in	
particular their service needs and possible impediments to service delivery);	
- Identify and summarise information on women's services in member States.	
<u>Co-operation with European Commission and EMCDDA:</u>	26 Oct 99
- Contact EU/DG V funded transnational networks related to drugs;	Oct - Dec 99
- Co-ordinate study with activities of EMCDDA Demand Reduction	
Department in the field of female drug use; consult EDDRA database;	
- Extract topic-relevant information from special topic chapter on "women,	Nov 99 - Jan 00
children and drug use" in 1999 National Reports of EU member States to	
EMCDDA.	
<u>Co-operation with other bodies and institutions:</u>	Oct, Dec 99
- Identify and contact other European networks of services for female opiate	
users (HR women network, EUFEDRA);	Nov 90
- Contact UN agencies on their activities in the field.	
<u>Phase 2 Objectives: Conduct questionnaire survey among services</u>	Oct 99 - Jan 00
- Select projects for case-studies;	November 99
- Draw up questionnaire for survey among services;	30 Nov - Jan 00
- Mail questionnaires to agencies;	Jan 00
- Send reminders.	
<u>Phase 3 Objectives: Analysis of replies and reporting</u>	Jan-Feb 00
- Analyse replies to questionnaire and draw up analytical compilation of	15 December 99
project case-studies; draw up draft guidelines for good practice;	March 00
- Submit Progress Report;	
- Submit draft Final Report.	

1.4. Limitations

The study is based on a limited number of exemplary agencies, referred to in a survey among national Permanent Correspondents, on the basis of definitions of service type (NGO-run, community-based) and female target group given to them, and on the understanding that "well-reputed" services should be recommended. However, only few of the services presented in this study provided documentation on the efficiency of their work to the consultant.

It is quite likely that key projects have been omitted, as information about specific women's services might not always be accessible through national databases of drugs service-providers. It was planned that a detailed search would be conducted among national resource persons, recommended by the Permanent Correspondents, to identify providers of women's services. Because of time and budgetary limitations, this search could not be carried out.

This study examines current practice in service provision for women drug users in Europe, and aims at providing a better knowledge base on recent approaches to the target group in order to make a contribution to the current discussion on quality management and effectiveness of drugs services for women. As its database has the above-mentioned limitations, the study can only be considered a step towards the development of standards for best practice in this area.

2. Results of the survey among member States, networks and international organisations

The questionnaire on "Community-based projects for female drug users in the member States of the Pompidou Group" (see Appendix III), was sent out on 22 September 1999 to the Permanent Correspondents of 31 member States and to the European Commission. By the end of February 2000, 23 countries and the European Commission had replied.

Table 2: Response to the questionnaire survey among Permanent Correspondents

Reply	Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, European Commission, Finland, France, Germany, Hungary, Ireland, Luxembourg, Netherlands, Poland, Portugal, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK.
No reply	Croatia, Greece, Italy, Liechtenstein, Malta, Norway, San Marino, Turkey.

2.1. Community-based services for female drug users in the member States

In the questionnaire, the characteristics of the relevant target service and of the target group were defined as follows:

"Community-based approach: Services integrated into the community, especially locally based, multidisciplinary initiatives, involving the voluntary sector (according to the terms of reference, see P-PG (98) 16, page 3). **Included:** non-statutory, non-hospital-based services, providing counselling, motivational work, treatment referrals or otherwise special care, for example: outreach, low-threshold, out-patient treatment services, as well as in-patient/residential treatment services (usually small in size), servicing target groups from the community itself. **Excluded:** statutory, general health care or hospital/clinic-based services and treatment services for wider target groups outside the community, where the institution is based.

Female drug users: The research is mainly focused on women who use opiates, or are polydrug users (i.e. those who primarily use heroin or other opiates but also use other substances, in particular pharmaceutical drugs such as benzodiazepines). Community-based services, which target female cocaine or amphetamine users, may also be included."

The availability of community-based women's services targeting problem drug use³ was confirmed by 15 member States: 11 EU countries, the Czech Republic, Hungary, Slovenia and Switzerland. Eight Permanent Correspondents replied that such projects did not exist in their country.

For Greece and Norway, who did not respond to the survey, information from other sources indicates that community-based services for women also exist (Middelthon, 1995; Lindebø, 1997; NFP Greece, 1999). This might be the case in other non-responding countries as well.

³ The EMCDDA defines "problematic drug use" as the use of drugs in a way that significantly increases the risk of serious, adverse physical, psychological or social consequences for the user. This definition includes dependence (addiction), but also covers patterns of non-dependent use that may lead the user to seek help or that are associated with increased mortality or morbidity, such as overdoses or infectious diseases. The operational definition is: intravenous drug use or long duration/regular use of opiates, cocaine or amphetamines (see EMCDDA, 1999, p.9). Chaotic polydrug use patterns, including the illicit use of legally produced drugs such as benzodiazepines, are relatively common among users of opiates.

Table 3: Availability of community-based women's services in 23 member States

Community-based services for women are available = 15	Austria, Belgium, Czech Republic, Denmark, France, Germany, Hungary, Ireland, Netherlands, Portugal, Slovenia, Spain, Sweden, Switzerland, UK.
Community-based services for women do not exist = 8	Bulgaria, Cyprus, Estonia, Finland, Luxembourg, Poland, Russian Federation, Slovakia.

Appendix I provides more detailed information about the responses.

2.2. Key experts and specialised institutions at national level

Key experts were identified by all but one of the 15 service-providing countries (not by Belgium). These are either service managers, practitioners, researchers or experts within the drugs or health administration, and the vast majority are women. The replies from Bulgaria, Cyprus, Russian Federation, Luxembourg and Poland, where no community-based services for the defined target group are available, provided specialist contacts, which might indicate that there is potential or interest to develop such responses to female drug use.

Relatively few member States identified national-level institutions that are specialised in the field of women and drugs. Present or past activities in research, policy development, or public awareness on women-specific service provision could be located at the Women's Forum in Sweden, at the National Women's Institute in Spain, at the Association REVIVER in Portugal (organisation of Conferences in 1996 and 1998), the Federal Health Office in Switzerland, in Germany at the "Deutsche Hauptstelle für Suchtgefahren" and several related organisations in the German Länder, at SCODA (UK), and in the Netherlands, where the topic of women, illegal drugs and medicines is covered by the work of three foundations and in four specific projects.

Box 1 below and Appendix I provide more detailed information.

2.3. Recent evaluation/research studies on service provision for female drug users, identified by Permanent Correspondents

12 out of those 15 countries which had confirmed the availability of services plus Finland gave information about recent or on-going evaluation or research studies of service provision for female drug users.

Studies on service provision

Replies showed that respondents were aware of new research focusing on services for pregnant drug users and on mother/child issues (Denmark, Finland, Norway, Portugal, Sweden, and Slovenia) and on services for sex workers (Ireland, the Netherlands). Research had also been conducted on women-specific service provision in different types of settings: outreach and low-threshold services (Ireland, the Netherlands, Switzerland), out-patient care and treatment (Germany, the Netherlands), residential treatment (Austria) and prisons (France, Switzerland).

Standards, guidelines, manuals

Reference was made to national guidelines for working with pregnant drug users (UK), to a manual on women and drugs for the use of clients and service staff (Slovenia), as well as to Swiss and German national policy documents in support of women-specific service provision,

and recently developed quality standards for the work with women drug users from the same two countries (see Box).

Box 1: Recent women's service evaluation/research/guidelines, identified by Permanent Correspondents

Austria: Female clients in residential treatment (to be published end of 1999); **Denmark:** Pregnancy and drug use (references in NFP Denmark, 1999); **Finland:** Care for alcohol and drug abusing women in maternity and prenatal clinics; rehabilitation of mothers with substance abuse problems at specialised Mother and Child Home (references in NFP Finland, 1999); **France:** Evaluation of Pre-release Intermediary Unit at Women's Prison in Fresnes; **Germany:** Policy document DHS on characteristics of women-specific service provision (1995); several local/regional studies out-patient service provision for female drug users; recommendations for quality standards in gender-specific service provision; plus list of "grey" and published literature on women-specific approaches in service provision, covering several fields of drug demand reduction; **Ireland:** Outreach work with a "hard to reach" group: drug-using women working in prostitution (to be published by end of 1999); study on gender differences in characteristics of drug users presenting to a Dublin syringe exchange (to be published; see NFP Ireland, 1999); **Netherlands:** study on profiles of female clients of out-patient services; evaluation of care for female addicts (on-going), peer support among drug-using prostitutes; evaluation of care centre and user rooms for prostitutes in Rotterdam; **Portugal:** several small research studies, focusing on characteristics and needs of drug-using mothers, fathers and their children, carried out by the Foundation "N. S. do Bom Sucesso"; proceedings of REVIVER Conferences 1996 on women drug users & 1998 on the children of drug users; **Slovenia:** study on NAS in children of women in methadone maintenance, and on breastfeeding; Manual on women and drugs (Kastelic *et al.*, 1999); **Spain:** The Spanish Women's Institute and the Foundation of Help Against Addiction are presently conducting research on the perception of drug problems: impact and possible correcting mechanisms under a gender perspective; **Sweden:** Studies on services for pregnant drug users and mother/child issues by researcher at NGO Kvinnoforum (Women's Forum); **Switzerland:** Follow-up evaluation drug and HIV prevention in a women's prison; policy document, published by national health administration (BAG, 1998) to support establishment of women-specific services; inventory of requirements for women-sensitive work in low-threshold agencies (BAG, in press); **UK:** National Policy Guidelines for Working with Pregnant Drug Users; 1996 Task Force Review of services for drug users; list of further international references.

2.4. Transnational networks and the work of international organisations

Fourteen of the 19 Transnational Networks for the Prevention of Drug Dependence which are or have been supported by the European Commission (DG V) were contacted. Two networks, IREFREA and RPUUD, replied that they had addressed questions related to the drug use of women, one (the 'Three Cities Project' 3CP) replied that it had not carried out work in the area, and eleven networks did not reply.

The IREFREA network (*Institut de recherche européenne sur les facteurs de risque chez l'enfant et l'adolescent*), managed by Paolo Stocco, has the objectives to promote primary prevention through research and evaluation, to study risk and protective factors of drug use, and to create a network of researchers in the prevention field. This network examined gender and drugs issues in Germany, France, Italy, Spain and Portugal as part of its 1996/97 European programme on the evaluation of risk factors and their influence on prevention campaigns. Epidemiological studies and literature about service provision was reviewed and interviews with key experts were conducted by the national partners of IREFREA. The final report of the study (IREFREA Italia, no year) states that the theme was practically unknown in most of the analysed countries and that policies and programmes were absent (except in Germany). Epidemiological data on female drug use were limited and difficult to compare, and women-specific approaches in service provision were only beginning to be developed. In all five countries analysed, the researchers noted that interest in the topic of drug addiction in

women was mainly due to the concern about transmission of HIV through sex workers; furthermore, the study found that in France, Italy and Spain, the management of pregnant drug users, and in particular the question of taking their children into custody, was under controversial discussion between service providers from the drugs and health fields.

Their 1997-1999 programme looked again at women's issues in the context of new trends in drug use, and research on new approaches to prevention was carried out (report was not yet available). A project that examines psychosocial characteristics of drug-addicted women in Europe and their needs, as well as their perception of the efficacy of treatment services, is planned (European Commission, 1998).

The RIPUUD network (*Réseau International Parentalité-Usage de Drogues / International Parenthood-Drug Abuse Network*), co-ordinated by Marie-Thé Fédi, aims to establish networks of researchers and co-ordinate research on parenthood and drug use, as well as to ensure the dissemination of research studies. It has as further objectives to inform specialised and non-specialised professionals as well as the general public of the different methods of caring for and supporting drug-using parents to be, young parents, and their children; and to inform decision makers of the need to put in place sufficient and adequate treatment and healthcare for this group (European Commission, 1998).

Within the network, tasks in the area of training are delegated to PREMIS (*prévention et recherche sur les épidémies et maladies à incidences sociales*, Châtillon), a French NGO, which in September 1997 was awarded a contract by DG V to elaborate a sensitisation programme on parenthood and drug use for the RIPUUD network. Based on preparatory work carried out by the NGO MIDRACH, institutions from the Netherlands (GG & GD Amsterdam), UK (Aberlour, Glasgow) and France (Maternity ward, University Hospital Centre, Montpellier) contributed to this project. In two meetings during 1998, PREMIS and her partners analysed the status quo (needs of target group and of professionals in specialised and non-specialised services), defined the objectives of the training sessions, their structure and contents, and elaborated a programme for a 3-hour awareness-raising session (*séance de sensibilisation*). These sessions are destined not only to increase the awareness among professionals of the problem but also to motivate participants to follow in-depth training on methods of care and support for drug-using parents to be, young parents, and their children (Fédi, no year). The report was submitted to DG V, but as EU funding of the network was discontinued, work has not advanced much since then.

RIPUUD was also involved in the organisation of an International Congress on "Children of drug-using parents" from 26 to 28 November 1998 in Lisbon, in co-operation with the Portuguese NGO REVIVER (do Carmo Marcelino, 1998).

Through two projects that were recommended by member States, contact was established with a network of organisations that address sex workers. This network, called "Umbrella", has been established with the aim to analyse border issues with regard to HIV/AIDS/STDs and develop co-operative, border-crossing prevention, is funded through the "Community Action Programme on AIDS and Other Communicable Diseases" (European Commission, no year). In its framework, nineteen projects which provide health prevention services to sex workers in EU border areas have established co-operation. The project is co-ordinated by SPI, Berlin (Sozialpädagogisches Institut), which manages the EU co-funding of the projects, provides scientific advice to them and evaluates their work. The cross-border projects of Portugal and Spain, as well as of Austria and Switzerland, only address women drug users. They were recommended by Permanent Correspondents and are included in this study. A further project was identified through the "Umbrella" Co-ordinator: the Estonian partner agency of the Estonian/Finnish project, which addresses young heroin users. It has been included in the present study.

Women and drugs networks

IHRA Network Women&Drugs: The network, which was set up during the 4th International Conference on the Reduction of Drug Related Harm in 1993 in Rotterdam, became an official network of the International Harm Reduction Association in 1999. Sharing the IHRA's vision and mission, the specific aims of this network are the improvement of the life circumstances of female drug users and workers in general; putting gender issues on the agendas of conference organisers, politicians, service providers and harm reduction advocates; worldwide dissemination of information about research, services, projects, innovation and new developments on women and drugs issues. The network understands itself as a place to share and to get information, to find colleagues who work in the field and to communicate about one's work. Between 1994 and 1998, the network published six volumes of the International Women&Drugs newsmagazine. Many of its activities are linked to the Conferences of the IHRA; it has been actively involved in several International Harm Reduction Conferences, for example, with a plenary speech in Florence 1995, and official women's network meeting in Hobart, 1996, and Paris, 1997, which was attended by more than 100 Conference participants. At the forthcoming 11th Harm Reduction Conference in Jersey, the network organises a satellite congress to introduce its board members and activities to a broader audience and to win new network members from the developing and the developed world.

Eufedra: The European association Eufedra (*Europäischer Verein für feministische Drogenarbeit*), a network of service providers for women drug users and of female staff, was set up in May 1994 in Hamburg during the 7th meeting of projects in the field of women and drugs in Germany. Its main goals are the promotion of networking and information exchange between women-specific / feminist agencies in Europe, as well as the development of and advocacy for women-sensitive service provision by drugs agencies, fundraising, documentation, research, and staff training. Its members, organisations, projects and individuals represent the association at national and regional drug conferences and topic specific meetings, to increase the awareness for women's issues. The Frankfurt-based Secretariat produces a newsletter and maintains a database of women's services and experts (at the moment still limited to German-speaking countries) in order to provide support to new projects. Due to a lack of funding, the activities of the association had to be reduced in 1998 and 1999. The next European meeting is planned to take place at the beginning of 2001.

Work of international organisations and agencies on women and drugs issues

ICAA - Focus on Women's Section: The International Council on Alcohol and Addictions, based in Lucerne, is an international forum for the exchange of information and experience about all aspects of dependency. Moreover, it is an international NGO with consultative status with ECOSOC and in official relations with WHO and other UN and specialised agencies. Regular meetings are organised, and contributions are made to programmes, training and projects all around the world. The members, institutions and individuals based in more than 70 countries worldwide, work through the 22 topical Sections of ICAA, among them the ICAA Section Focus on Women. It understands itself as a network for those concerned with reviewing trends in women's consumption of alcohol and other drugs, gender-specific or sensitive prevention and treatment programmes, and the development of strategies relevant to the needs of women (www.icaa.ch). European input into the Section comes, among others, from women experts in Sweden and in the Netherlands.

UNDCP/WHO: A global project to assess the situation regarding women and drug abuse was implemented in 1992 and 1993 by WHO in collaboration with the Division for the Advancement of Women at the Secretariat of the United Nations, and funded by UNDCP. It represented the first UN system-wide attempt to assess the impact of drug abuse on women

throughout the world, using data from 27 countries, supplemented by an extensive literature review (Hsu 1992, 1993). Following the Fourth World Conference on Women, held at Beijing in 1995, further work was done within the UN system to take gender considerations into account (Hsu & du Guerny, 1996). In particular, this work aims at improving services for female drug abusers, strengthening family and community support networks to facilitate the social reintegration of women drug abusers and promoting gender-sensitive treatment services and information and education facilities. The "Cooperation Framework" of all major UN agencies, which is at present under negotiation, will take gender considerations into account. According to information from UNDCP of November 1999, the organisation had not implemented or supported activities in the field of community-based activities targeting female drug users in Europe.

EMCDDA: Most of the 1999 National Reports by Reitox National Focal Points to the EMCDDA include a special sub-chapter on "Women, Children and Drug Use". For their work on the sub-chapter, National Focal Points had received the following instructions: To provide an historical and cultural background to the involvement of women and children in drug issues in their country as well as information on recent developments. Problems involving medically prescribed drugs should not be excluded from such an analysis. Basic epidemiological and research data related to women and children, targeted initiatives in demand reduction (prevention, treatment and care), should be described. The positions of children with drug-using parents, and women seeking treatment who have child care responsibilities, are of particular interest. The information gathered from member States shall be used in the Annual Report 2000 of the Monitoring Centre. As national reports arrived at the Centre, the sub-chapters were made available to the consultant by the EMCDDA Demand Reduction Department; some National Focal Points attached their chapters to their reply to the survey among PCs.

Contact details for the organisations and networks mentioned in this sub-chapter can be found at the end of Appendix I.

3. Women's services in Europe: Development and current practice

3.1. Historical aspects of women's services in Europe

In a few, mainly northern European countries, the provision of women's services⁴ by drugs agencies can be traced back to the late 1970s and early 1980s.

In several countries, it was due to the initiative of female staff, that women's-groups⁵ were introduced in existing mixed therapy institutions. Björling (1993), describes the development of the first women's groups within Swedish treatment services in the 1970s, which made key-topics of female drug use careers, like sexual abuse, violence, feelings of shame and guilt, sexuality, partnership and children-related issues for the first time accessible to the therapeutic process in mixed residential treatment settings. At the beginning, women's groups were not considered as "real" therapy. The first single-sex services⁶ for women in Sweden, set up in the early 1980s, were outreach projects, targeting, among others, pregnant drug users.

A major reason for an increased awareness of women drug users within the general drug treatment and prevention services was related to their children. In her review on the development of services for women drug users in Norway, Middelthon identified the fact that at the end of the 1970s an increasing number of women drug users became mothers as an important element. The awareness of female staff and managers of drugs services for gender differences was raised and they started to advocate for specific approaches towards women (Middelthon, 1995).

It is also reported from Denmark that, at the end of the 1970s, an increasing number of clients with children came in contact with the drug treatment system, and a rising number of new-born babies were admitted for treatment of withdrawal symptoms at the University Hospital in Copenhagen (NFP Denmark, 1999). This led to an investigation of the development of children of drug-dependent mothers born between 1970 and 1978, which was conducted from 1979 to 1981. The development of services for pregnant drug users and for families with drug problems was based on the results of this research.

From 1983 onwards, new women-only agencies for in-patient treatment of opiate use, based on feminist concepts, enriched the German service landscape. These were sometimes run by women, which had left "traditional" mixed agencies because of their reluctance to introduce women-sensitive or women-specific services, and had established their own organisations. The first of these residential agencies were established in Berlin (1983) (see Kreyssig, 1984), Munich (1986) and Hamburg (1987). By 1990, women-only agencies targeting women who use illicit drugs comprised low-threshold, out-patient treatment and aftercare services, but there were still very few (Kreyssig, 1990). Due to priorities in HIV/AIDS prevention, two projects were supported with federal funds through the model project "Frauen und AIDS" which started in 1989 (Leopold & Steffan, 1994).

In the UK, lobby groups for women's services were developing in the 1980s, among them DAWN, an organisation set up to represent the needs of women who use drugs, who also conducted the survey among service providers, referred to in the literature review

⁴ 'women's services': any service exclusively directed at women drug users. It can be provided by an agency that targets only female drug users, or by an agency that works for male and female drug users.

⁵ These 'women's-groups' were sessions of group therapy, reserved for the female clients of an agency.

⁶ The terms 'single-sex service' and 'mixed service' are used to indicate that a specific project, or agency targets only one gender group or both. In this report, the term 'women-only agency' has however been used more often, to indicate that an agency is a 'single-sex service' for women.

(Chapter 4). In the second half of the 1980s, services became more women-friendly, for example, by providing women workers so that women did not have to talk to men about their problems, and by running women-only groups to create a safer environment for women to talk together; residential projects set aside a number of beds for women, and some advice and counselling agencies started to provide childcare facilities.

A residential service for women with children has existed in the French speaking part of Switzerland since 1987; in the German-speaking area, women-specific services within mixed settings were established at the end of the 1980s as well, but the first women-only projects followed in 1990: the "Lila Bus", a low-threshold service, and "Villa Donna", a residential home, both based on feminist concepts. The discussion among service providers was promoted by two meetings for professionals which took place in 1991 and 1992 (Ernst *et al.*, 1995).

In Austria, the first women-specific services were established in the context of the diversification of service provision, which had started in the mid-80s - mainly as a reaction to the HIV risk for drug users. Austrian drugs services became in general more oriented towards the needs of specific target groups, and gender-specific services were among other newly introduced measures.

Recent trends

Over the 1990s, the development of services continued, often including new services for drug-using sex workers, for pregnant women and for drug-addicted parents of young children. Some examples:

Denmark has created specialised out-patient clinics for drug-using mothers, fathers and their children. Most Danish counties have a stand-by service that is activated when a pregnant addict is encountered, which provides individual case-management through a specialised, interdisciplinary network of services. Furthermore, a few drop-in centres exclusively for female sex workers, a special therapy programme for victims of incest (mainly attended by women) and two residential treatment institutions (based on 12-step Minnesota model), exclusively for female clients, are in operation in Denmark today (NFP Denmark, 1999).

In England there are 15 drug dependency units which specifically target drug-using women (mainly in the South) and, in England and Wales, there are 15 women-only drug treatment services. Various drugs services in the UK specifically address drug-using mothers and their children (NFP UK, 1999).

In Germany, the network of women-only agencies is relatively extensive and covers a range of different target groups. Over the 1990s, some women-only low-threshold services and out-patient counselling centres were established in addition to the existing residential agencies, and the situation with regard to aftercare/housing projects for women improved. Vogt *et al.* (1998) identified 38 different agencies and projects which provide services for women and girls in a single-sex setting, but noted that these are still concentrated in the bigger cities. Among the providers are a number of feminist NGOs.

With regard to the development of a national policy towards women and drugs, the adoption in 1995 of a definition of women-specific work with drug users, elaborated by the committee for women's issues of the DHS, a national policy advisory board, has to be noted. A yearly meeting of German women and drugs projects (Frauen-Sucht-Projekte-Treffen) has taken place since the end of the 1980s. Its aims are networking and information exchange on a national scale, but also increasing awareness and involvement of organisations and staff from the region (Land) where it takes place. During the 1990s, a few studies have been conducted on women's services (Leopold & Steffan, 1994; Jacob, 1997; Vogt, I., 1997;

Karren-Derber & Hank, 1998; 1999); some recent work has focused on recommendations for quality management of women/gender-specific service provision (Rahmeier & Göttmann, 1996; Vogt *et al.*, 1998, Bella Donna, 1999; Winkler, 1998).

Services in Austria include outreach projects specifically targeting female drug addicts working as prostitutes, care for pregnant women and later of mother and child, residential single-sex treatment, including specific psychotherapy programmes for children whose mothers (parents) undergo therapy. Some long-term residential treatment facilities reserve beds for young drug-addicted women and/or women's after-care groups.

Following the publication of a literature review and a study on the practical aspects of establishing projects for women in Switzerland, commissioned by the Federal Office for Public Health (BAG) in 1995 (Ernst *et al.*, 1995), a post for the promotion of women-sensitive work at national level was created at the BAG. The post-holder, Marie-Louise Ernst, was in charge of elaborating a "List of arguments in favour of a women-sensitive approach in the drugs field" for a target group of service-providers and -commissioners, professionals and politicians (BAG, 1998), and for co-ordinating a working group which drew up a list of requirements for women-sensitive service provision at the low-threshold level (BAG, in press, see Box 2 in Chapter 3.3.2). Furthermore, a survey among providers and key experts on service needs of drug-using women and their availability was conducted in the French-speaking part of the country (Groupe de travail Femmes, Dépendances, 1998).

According to available information, Greece, Spain and Portugal seem to have developed women's services only in recent years; Ireland has few, but internationally well-reputed, projects. According to information from Belgium, there are only a few services that target specifically women. Luxembourg is planning women's services: in February 1999, the CePT organised the first Conference on Women and Drug Addiction, and an "orientation paper on future needs in the field of drug treatment" suggests the creation of specific treatment, rehabilitation and accommodation units for women. However, the creation of such units as well as further gender-specific infrastructures highly depends on the new government's priorities. Cyprus has no specific services targeting women that are community-based.

Central and Eastern European Countries

When the Pompidou Group organised a Seminar on Women and Drugs for central and eastern European countries in 1993 in Prague, no women-specific services existed in Croatia, Lithuania, Slovakia and Slovenia, and only a few in the Czech Republic (Pompidou Group, 1995). This still seems to be unchanged in Croatia, Slovakia and Lithuania, but in Slovenia and the Czech Republic a few more projects exist or are planned. The drug policy plan of the Czech Republic even defines the increased provision of services to women as one of the objectives for 2000. The number of women's services in Hungary might be very small. In Bulgaria, Estonia, and Russia, no specialised services for women drug users have as yet been established though, in Sofia, some pregnant women are in methadone treatment, and one agency in Tallinn provides outreach services and methadone substitution to young heroin-using sex workers (partner of the "Umbrella network project", see 2.4).

At the end of the 1990s, a new dimension was added to the debate on women's services by quality development and cost-efficiency considerations, through which all drugs services are challenged to give full account of their activities, expenditures and impact. This was welcomed in particular by feminist women service providers as an opportunity to gather recognition. If more detailed information about service provision to drug users becomes available, this will help to identify how far gender-sensitive approaches have become a standard for drugs services in general.

3.2. Selection of projects for case-studies

Recommendations from member States

Nearly all projects presented in this study have been identified by national correspondents in response to the questionnaire sent to them in September 1999. They had been asked to recommend one or more projects in their country, which focused on female drug users and met the given definition of community-based approach (see Chapter 2.1). It was stressed that, according to the terms of reference, those which had been or were currently being evaluated or otherwise documented in detail, those well-reputed in their community and those run by female staff, were of particular interest.

The time needed by national administrations to process the questionnaire was longer than expected. It seems that women service-related information is relatively scattered and/or that national databases, as far as they exist, do not allow to obtain a differentiated and full overview of services for female target groups. This is unfortunately also true of the EDDRA database. Some Permanent Correspondents had to refer to various sources to collect the necessary information, which took time (up to 5 months).

As described earlier (Chapter 2.1, Table 3), fifteen member States confirmed the availability of community-based services for female drug users in their replies. These are Austria, Belgium, the Czech Republic, Denmark, France, Germany, Hungary, Ireland, the Netherlands, Portugal, Slovenia, Spain, Sweden, Switzerland, and the UK. In addition, information about a service in Estonia was provided from the co-ordinator of the transnational "Umbrella" network.

Contacting providers of women's services

Between one and 10 organisations per country (total = 37; mode: 2) were considered as relevant to the study and reference was made to one or more specific services they provide⁷. Between November 1999 and January 2000, all 37 organisations were contacted and asked to fill in a questionnaire about their women's services (see Chapter 1.3 and Appendix III). 24 organisations (65%) replied and provided information on their work.

3.3. Results of survey of agencies

The replies from 22 agencies from twelve countries were selected according to the objectives of the study. They represent low-threshold (9 agencies), out-patient (7 agencies) and residential settings (6 agencies) from 19 different providers.

Besides these 22 "key projects", three projects which had been referred to in the replies by member States as relevant or interesting, but did not meet the selection criteria for this study, are briefly characterised in a separate chapter (see 3.6 "Other services"). These are: a service which prepares female prisoners with drug-related problems for release, a vocational rehabilitation project, and a prevention project for girls.

The 25 projects referred to in this report are listed in Table 4.

⁷ The reply from Germany included a list of 15 NGOs providing women-only services, and left the selection of typical/representative services to the consultant. Six NGOs, representing 10 different services were contacted. The UK recommended three agencies, but included in their reply to the questionnaire a list of 135 services from the national drug treatment database (community drug teams, community advice and information services, in-patient and other services), which earmarked those that had reported some women-orientation in their service provision, ranging from a "dedicated staff member" and women's outreach to women-only services.

Table 4: List of agencies/organisations and type*

No	Code	Low-threshold agencies N = 9	Non-Governmental Organisation of which it is part	Type*
1	A1	Streetwork Vienna	Verein Wiener Sozialprojekte	m/f
2	A 3/CH	Umbrella Network Austria/Switzerland	Institut für Sozialarbeit Bregenz	women
3	CR 1	K-Centre Prague	Sananim	m/f
4	D 8	Frauencafé/Nachtbus Frauenberatungsst. FFM	Frankf. Verein f. soz. Heimstätten / Verein f. Arbeits- u.Erziehungshilfe	women
5	E 2	drop in centre, Madrid	APRAMP	women
6	EST 1	AIDS-I Tugikeskus, Tallinn	Seastar	m/f
7	P 2	Gabinete de Apoio, Lisbon	Centro Social do Casal Ventoso	m/f
8	P 3	Autoestima, Matosinhos	(part of public health services Portugal)	women
9	Swe 1	Klåragarden	Stadtsmissione Stockholm	women
		Out-patient N = 7	Organisation of which it is part	Type
10	CR 2	Day-Care Prague	Sananim	m/f
11	D 1	Beratungsstelle Frauenperspektiven	Frauenperspektiven e.V.	women
12	D 5	Beratungsbüro Claire, Frankfurt	Calla e.V.	women
13	D 7	Frauenberatungsstelle, Frankfurt	Frankf. Verein f. soz. Heimstätten / Verein f. Arbeits- u.Erziehungshilfe	women
14	D 9	Bella Donna, Essen	Verein zur Hilfe suchtmittel- abhängiger Frauen, Essen	women
15	F 1	St Germain Pierre Nicole	Croix Rouge	m/f
16	Slo 1	Health Center Ljubljana	(part of public health services Slovenia)	m/f
		Residential N = 6	Organisation of which it is part	Type
17	A 2	Hotel Binder	Grüner Kreis (they also have a separate parents-children unit)	women
18	B 2	Tipi	de Kiem (TC)	TC: m/f; Tipi: women-child
19	CH 1	Lilith	Loreto, Oberbuchsitzen	women-child
20	CR 3	Karlov	Sananim	m/f
21	CR 4	Konakov	Caritas	women-child
22	UK 1	Maya Project, London	Addaction	women-child
		Other N = 4	Organisation of which it is part	Type
23	D 2	Kajal Mädchenprojekt & Training Project	Frauenperspektiven e.V. Hamburg	girls staff
24	D 6	Stoffbruch, Berlin	Verein zur Hilfe suchtmittel- abhängiger Frauen, Berlin	abstinent women
25	F 3	QJS femmes Fresnes	(part of prison system France)	female prisoners

- Two main types are distinguished: "women" stands for an agency that targets only female clients and
- "m/f" stands for an agency that services both men and women, but runs specific women's services. For the residential services, it is also specified whether children can come too.

Single-sex agencies for women; and women's services within a mixed setting

Two approaches to delivering services to female drug users can be distinguished: through women-only agencies, or through women-specific services provided in the framework of a

drugs agency which targets both men and women. As Table 4 shows, more than half of the 22 key services presented in this report (total 13 or 59%; 5 low-threshold, 4 out-patient and 4 in-patient) target exclusively women or women with children.

During the selection process, the limitation to NGO-run services had to be given up for some countries. There are big differences between countries with regard to the proportion of NGO-run services for drug users and those provided by statutory bodies. In several countries, drugs services are mainly provided by local or regional public health administrations (e.g. Portugal, Slovenia, Denmark, Sweden), in others, practically all drugs services are provided by NGOs (Germany). Excluding non-NGO services had the effect that the "landscape" of women service provision in some countries is poorly represented. To reduce this unbalance, statutory projects from Slovenia, from Portugal and from France, which were recommended by the national representatives, have also been included as case-studies.

Country-bias due to response

Ireland proposed three well-known projects, which unfortunately did not respond. One of the two Dutch agencies contacted did not react and the other one was not (yet) in a position to respond to the questionnaire, even though women's services were provided. The relevant Hungarian service did not participate because of lack of staff and language knowledge. A Danish service which was contacted did not respond.

The response rate from German providers was good (possibly related to the fact that the consultant is personally known to several respondents), and five German projects have thus been included in the key study. The three projects from the Czech NGO Sananim, which were all set up very recently (since 1997) as a response to increasing problems related to heroin use, plus a fourth Czech women/children TC, have been included as they might also document first steps towards a national network of women's services. Besides Sananim, there are two other cases where more than one service of an organisation has been included in the study (Frauenperspektiven Hamburg: 1 key project, 1 other project; FVsH-VAE Frankfurt: 2 key projects).

Detailed information about those women-specific services which had been referred to or been explicitly recommended, about those which were contacted and about the response received, is provided in Appendix I.

3.3.1. General characteristics of 22 key projects

Wide range of women's services

As will be described in more detail below, variations of the range of services provided by the agencies and in the underlying approach were large.

Some examples of women's services are:

- special "drop-in times" reserved for women drug users at a streetlevel agency;
- outreach activities, targeting female drug users, provided by the women workers of a drug agency that addresses male and female clients;
- outreach with sex workers;
- out-patient programmes for pregnant drug users or those with small children;
- women's-groups as part of mixed out-patient or residential drug treatment;
- an auxiliary project accommodating mothers with children, provided in the framework of mixed residential treatment;
- a residential home specialised in service provision to women from black communities;
- women-only out-patient services following a feminist concept; and
- residential care in an all-female environment.

Age of women's services

Most of the women's services had been established less than five years ago (1996 or later). The proportion of very recent services is highest in the low-threshold group and only the services based in Madrid (1989), Frankfurt (1992) and Stockholm (1993), are older. The highest proportion of services with a longer experience could be found among out-patient services (five out of seven had been established in the first half of the 1990s). The majority of in-patient services examined in this study are also characterised by a more recent history; only the residential services Hotel Binder (Austria) and the Maya Project (UK) are older (see Table 5).

Funding sources

All agencies have to apply for funds on a yearly basis. Five have only one source of funding, ten can rely on two, and seven agencies on three or more sources. The main sources of funding are local or national. Some services are regionally funded. Five agencies receive international funding, but one of these agencies relies exclusively on money from abroad (see Table 5).

Table 5: Year of establishment, funding sources and characteristics of women's services provided by 22 key projects

No	Code	Low-threshold	Year *	Funding**	Women's services (main features only; more detail in Chapters 3.3.2 to 3.3.4)
1	A1	Streetwork, Vienna	96	L N	outreach/drop-in times/leisure activ.
2	A 3/CH	Umbrella project, Bregenz/St Gallen	98	R INT	outreach/gynaecological care
3	CR 1	K-Centre Sananim, Prague	99	L N	motivational counselling/therapy
4	D 8	Frauencafé/Nachtbus, Frankfurt	92	L R	evening drop-in/crisis-intervent./ outreach/qualified referrals
5	E 2	APRAMP Drop in, Madrid	89	L R N	24-hour drop-in/emergency accommodation/outreach unit
6	EST 1	AIDS-I Tugikeskus, Tallinn	97	INT	outreach sex workers/methadone
7	P 2	Gabinete de Apoio, Casal Ventoso Lisbon	99	N	harm reduction/counselling/referral
8	P 3	Autoestima, Matosinhos	98	L R N INT	outreach street prostitutes/counselling/health care
9	Swe 1	Klåragarden, Stockholm	93	L D	day-centre/counselling/referral/ focus on family/child issues
No		Out-patient			
10	CR 2	Day-Care Sananim, Prague	97	L N	women's-groups as part of mixed abstin.-oriented out-patient treatm.
11	D 1	Beratungsstelle, Frauenperspekt. HH	91	L I	outreach/basic needs support/ feminist out-patient sociotherapy
12	D 5	Claire Beratungsbüro Frankfurt	96	R N I	comprehensive assessment/case management/outreach/home visits
13	D 7	Frauenberatungsstelle Frankfurt	89	L R	counselling/support programme women with HIV/AIDS/methadone
14	D 9	Bella Donna, Essen	93	L	counselling/treatment/psychosocial case management/referral
15	F 1	St Germain Pierre Nicole, Paris	89	N	methadone programme pregnant women; mother-child programme

16	Slo 1	Health Center, Ljubljana	95	N I	methadone programme pregnant women; women/mother's groups
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No		Residential			
17	A 2	Hotel Binder 12 + 6 months	91	I	women-only TC in network of m/f residential and out-patient services
18	B 2	Tipi (mixed therapeut. community)	96	N D	support services for 3 women and up to 6 children
19	CH 1	Lilith 6-12 months, women	96	L R N I D O	vocational reintegr./syst.counselling /feminist.concept/mother-child
20	CR 3	Karlov 6 months, mixed	98	L N O	women's-groups as part of mixed cognitive-behavioural training prog.
21	CR 4	Konakov 6-12 months, women	98	R N INT O	group-, family and work-therapy/mother-child
22	UK 1	Maya Project 6-months, women	85	L R N INT I D	Group-, Arttherapy/acupuncture/ meditation/priority:black community

* Year when women service was established.

** Funding sources of agency: : Local, Regional, National, INTern/EU, Insurance, Donations, Other

Other characteristics

Two of the services represented in this study are run by Christian organisations (Sweden, Czech Republic) and four by feminist providers (Germany, Switzerland). Most agencies (women-only and mixed) can be labelled as drug-service providers, though some are social services for target groups, which are defined by other criteria than drug use. The latter applies mainly to low-threshold services. Most mixed agencies have included a gender-sensitive approach to service provision in their written concepts.

In the following sub-chapters, the characteristics of women's services provided in low-threshold/outreach (Chapter 3.3.2), out-patient (Chapter 3.3.3) and residential settings (Chapter 3.3.4), with regard to their target groups, objectives and particular service offers to female clients are summarised. Common features of advertising and promoting the women's services, staff qualifications that were considered relevant for the work with women drug users, and the main co-operation and referral networks that the agencies had established within their community are identified.

The summaries focus on the women-specific aspects of service provision and include information about the agency's general services only as far as necessary/useful for understanding. Descriptions of the 22 key projects are attached as "Project Profiles" in Appendix II and contain more complete information.

3.3.2. Low-threshold services

A sample of nine women's services provided by low-threshold agencies in eight countries was examined. Five agencies target exclusively women, four work with male and female drug users, but offer specific services to women. The low-threshold women's services are typically quite young: in only three cases, the agencies have provided women's services for more than 5 years. The women's services of two agencies (K-Centre, Casal Ventoso) have only been set up last year. They are mainly located in cities with a considerable population of drug users and/or a street drug use scene. Three agencies participate in a network of services for sex workers in border areas ("Umbrella-network"), which is co-funded by the European Commission, and are located in smaller towns Bregenz/St Gallen (Austrian/Swiss border), Matosinhos (Portuguese/Spanish border), and in Tallinn (Estonian/Finnish co-operation project).

The projects are: APRAMP Madrid, a 24-hour drop-in centre for female sex workers or those at risk of becoming involved in sex work, offering detoxification, shelter, outreach and vocational rehabilitation services; the "Frauencafé" Frankfurt, a women-only drop-in service, open from 6 pm until midnight for drug-using women, with the Nachtbus (Nightbus), a mobile outreach unit targeting drug-using sex workers (4 nights per week, 4 hours); and the day-centre Klåragarden for homeless women in Stockholm. Furthermore, three member-projects of the "Umbrella network": the project between Austria and Switzerland, and 'Autoestima', the Portuguese partner of the Portuguese/Spanish project, as well as the Estonian co-operation partner of the Finnish/Estonian project, which provide outreach services, counselling and health care to female drug users who work as sex workers or to street prostitutes in general. If women's services were provided by mixed agencies, this always meant that they were provided by the female staff. The agency "Streetwork" in Vienna, reserves weekly two hours of "drop-in" time for women and its female staff members target women drug users through outreach activities and organise leisure-time activities for the target group; the K-Centre in Prague, whose female staff systematically address women visitors of the agency and offer women-specific motivational counselling and therapy; and the Support Office Casal Ventoso in Lisbon, whose female staff offer women-specific harm reduction counselling as well as motivational counselling and referral.

Table 6: List of low-threshold agencies

No	Code	Low-threshold agencies	NGO of which it is part
1	A1	Streetwork, Vienna	Verein Wiener Sozialprojekte
2	A 3/CH	Umbrella network project Austria/Switz.	Institut für Sozialarbeit Bregenz
3	CR 1	K-Centre, Prague	Sananim
4	D 8	Frauencafé/Nachtbus of the 'Frauenberatungsstelle' Frankfurt	Frankf. Verein f. soz. Heimstätten / Verein f. Arbeits- u. Erziehungshilfe
5	E 2	drop in centre, Madrid	APRAMP
6	EST 1	AIDS-I Tugikeskus, Tallinn	Seastar
7	P 2	Gabinete de Apoio, Lisbon	Centro Social do Casal Ventoso
8	P 3	Autoestima, Matosinhos	(part of public health services)
9	Swe 1	Klåragarden, Stockholm	Stadtsmissionen Stockholm

Target groups and client characteristics

Several institutions in the social field which are not "drug specific" are involved in providing services to female drug users or to women at risk. The female target groups of some projects were defined by homelessness or sex work. Women-specific services at the low-threshold level typically work with long-term drug users who are characterised by multiple health and psychosocial problems, a high level of social disintegration, often engaged in sex work, and who have lost or never had any contact with other services. Among clients, polydrug use of illegal drugs, barbiturates and benzodiazepines, severe physical illness, malnutrition, homelessness, co-occurring mental disorders, self-destructive behaviour, and dependencies within relationships to male partners are commonly noted problems. Some services focus also in particular on young women, pregnant women, or on women from minority groups. The opening hours are adapted to the life-situation of the target group they want to reach and include 24-hour services, day-centres, evening and night services.

Women-specific objectives/services provided

Safety/protection from violence: Many projects define as an important objective the provision of a safe place, where the women can rest, are protected from violence, and are not under pressure from their male partners, male drug users or sex clients. In mixed agencies, this is linked to the availability of a separate location only for women.

Health care services for women/women-specific health promotion: The projects define the improvement of women's health as a major objective. Most of the projects provide emergency medical care, and some have their own medical treatment services. All services have set up active referral networks with their co-operation partners in the community to bring medical, in particular gynaecological, care into the reach of their clients.

To increase women' awareness of their bodies and to promote healthy behaviour, was a further common objective. Services aim to reduce women's risk of contracting infectious diseases through transmitting women-specific harm reduction information on drug use (injection-related problems for women) or on sex work (condom negotiation skills, handling of condoms, coping skills with violent clients).

Crisis intervention: Women who enter a low-threshold service do not come because they want to reduce their drug taking, but to get some help with regard to pressing problems - either drug-related or not. Some women are in an acute emergency situation and several agencies are specialised in women-specific crisis intervention. In particular, the staff of the women-only drop-in centres (Madrid, Frankfurt and Stockholm) are trained to provide immediate assistance to victims of sexual abuse and other forms of violence.

Motivational counselling / case-management / qualified referral: Agencies stressed that not only knowledge about the life situation of female drug users, but also understanding and respect for the women were important to establish a trustful relationship and to efficiently work with them. It was seen as important to be attentive to the immediate service needs of the women, to accept the priorities set by them, to agree service-offers carefully with them, and to respond directly to the needs subjectively felt by the women, in order to retain them in the service. Work with the women is relationship-oriented and they prefer to have of a personal 'reference-worker', which provides the trust and continuity of relationship that they need to accept help, for example, also in the form of qualified referral to an adequate (not just 'any') higher threshold service like out-patient or residential treatment. Counselling and case-management are close to the life-situation of the women and based on a comprehensive assessment, including family, children, partner, biographical experiences, housing and work-related issues. The recovery or reinforcement of self-esteem and appreciation for themselves was considered as an important goal in the process of motivating women to start to quit drug use and to develop their own objectives and perspectives for a life outside the drug scene.

Box 2: "Frauengerecht! Anforderungen an die niederschweligen Angebote im Suchtbereich" (BAG, in press)

An inventory of requirements for women-sensitive services provided by low-threshold agencies, which was recently drawn up by a multi-disciplinary expert group in Switzerland, defines the following five objectives for this type of services:

- to promote women's health awareness,
- to sensitise the environment for issues that are specific to drug-using women (this includes informing, networking, co-ordination, lobbying among other agencies and professionals with whom drug-using women have contact)
- to support clients to leave their role as victims,
- to enable or support women to (re-)establish a small social network,
- to support the development of work-related perspectives of women (integration into labour market).

Furthermore, this inventory includes checklists for the different aspects that are involved in reaching the objectives, and an example of how the inventory and checklists can be used in practice.

*Examples of women-specific service provision*Harm reduction

- women-specific safer use and safer sex counselling;
- adequate syringes and condoms;
- available at times that are suitable to the women (taking their life situation into account and also, for example, respecting child-care responsibilities);
- available in places where the women are;
- safer work counselling and low risk sex counselling for sex workers;
- information about women-specific injecting-related risks/problems;
- training of safer use techniques for women.

Health care

- gynaecological care (e.g. diagnoses and early treatment of STDs and cervical cancer);
- information/promotion sexual/reproductive health.

Crisis-intervention

- sexual abuse counselling;
- violence counselling (also: maintaining registers of violent sex clients for mutual information among drug-using sex workers);
- women-only shelter/emergency accommodation;
- training in self-defence techniques (avoiding, however, offering longer-term courses in self-defence, as this is perceived as too obliging and therefore often not accepted);
- immediate help after rape (e.g. medical, shelter).

Advertising and promoting low-threshold women's services

Outreach work with female drug users, adapted to their life situation (times, venues), is a key component of the work of nearly all low-threshold agencies. Teams of female workers contact the women in the open drug scene, and/or use mobile outreach units (bus, car) at places of street prostitution to increase access to a target population which would otherwise not use any health or social service. It can be said that contact/service offers should preferably be "enjoyable" rather than "problem-oriented" in order to be accepted.

Examples of qualifications required of staff in low-threshold women's services

Mentioned were: knowledge about the life situation of female drug users that enables "understanding" of the behaviour of the women, solidarity with them as women, respect for the women also in the sense of accepting the women as their own experts; skills in crisis-intervention, sexual abuse counselling, partnership counselling, the ability to cope with transferred emotions, were requested. A high degree of professionalism, realistic expectations with regard to success and the ability to cope with the fact that there are not always solutions, was considered necessary by several services. Staff had to be professional in order to activate self-help potential, to empower the women. There was a need for an accompanying and supportive attitude, rather than for "showing the way" and thus patronising the women. Perseverance, endurance and patience, as well as a sense of humour, were also mentioned.

Co-operation partners of low-threshold women's services in the community

Co-operation is referral-oriented and includes medical doctors and hospitals; women-specific institutions and services (shelters, emergency housing, services for professional sex workers); social services in the areas of welfare, employment, housing; drug counselling and treatment services; and AIDS-help services. A lack of services to which low-threshold

centres needed to refer the women to was identified in the field of housing and also in emergency accommodation.

3.3.3. Out-patient services

A sample of seven women's services provided by out-patient agencies in 4 countries was examined. Four agencies from Germany have been included. They are based in Hamburg, Essen and Frankfurt (2), provide counselling and treatment exclusively for women, and three of them are run by feminist NGOs. Another three out-patient agencies target both, men and women. They are based in Ljubljana (public service), Paris, and Prague. The majority of these out-patient centres have provided women's services for a long time: the centre in Paris and one of the agencies in Frankfurt can look back at a history of more than ten years, and the services in Hamburg, Essen and Ljubljana were established in the first half of the 1990s.

The projects looked at are: the women's-group sessions within the abstinence-oriented out-patient treatment programme of the Day-Centre of Sananim in Prague, the services for pregnant women and for women/mothers that are offered by the Health Center in Ljubljana and by the Centre Saint-Germain Pierre Nicole in Paris, and the work of the counselling-office Claire in Frankfurt, the counselling centres Frauenperspektiven in Hamburg, Bella Donna in Essen and Frauenberatungsstelle in Frankfurt.

Table 7: List of out-patient agencies

Nr	Code	Out-patient N = 7	Organisation of which it is part
10	CR 2	Day-Care Centre Prague	Sananim
11	D 1	Beratungsstelle Frauenperspektiven	Frauenperspektiven e.V. Hamburg
12	D 5	Beratungsbüro Claire	Calla, Frankfurt
13	D 7	Frauenberatungsstelle Frankfurt	Frankf. Verein f. soz. Heimstätten / Verein f. Arbeits- u. Erziehungshilfe
14	D 9	Bella Donna	Verein zur Hilfe suchtmittel-abhängiger Frauen, Essen
15	F 1	St Germain Pierre Nicole, Paris	Croix Rouge
16	Slo 1	Health Center Ljubljana	(part of public health services)

Target group and client characteristics

All out-patient services are specialised centres for drug prevention or treatment, many of them address partners and relatives of drug users too. With regard to specific target groups, there is quite some variation between them. Even though all work with illicit drug users (opiates/amphetamines), some services have a wider target group "women drug users", which includes alcohol and medicaments. One agency runs an in-patient unit, another also provides low-threshold services. One runs its own methadone maintenance programme for women clients, three others provide psychosocial out-patient care for women who are in this type of treatment at another drug- or medical service. Two centres are specialised in providing services for pregnant drug users, including methadone substitution; and one agency in providing support to women with HIV/AIDS.

Thus, target groups of the women's services include: women users of illicit and licit drugs, abstinent women, women in methadone treatment, pregnant women, mothers with new-born babies, women with HIV/AIDS, relatives and friends.

Women-specific objectives/services provided

Reflecting a variety of women target groups, a range of objectives was found. A main objective in out-patient counselling settings is the supportive stabilisation of women who use drugs, and help to quit drug use. This is achieved through individual and group counselling and treatment, long-term psychosocial case-management, methadone maintenance treatment and referrals to other drugs services, like detoxification programmes, in-patient treatment or aftercare services.

With regard to pregnant women, the objectives are to stabilise drug use during pregnancy, to help the women prepare for the birth, to monitor the mother-child relationship after the birth, and, if necessary, to increase their parenting skills.

Examples of women-specific service provision

Basic modalities of counselling and treatment of women in out-patient settings:

- women's-groups: The services provided by the Czech agency are probably a typical example of how the gender perspective has been translated into practice in mixed out-patient treatment settings. To promote women's treatment process, female therapists run separate women's-groups where clients can address and discuss specific topics in a safe environment (separate men's groups are part of the programme too); the sharing of experiences among women is also seen as supporting them, as they are sometimes the minority in the treatment programme;
- out-patient treatment, several modalities, including feminist-informed social therapy;
- comprehensive assessment forms basis of care and treatment planning (including specific medical and psychosocial treatment needs, abuse history, children-related issues);
- continuous care is provided, the women clients are visited in prison, hospital, and at home (follow-up outreach);
- long-term case management.

Examples of services for special groups:

- pregnant women: medical check-ups, birth-preparation classes, methadone maintenance;
- mothers of small children: group counselling; parenting skills training,
- women with HIV/AIDS: counselling with regard to specific problems that are related to female self-concept, role, or understanding (e.g. sexuality, perceived loss of attractiveness, children);
- lesbian women: specific counselling or leisure time offers.

Auxiliary services include:

Professional childcare while mothers have counselling or treatment appointments; accompanying clients to appointments with social services, youth-, police or judicial authorities; support for the establishment of self-help groups of women, and for self-help groups of female partners and friends. Some agencies are actively involved in the training of professionals and the sensitisation of the general public on the topic women and drugs. A lack of places for longer-term care (2-3 years) of mother and child was noted.

Advertising and promoting out-patient women's services

To make their service and staff known to the target group, some agencies have an outreach team which contacts women in the drug scene, offer free breakfast or lunch on some days, as a possibility for women to establish contacts, or advertise in relevant journals, and distribute information about their women service through other drugs and social agencies. Some display printed women-specific information material in an easily accessible place (e.g. entrance). A considerable proportion of clients are referred from other drugs services

(often low-threshold), by doctors, courts, the social welfare authorities and through former clients.

Examples of qualifications required from staff in out-patient women's services

In general, multi-disciplinary teams were recommended. Workers that are qualified in sexual abuse counselling, violence counselling, have qualifications/training in the field of women and drugs and experience in women service delivery, are most useful. Staff have to be able to cope with the often traumatic experiences of the women; a women-oriented and -biased attitude and solidarity with women's issues was seen as a requirement in feminist services. Doctors and nurses who provide pregnancy services should have a further qualification in the drugs field. Mixed agencies: women's-groups should be run by female therapists, but team members of an agency should be male and female.

Co-operation partners of out-patient women's services in the community

Referral networks are established with further specialised treatment facilities (e.g. eating disorders) and drugs services (e.g. methadone treatment, residential homes for women/mother and child), as well as with services for the homeless, women shelters, day-care services for children, and medical services (e.g. detoxification; treatment of AIDS-related illnesses; obstetrical teams). Several agencies have co-operation networks with the youth administration (questions related to custody of children).

3.3.4. Residential care

According to the definition of the target services, only those in-patient/residential treatment services which target groups within their community should be included in this study. A number of residential services, some of them with strong links into the local community but mostly servicing a wider target group, were referred to in the replies by national representatives.

A sample of women's services within six residential programmes from five countries was examined, of which four are "women-only". One service is located in a big city, the others are in a smaller towns or in a non-urban environment. The duration of the treatment programmes is medium (6 months) to long-term (12 months); one programme includes 6-months vocational training.

They are: Karlovy, a mixed TC for 15 clients in the Czech Republic, which offers separate women's-groups, but does not accommodate children; the Tipi project in Belgium, an auxiliary service of the mixed TC 'de Kiem' for 3 mothers with up to 6 children; Hotel Binder, a women-only TC in Austria with 20 beds, which forms part of a large network of residential and non-residential drugs services, including an in-patient unit for parents and children; Konákov, a recently established 12-bed women & children TC in the Czech Republic; Lilith in Switzerland, which provides treatment for 12 women and up to 4 children from a feminist perspective; and the Maya Project in London, a 12-bed residential home for single women and for mothers with children, which gives priority to women from Black communities.

Table 8: List of residential services

No	Code	Residential	NGO of which it is part
17	A 2	TC Hotel Binder	Grüner Kreis, Aspang
18	B 2	Project "Tipi"	TC 'de Kiem' VWZ, Oosterzele
19	CH 1	Lilith - Therap. WG Frauen-Kind	Loreto, Oberbuchsiten
20	CR 3	TC Karlov	Sananim, Prague
21	CR 4	TC Czesky Tesin - Konákov	Caritas
22	UK 1	Maya Project London	Addaction

Target group and client characteristics

The institutions work with adolescent and adult women who used illicit drugs (some agencies also alcohol, medicaments; one: dependency in partnership); pregnant women were mentioned as a particular target group by many agencies. Detoxification and motivation to follow an abstinence-oriented programme were required. The minimum age range of clients varied between 15 and 18 years, the upper age limit, as far as it was indicated, was 40 years. Depending on the possibility of the agency to arrange school placements, children up to the age of 12 years could attend, but in general, only small children (up to 6 years) were admitted.

Experiences of sexual abuse and violence, as well as co-occurring somatic and mental health problems among the clients, were commonly mentioned by residential services.

Women-specific objectives/services provided

Common objectives were: To help women to gain social stability and prepare for a life without drugs; to provide a safe, caring environment for women who want to address their drug use; to help women to examine ways in which they can make positive changes to their lives; to increase women's independence and responsibility with regard to their life. With regard to the mother-child relationship, the agencies work towards increased responsibility, stability, security and trust.

Treatment modalities varied considerably between agencies. On the one hand: case-management/one-to-one key worker sessions/individualised care plan, on the other hand: strong TC orientation with group therapy in women-only settings or women's-groups in mixed settings. Several agencies put strong emphasis on increasing the possibilities of the women to find employment in order to support their reintegration into society. They promote the acquisition of new professional skills through work placements outside the facility, or have set up vocational training programmes internally.

Examples of women-specific service provision in residential settings

General issues:

- identify and address underlying and co-occurring problems (e.g. sexual abuse, violence, depression, eating disorders, borderline);
- address present emotional, social and practical needs of women and support women to deal with them (e.g. children in custody, relationships, unemployment, job-qualification, health care, housing, debts);
- facilitate the establishment of links into the home community;
- social skills training;
- art therapy;
- sports, awareness of the body, yoga, meditation, acupuncture.

Children/family/system:

- childcare support during treatment activities and leisure-time activities (in-house; external placements at local kindergarten or school; day-care mothers);
- systemic family therapy /system therapy (involvement of significant other members of the clients' social network, as well as of legal representative of child); marital/partner counselling;
- mother-child supervision, observation and screening of children;
- clarification of legal issues/legal status of mother towards her children;
- training in parenting skills;
- referral to "children-friendly" aftercare services, half-way house.

Vocational rehabilitation:

- work therapy (in the more traditional TCs Hotel Binder, Karlov, Konákov);
- qualification courses; vocational training centre;
- work placements outside facility (Lilith);
- possibility of up to 2 years subsidised employment following treatment (Hotel Binder).

Advertising and promoting residential women's services

Clients are typically referred from other drugs services (detoxification, low-threshold, counselling or out-patient treatment), the criminal justice system or social welfare authorities. That they can bring their children is a major reason for women to come: there is often no other possibility to tackle the drug problems without separating them from their children. Information about the specific women's services is distributed through inter-institutional co-operation links or through active public relations (advertisements in print media and on the internet).

Examples of qualifications required from staff in residential women's services

Work experience in other residential settings with women, knowledge about symbiotic relationship patterns, co-dependency, counselling skills in the areas of sexual abuse and parenting skills training, were considered favourable. Child-specific qualifications of staff, a women perspective-oriented or feminist approach were recommended as well.

Co-operation partners of residential women's services in the community

General health care providers, psychiatric hospitals, other specialists; day-care mothers, kindergartens/schools, child/youth administration workers; work/employment administration; social welfare offices; criminal justice system. Women's services that are non drug-specific are also important partners.

3.4. Networking between women service providers

There was little inter-agency networking between women service providers at the low-threshold level. Some reported none, others only case-specific contacts with other drugs services that run women programmes. Often the agency was the only provider of low-threshold women's services for drug users in the region (or even in the country) and relevant services for topic-specific exchange and networking were far away. However, two agencies reported that they sporadically exchanged documents, or had contacts with services from other countries at international conferences or through their organisation's own network. The agencies that are partners of "Umbrella" had of course contact with other services through this network.

Three feminist-oriented German out-patient services said they were partners of networks at regional, national and/or transnational level (they mainly referred to the Eufedra network, see Chapter 2.4). But there was no topic-specific networking at all, or none that went beyond local level, of the other four out-patient services.

Two residential services that follow the traditional TC approach (Tipi/de Kiem; Hotel Binder) are partners in European or wider networks (E.F.T.C., IREFREA, ICAA) and have possibilities for exchange during their meetings or conferences, which also address the topic of women and drugs treatment.

International networking seemed to be more difficult for women-only service providers when there was no active networking at national level and/or local level. One agency in London

said there were plans to set up a forum for female-only services at national level, and staff of a centre in Vienna plan to establish a regional network of female staff of drugs services.

Box 3: Example of a national network: WOCAD, Sweden

A special model of national co-operation and networking on women and alcohol/drug issues can be found in Sweden, where 29 women's organisations, representing 250.000 Swedish women, are joining efforts and have set up a special Women's Organisations Committee on Alcohol and Drugs (WOCAD). Run by a small Secretariat and implementing the activities through several project groups, WOCAD has a wide range of member organisations representing women organised in professional, political and social groups and movements, as well as those Swedish women's organisations that have traditionally focused on alcohol and drugs issues.

3.5 Monitoring and evaluation of women's services

Only in some cases, the need for the women's services (or more precisely for the specific services that were planned to be provided) had been assessed before the service was set up. These are:

- two projects that belong to the 'Frauenberatungsstelle' Frankfurt, the women out-patient service, and the Nightbus, which were both run as pilot projects before services were established on a permanent basis;
- the "Umbrella" network projects Austria/Switzerland and Portugal; and
- the women's counselling centre of Frauenperspektiven Hamburg, which conducted a survey among women drug users to assess the need for out-patient services.

As many services are quite young, it would be unrealistic to expect that they can provide meaningful service evaluation studies yet. Nevertheless, some agencies underwent external evaluation. These are:

- the above-mentioned women counselling centre in Frankfurt (during model project phase 1989-1991, see: Leopold & Steffan, 1994);
- the women's café which belongs to the same agency (in 1997, cost-efficiency of service management by Prognos & Simma, see: Frauenberatungsstelle 1997);
- scientific assessment of the work of Bella Donna (1993-95 model project phase, see: Vogt, I., 1997).

Either internal or external evaluation is underway at the moment at:

- the three "Umbrella" services (external, by SPI Berlin),
- the Maya Project (Peer Audit Programme; internal Research and Quality Department: development of operational standards, operational policies and guidelines);
- the day-centre Klåragården (internal quality study twice per year);
- the TC Konákov (National Drug Coordination Office, supervisor from Czech NGO-Umbrella organisation);
- Lilith (systematic tools for quality management and standardised documentation since 1998, external consultant);
- Tipi (regular inspection by Governmental Health Service); and
- Claire (during model project phase until 2000, external: FOGS institute, Köln).
- The organisation that runs the agencies of 'Frauenberatungsstelle' Frankfurt is currently analysing its organisational development, and laying the foundations for quality management and human resource development.

A majority of services replied they had instruments in place to monitor success in contacting the target group, in reaching the service objectives or to assess client satisfaction, but a closer examination of these was not possible, as information remained sometimes vague ("we use questionnaires", "we ask out clients") and instruments were not forwarded to the consultant. However, team supervision and objective-oriented planning of individual treatment processes seem to be common work-standards in low-threshold, out-patient and residential services.

3.6 Other services

Three of the women's services which were referred to in the replies by Permanent Correspondents, but which did not meet the criteria for inclusion in the study, shall be addressed in this chapter. Even though it is not possible to give a more detailed description of these services in the framework of this study, these services use interesting approaches which seemed to make it worthwhile mentioning them at least briefly.

Services address: women prisoners with drug problems; girls who are at risk or are users of drugs and staff who work in the field of prevention with girls; and women who have formerly used drugs and are now in the process of vocational integration.

Women Prisoners

QJS Femmes, the "Quartier Intermédiaire Sortantes" - Espace Barbara - is a pre-release unit for female prisoners with drug use related problems from three French prisons (Fleury-Mérogis, Versailles and Fresnes). It is based at Fresnes, near Paris, was established in 1997 and offers a preparation programme during the last month of imprisonment to prisoners with drug and/or alcohol problems. The day programme (9.00 to 16.30h) is voluntary and run jointly by internal and external staff who provide information, advice and training on topics that are relevant after release. Topics are: health issues (e.g. health promotion, health care, harm reduction/transmission of STDs; body-awareness), support networks (e.g. re-establishing links with family and children; agencies that offer support to sex workers) and capacities for the day-by-day management of life outside the prison (household, cooking, finances). The use of external experts in this programme is strongly geared at creating links that the women can use on their return into the community. The services provided at QJS are funded by the Direction Générale de Santé and by the MILDT, and are currently under evaluation. Promising results have been achieved during the first two years of functioning: only 10% of women who attended the programme, compared to 40-50% of the remaining prison population, have returned to prison.

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Services addressing female prisoners with drug use related problems have also been referred to by Switzerland (Final Report on follow-up evaluation of drug- and HIV-prevention programme at the Hindelbank prisons, which includes the evaluation of a needle exchange programme, Hirsbrunner *et al.*, 1997), the Czech Republic (information on Specialised Department for Education and Treatment of women prisoners, which was established in July 1999 at the prison in Opava), and Poland (Programme for drug users at the Women's Prison in Krakow).

Vocational integration

Stoffbruch N.EU is an aftercare project aiming at the vocational integration of women who have quit alcohol/drug use. It was set up in 1996 by an organisation with a long experience in

the treatment and care of women drug users in Berlin, and is co-funded by the European Social Fund and the German national employment administration. Between October 1996 and August 1998, more than 100 women have used the service offers which range from individual vocational counselling and career planning to 3-month professional training courses followed by 2-month work placements. During the past years, the service providers have established a network of links to employers and support-services in their community, and have specialised in the development of funding-models and the implementation of vocational orientation and -qualification courses for the target group of formerly alcohol/drug-using women. A large group of clients are from east Berlin and, among them, alcohol-related problems are predominant. However, an analysis of the client group showed that younger alcohol-dependent women from east Berlin have many common characteristics with female illicit drug users from the western part of the city.

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See also work projects provided by some of the key services described in this report: APRAMP Madrid, Frauenberatungsstelle Frankfurt, Hotel Binder (Austria), and Lilith (Switzerland).

Girls

The drug prevention project for girls "Kajal" was established in 1992 with the objectives to provide drug education and counselling for individual girls and for groups, and to train pedagogic staff from various fields, who work with girls, in preventive approaches that are efficient with girls. It is located at the point of intersection between drugs specific and youth specific services.

The girl target group is 12 to 18-year olds, who are mainly reached through contacts with schools in the community. The staff of Kajal conduct 3-hour "information-sessions" on drugs (or "projects" over several days) based on a pedagogical concept, without the presence of teachers. The sessions take place in a group setting, the girls attending at the agency. The approach allows girls to address experiences, opinions and questions about drug taking in a group, but in an anonymous way. The sessions have proven to be a "way in" for those who have further individual counselling needs, or who wish to come during the weekly "drop-in" time (cafe) without appointment. Experiences of the individual and group sessions are evaluated and provide the basis for crisis intervention, consultancy and training of pedagogical staff who work with girls of this age group (see also Schwarting, 1997; 1997a; 1998).

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4. Literature review

This literature review aims to outline some key elements of service provision for women drug users as defined in the introduction to this report. This includes: noting any barriers to women seeking help from drugs services; identifying service needs of women and describing projects or interventions that have been successful in attracting women and catering for their needs. Some of the literature included in the review focuses on service provision associated with substance misuse problems in general (including alcohol problems). However, many of the core issues associated with the design and delivery of services for women substance users are of generic concern.

The literature review is based upon the following sources:

- database searches in MEDLINE and BIDS, using variations of the keywords "service provision women drug users";
- published papers, reports and "grey literature" recommended by national experts and service providers contacted as part of this study.

4.1. Barriers to service use

A key theme in the literature is that women drug users are a hidden or hard to reach population and are under-represented as clients of drugs services (DAWN, 1994; Ernst *et al.*, 1995; Zurhold, 1995; Vogt, R., 1997; Hunter & Judd, 1998, Schmid & Vogt, 1998). A number of impediments to women's help-seeking have been identified, including barriers to treatment entry, to engagement in treatment, and long-term recovery (NIDA, 1998). In brief, two types of explanation are offered: that societal expectations of appropriate gender behaviour make it more difficult for women to admit and seek help for problem drug use; and that services are inappropriate to women's needs.

Social stigma

The first explanation emphasises the way in which gender structures the lives of women drug users and in turn their help-seeking behaviour. It highlights how illicit drug use conflicts with what is widely seen as women's traditional role as wife, mother and carer. Without exception, it is reported that the stigma attached to women who use drugs is greater than that for men (Glover-Reed, 1985; Waterson & Ettore, 1989; Ettore, 1992; Coupe, 1991; Taylor, 1993; Harrison, 1993; Copeland & Hall, 1992a; 1992b; Ruben, 1995; Snell, 1996; Copeland, 1997; Swift & Copeland, 1998, Roberts *et al.*, 1999). This stigma is keenly felt by women and inhibits or delays their contact with drugs services (Copeland & Hall, 1992a; 1992b). For example, a common fear among women is that seeking help for drug use will result in having children taken into care (Coupe, 1991; Taylor, 1993; Harrison, 1993; Ernst, 1997; Thom & Green, 1996; Swift *et al.*, 1996).

Such fears are not unfounded. It has been reported that some professionals working within drug and alcohol treatment can hold negative attitudes towards female clients (Björling, 1989; Coupe, 1991; Thom & Green, 1996). Harrison (1993), for example, has noted that common ideas held by some "addiction workers" include the notion that "chemically-dependent" women are sicker, less motivated and harder to treat than men.

Lack of partner support

A further consideration is that women drug users are more likely than men to have a sexual partner who also uses drugs (Klee, 1993; Gossop *et al.*, 1994). Relationships can be disrupted when one partner and not the other wants to modify her or his drug use or to seek

help (Rosenbaum, 1981; Thom, 1986; Addiction Research Foundation, 1996). As support from a partner is an important factor in women and men presenting to, and remaining in, treatment, women drug users could be at a disadvantage.

Childcare and other responsibilities

Another issue raised in the literature is the way in which women's health concerns are prioritised in the context of everyday responsibilities. For example, women continue to be the primary carers for children. Figures from Germany show that 46% of all opiate "addicted" women and 30% of opiate "addicted" men are parents. However, while nearly two thirds of the mothers (65%) live with their children, this is true for less than half of the fathers (43%) (NFP Germany, 1999). Among drug users seeking treatment in Ireland in 1998, 8.4% of women were lone parents compared to 0.8% of men (NFP Ireland, 1999). This means that women may find it necessary to prioritise their dependants needs above their own thus limiting the opportunities they may have for seeking help or treatment for their drug use (Waterson & Ettore, 1989; Butler and Woods, 1992, Harrison, 1993; Glover-Reed, 1985; Copeland, 1997; Swift & Copeland, 1998; Stevens & Patton, 1998). At European level, more attention has recently been given by the Pompidou Group and the EMCDDA to aspects of service provision for pregnant drug users, as well as for drug-using parents with young children⁸.

Lack of awareness of services

One study of women drug users has shown that a lack of knowledge of the range of services and treatment options that are available, the lack of referral networks, negative perceptions of the content of treatment programmes, and the erroneous idea that all treatment would be too expensive, inhibited help-seeking (Copeland, 1997, NIDA, 1998).

4.2. Services as inappropriate to the needs of women drug users

Insensitive to the needs of women

The argument that drugs services fail to attract or provide for the needs of women drug users has been widely suggested. It has been argued, for example, that "traditional" drug treatment and service provision has been developed to cater for the needs of men who comprise the majority of clients at most drugs services (Beschner *et al.*, 1981; Merferth-Diete & Soltau, 1984, Gover-Reed, 1985; Ettore, 1992; Lubinski, 1991). Furthermore, it is suggested that drug treatment has been largely controlled by men and continues to be refined on the basis of research conducted mainly on male subjects (Glover-Reed, 1985; Ettore, 1992; Copeland & Hall, 1992a, 1992b; Björling, 1997; NIDA, 1998). This results in services, which are less relevant or sensitive to the needs of women (Waterson & Ettore, 1989; Coupe, 1991).

A national survey of drug and alcohol services conducted in England found that while women constituted over one third of the average agency's caseload, the level of service provision specifically to meet the needs of women remained low (DAWN, 1994). For example, nearly one-quarter of all agencies provided no specific services for pregnant women or women with children and only a minority (under 10%) provided women only sessions or had telephone

⁸ In 1997, the Pompidou Group organised a Conference on "Pregnancy and Drug Misuse", and commissioned a consultant study on the "Special needs of children of drug misusers", describing in-patient treatment approaches to drug using parents and their children as well as treatment centres specifically for children. A follow-up Conference on issues related to reaching pregnant drug users, and providing adequate care, is under preparation and will be held this year. A special topic chapter on "Women, Children and Drug Use" has been commissioned by the EMCDDA from their national Focal Points in 1999, and information will be presented in the Centre's Annual Report for the year 2000 (see also Chapter 2.4).

advice lines staffed by women. A similar survey in Australia reported that only one in five agencies believed that they did not need to improve their services for women (Crawford & Elliot, 1994).

Male-dominated

A male dominated service environment has early been identified as a potential problem for female clients (Beschner *et al.*, 1981, Kreyssig, 1984). For example, it has been noted that group sessions in which both male and female clients participate often result in women not being heard or being inhibited from speaking about the issues which concern them most (discussed below) (Björling, 1989; Snell, 1996; Harrison, 1993; Hodgins *et al.*, 1997).

A further concern is women's fear of sexual harassment within drug treatment services by a predominantly male clientele. Such fears may often be a result of the actual sexual and physical violence experienced by many women drug users (discussed below) (Copeland & Hall, 1992a; 1992b; Dobler-Mikola, 1992; NIDA, 1998; Roberts *et al.*, 1999).

Defining needs

In order to develop appropriate drugs services for women, it is important to identify what particular needs women drug users may have. Yet, defining those service needs is difficult (Glover-Reed, 1987). First, women drug users are a heterogeneous population. While gender is undoubtedly an important factor in drug-using activities, help-seeking and service experience, other factors such as age, ethnicity or sexual orientation are also important and interplay with gender. Furthermore, there remains a lack of research exploring women drug users' views of service provision or research into the best models of treatment service delivery for women (Copeland & Hall, 1992a; 1992b, Hunter & Judd, 1998, Roberts *et al.*, 1999). Bearing in mind such caveats, what follows is an outline of some of the service needs identified in the literature as well as the various recommendations for ensuring a women-friendly service environment.

4.3. Services for women drug users

Advertising and promotion of services

A first step in attracting women into drugs services is making sure that they are aware of all service options (Copeland, 1997). Effective promotion of services might include distributing service information in venues which women frequent (Glover-Reed, 1985, Turning point, 1992; DAWN, 1994; Swift & Copeland, 1998) or advertising in women's magazines (Swift & Copeland, 1998). The evaluation of a pilot project establishing specific services for women at a number of mixed out-patient institutions (Karren-Derber & Hank, 1998, 1999), showed the usefulness of public relation activities at local and regional levels. Through the use of mass media and the organisation of topic-specific information events, the levels of service use by specific groups of female clients could be increased. The development of good referral networks between drugs services and other health care providers is also recommended (Turning Point, 1992; Swift & Copeland, 1998; Hunter & Judd, 1998). For example, one study found that a key factor associated with higher proportions of women attending drugs services was links with general practitioners and other health care workers (DAWN, 1994). It is also suggested that women may be more likely to first seek help from a generalist rather than specialist services (Swift & Copeland, 1998; Hunter & Judd, 1998). This highlights the need to educate other healthcare practitioners on the health and other problems associated with drug use to help them identify women with drug problems for referral to specialist services (Copeland, 1997; Swift & Copeland, 1998). Traditionally, outreach work has been advocated as a method for contacting "hard to reach" drug users. Therefore, another option for

increasing the recruitment of women into drugs services is the provision of outreach specifically targeting women drug users (Glover-Reed, 1985; Copeland, 1997) or outreach targeting areas where women's drug use may be an issue, for example, the sex industry (Turning Point, 1992; Heinrichs, 1995; 2000; Ruben, 1995; Matthews, 1995).

Provision of childcare facilities

As noted, a major barrier to women seeking help for drug use concerns both the fear of having children taken into care should drug use become known, and the difficulties of finding time to attend services because of childcare responsibilities. Providing childcare facilities at a drugs services not only makes it easier for women to attend, it also communicates to potential service users that the agency is sympathetic to, and accepting of, women drug users with children (Moran, 1999). In this way, services can help potential clients to overcome their fears regarding state interference in childcare. In the case of residential drug treatment, studies have shown better retention rates and treatment outcomes from programmes which permit women to bring children with them (Stevens & Patton, 1998; Sutzer, 1996).

Service environment

A number of recommendations are made to improve the service environment for women. Common among these is the need to ensure that women feel safe when attending the agency (Harrison, 1993; Swift *et al.*, 1996; Addiction Research Foundation, 1996). In a mixed service setting, this might include adequate privacy or separation from male clients. Also mentioned is the need to create a service culture where sexism, aggressive or discriminatory language or behaviour are not tolerated (Turning Point, 1992; Ernst, 1997). Part of this task would be a clearly defined and advertised policy for dealing with sexual harassment (Glover-Reed, 1985).

Other recommendations included: the availability of female staff on every shift (Addiction Research Foundation, 1996); that service locations be accessible to public transport routes (Harrison, 1993; Turning Point, 1992); that the streets surrounding any service should be well lit (Harrison, 1993); that the opening hours be expanded (e.g. evenings and weekends) to take account of women's everyday commitments (Copeland, 1997; Ernst, 1997; Farrell, 1999); and that services provide informal "drop-in" times to allow women to familiarise themselves with the agency and staff before having to commit to any formal treatment (Snell, 1996; Copeland, 1997; Frauenperspektiven, 1998).

Aspects of service provision

There is recognition that women may present to drugs services with range of inter-related physical, psychological and social problems (Copeland & Hall, 1992a; Swift *et al.*, 1996). This demands a holistic approach to service provision. (Ruben, 1995; Swift *et al.*, 1996; Copeland, 1997; Franke, 1997). While this is true of any population, one important gender difference among drug users is that women are far more likely than men to be victims of sexual or physical abuse (Harrison, 1993; Snell, 1996; Franke, 1997; Hodgins *et al.*, 1997; Björling 1997; Swift *et al.*, 1996; Copeland 1997). The ability of drugs services to address such issues as part of drug treatment is considered key to providing for the needs of women and retaining them in treatment services (Björling, 1997; Jarvis & Copeland, 1997; Swift & Copeland 1998). Also, the rate of co-occurring substance use and mental health problems is relatively high for women (NIDA, 1998). When it is not appropriate to deal with a specific issue within the service setting, for example where there are a lack of trained staff, then effective referral links are essential, although it is acknowledged that such referral can be difficult due to waiting lists and costs (Swift & Copeland, 1998).

A higher risk for women of direct health consequences of drug use has, for example, been found in a study among clients of an inner city needle exchange programme in Dublin. The female clients were more likely to engage in high-risk behaviour like needle sharing, more likely to suffer from injecting related problems, such as difficulty finding injecting sites, and more likely to report weight loss and abscesses and were less likely to have a Hepatitis B vaccination than men (Cox, O'Shea & Geoghegan (in press), quoted from NFP Ireland, 1999)

Caring for the health and social needs of women may not always be financially viable for specialist drugs services. However, seeking the involvement of other social or health care professionals to conduct satellite sessions at drug agencies may be one way of providing more broad-based help. Such sessions might include sexual health, or antenatal care (also discussed below) legal or vocational advice (Harrison, 1993; Ernst, 1997). The inclusion of alternative therapies (such as massage or naturopathy) as part of drug treatment regimes is also often valued by women clients (Snell, 1996; Copeland, 1997).

Women-only service provision

Women-only services (either at agency level or at group intervention level within a mixed gender agency) have been advocated because treatment programmes are dominated by men in both number and style (Hodgins *et al.*, 1997). It is suggested that women-only provision has a number of advantages over mixed gender provision. First, in an all female environment there may be less concern among clients about sexual harassment or physical safety. Second, such services may deal more adequately with the concerns of drug-using women (e.g. childcare, emotional, psychological concerns) (Copeland & Hall, 1992a; 1992b; Swift & Copeland, 1998). With regard to group work or counselling, it is argued that women have issues that they may feel more comfortable discussing without men present, for example, sexual and reproductive health, or experience of sexual or physical violence (Addiction Research Foundation, 1996).

Whilst not all women would opt for treatment in a women-only environment, it has been shown that such services attract significantly more lesbian women, women with dependent children, women sexually abused in childhood and women with a maternal history of substance misuse (Copeland & Hall, 1992a). They also have better retention rates for lesbian women and women with dependent children (Copeland & Hall, 1992b).

However, single sex treatment services are still the exception rather than the rule (James, 1995). Realistically, resource constraints mean that many women are likely to receive help within a mixed treatment agency. Therefore it is crucial that women's needs can be met within that environment (Swift & Copeland, 1998). Setting some minimum standards – such as ensuring emotional and physical safety; childcare; the option of a female counsellor or key worker; and the option of attending women only groups – are recommended (Addiction Research Foundation, 1996; Swift & Copeland, 1998).

4.4. Services for pregnant women

As a great deal has been written about the effects of drug use on pregnancy, this next section will summarise some of the recommendations for service provision for pregnant women who use drugs. Often the literature in this area concentrates on the adverse health effects to the unborn child (Taylor, 1993; Klee, 1998). For example, it has been noted that women who use opiates are a group at high risk of a range of obstetric complications including premature labour, eclampsia, amnionitis, post-partum haemorrhage, as well as potential morbidity with infectious diseases such HIV or hepatitis (Gerada, *et al.*, 1990; Olofsson, 1998). These complications may result directly from the quantity of drug used and route of drug administration as well as from the negative health effects of the "drug-using lifestyle" such as poor nutrition, poly-substance use and infrequent health care (Gerada, *et*

al., 1990; Reno & Aiken, 1993; Olofsson, 1998). In order to reduce such risks to both woman and child, it is important to attract women into services where they can receive help for their drug use and where antenatal care can be provided.

Pregnancy has been identified as a common reason for women to attempt to modify or abstain from drug use, thus it can be an important entry point into the drug treatment system (Taylor, 1993; Lewis *et al.*, 1995; Fischer *et al.*, 1998). Yet, as noted above, this can lead to something of a catch 22 situation whereby the incentive to seek help is inhibited by the fear of a negative or punitive response from health care professionals (Taylor, 1993; Klee, 1998). The ability of services to create a supportive, non-judgemental environment for pregnant women is of utmost importance (Siney, 1995).

Models of service delivery

A multi-disciplinary model of service delivery is most commonly recommended (Gerada *et al.* 1990; Morrison *et al.*, 1995; Hepburn, 1996; Klee, 1998, Fischer *et al.*, 1998). This should involve regular liaison and co-operation between drug, obstetric and social services to provide co-ordinated care throughout pregnancy and childbirth. Furthermore, establishing links across these different sectors means that wherever a woman may first access services, the range of antenatal, drug, health and social needs can be tackled.

Providing satellite antenatal care within a drugs service setting is another option. One project employed a drug liaison midwife who acted as a link between drug, obstetric and social services. Furthermore, by conducting the sessions at a drug agency, pregnant women could be identified early and receive antenatal care in an environment they perceived as familiar and unthreatening (Morrison *et al.*, 1995; Siney, 1995).

Aspects of service provision for pregnant women

Recommendations for successful multi-disciplinary collaboration include adequate training and awareness, among all those involved in such initiatives, on the issues and problems associated with drug use and pregnancy; where possible, to be consistent in the advice and information given to women about the effects of drug use on pregnancy or the new-born child (inconsistent advice can be stressful and cause anxiety) (Siney, 1995; Klee, 1998); and to ensure client confidentiality is respected throughout (Lewis, 1995; Klee, 1998).

As with drugs services more generally, outreach is recommended as method of contacting women and directing them to services that can cater for their drug and antenatal health needs (Siney, 1995; Fischer *et al.*, 1998). Also, it is advised that access can be made easier if services adopt a low-threshold approach and if self-referral is permitted (Hepburn, 1996; Fischer *et al.*, 1998).

As cessation of illicit drug use is not always possible, stabilising drug use via substitute prescribing (e.g. methadone) is recommended to reduce health risks associated with the use of "street drugs" and/or unsterile injecting equipment (Gerada, 1990; Morrison, 1995; Fischer *et al.*, 1998). It has also been noted that in cases where a woman's partner is using drugs, he too should be considered for substitution therapy (Fischer *et al.*, 1998) .

4.5. Research and evaluation

A common recommendation in the literature on women and drugs services is the need for continued research in the area of appropriate service provision for women drug users. This might include a better understanding of the factors which encourage or discourage the extent and nature of women's help-seeking around problem drug use; greater insight into patterns of help-seeking and service use (Hunter & Judd, 1998); examination of women's views of

different aspects of service provision (DAWN, 1994; Thom & Green, 1996); and further research to test and validate drug treatment programmes for women (Copeland & Hall, 1992a), as well as treatment modalities, such as separate rather than combined treatment with men, and female rather than male therapists (Roberts *et al.* , 1999).

Research into attitudes of health care providers towards drug-using women, particularly towards those who are pregnant, is also needed to identify how judgement, blame, or humiliation of women because of their drug use can be reduced (NIDA, 1998).

At the agency level, it is suggested that routine data collection should include monitoring the number of women using the service; conducting local needs assessments to identify unmet needs (Turning Point, 1992); and regular consultation with service users to systematically canvas views on all aspects of service delivery (Standing Conference On Drug Abuse, 1997).

5. Best practice

A main dimension along which the target populations of the three types of services (low-threshold, out-patient, and residential) can be categorised is the number of stable elements in the women's lives (e.g. housing, drug-free relationships, day-structure). This determines the overall goals which can realistically be aimed at, and the immediate objectives, which should be achieved in the work with the respective groups. Working methods used and services offered have obviously to be quite different in the three types of services. Having this in mind, this chapter aims at identifying a number of common elements of "best practice", based on the analysis of the case-studies, the scientific literature, and on recommendations made by the agencies.

The chapter addresses general principles as well as the topics service promotion, service environment, service provision and staff qualifications. It is organised around the following questions:

- What are general principles for establishing women's services?
- How can the use of women's services be promoted?
- What are elements of an adequate environment for delivering women's services?
- Which services meet women's needs? and
- Which staff qualifications do the agencies consider as important for work with female drug users?

5.1. General principles

If a new agency is to be established, or if new service offers are to be introduced within an existing one, the following issues should in general be considered:

- needs assessment and identification of local barriers;
- identification of objectives and formation of a strategy (including evaluation);
- advocacy at political level and awareness raising at local service level;
- training of colleagues in other services to establish adequate referral networks.

5.2. Promoting women's services

Promoting the use of women's services has two aspects: they should be adequately advertised among the target group ("Make sure that drug-using women know about your service"), and they should be attractive to the target group ("Offer services that can attract women").

Advertising in low-threshold or out-patient services was mainly implemented by:

- reaching out to women in the street through teams of female outreach workers;
- conducting outreach visits to women who are in other services (e.g. hospital, prison);
- choosing an active approach of advertising/promotion of women's services.

For example, leaflets with service information should be available, but they alone are not enough. A direct approach to the potential clients is necessary, but has to be sensitive to the situation (e.g. contact with sex workers can be made in pubs near the localities of street prostitution, but outreach staff should be very aware of the clients' need for privacy, as well as of the "weight" of the topic of prostitution, when addressing the women).

Advertisements for the women service can be put into the local newspaper; the telephone book entry should contain adequate information; and in listings of social support services, the

women-only services should be clearly earmarked as such. It is very important to inform other services and possibly also train other professionals so that they can make adequate referrals (see above, general principles).

Making a service "attractive" often means reducing the barriers of access ("Make it easy for women to use your service"). This can be supported by:

- having informal "drop-in" times for women, offering free or cheap food, clothes, hygiene and other enjoyable activities (e.g. organising common activities for women, like attending a cultural event);
- providing services that meet subjectively felt needs (e.g. children are accepted in in-patient treatment; childcare is provided during out-patient treatment appointments);
- clearly advertising competencies with regard to specific target groups (e.g. ethnic minority groups) or topics (e.g. sexual violence counselling, medical help).

5.3. Creating an adequate service environment

"Address women in a way that allows them to accept the services you can offer."

- safe environment, protection from violence;
- clients have choice of female worker in mixed agencies;
- location of agency is a key issue: low-threshold services should be delivered where the women are, out-patient services should be easily reachable by public transport; location of residential services in/near urban areas has advantages for providing external vocational training, work-placements;
- separate entrance if women's services are located in same building as other, mixed gender drugs services;
- mixed agencies should facilitate separation (space/times), create privacy for women, considering that it is not easy to enter into contact while the women are 'surrounded' by a male group;
- opening hours to match clients' needs (e.g. respect childcare-responsibilities of the women and make needle exchanges accessible in the morning);
- provide childcare.

5.4. Providing services

"Provide profession competence in topics that are relevant to women's specific life situation."

- crisis-intervention skills (low-threshold);
- mutually supportive therapeutic environment rather than confrontational;
- counselling and therapeutical skills can address women's themes (sexual abuse, violence, low self-esteem, gender role, interpersonal relationships, parenting);
- promote self-help potential and autonomy of women;
- train social competence and women's capacity to take decisions;
- comprehensive assessment, holistic approach, cover multiple needs, make qualified referrals; active follow-up, including outreach, home visits;
- provide specific auxiliary services (e.g. related to pregnancy, vocational training, applying for a job);
- socio-vocational integration a key-issue for personal and financial independence of women (create workplaces);
- in mixed gender agencies it seems particularly important that the women-sensitive approach is laid down in the written concept in order "to avoid that it is perceived as "hobby" of female staff".

5.5. Staff qualifications

Agencies' answers to the question about the most important qualifications for staff working with female drug users addressed the professional training and post-graduate counselling- or treatment-related qualifications that were considered adequate for the respective services, as well as issues related to the professional relationship between workers and women clients.

Multi-professional teams

Many services employ multi-professional teams in order to provide comprehensive case-management and cover all types of clients needs. If teams are small, regular co-operation with relevant external service providers is established, or relevant short-term expertise hired. A key qualification in low-threshold and out-patient services is in social work, followed by social pedagogics, general medicine, gynaecology, nursing, psychology and psychiatry, as well as children-relevant qualifications; a few services mentioned that professional training as a sociologist or lawyer was also relevant.

Counselling capacities on legal (divorce, custody, debts), vocational, and parenting issues were recommended by out-patient services; crisis-intervention skills and sexual abuse and violence counselling by low-threshold services. Medical staff of methadone programmes and gynaecological as well as obstetrical services for women drug users were considered better qualified if they had a drug-specific qualifications and experience as well.

Important qualifications for treatment-related work in out-patient and in-patient services were in counselling and/or treatment techniques (in particular family therapy / systemic therapy), if possible combined with work experience in other women settings, qualification in women-specific counselling, feminist sociotherapy, or specialist knowledge on co-dependency and symbiotic relationships, as well as child-specific qualifications.

Awareness of women's issues

The awareness among staff of women's issues was explicitly mentioned by several women-only services - not just by those which work from a feminist perspective. This included, for example, knowledge about life conditions and experiences of women drug users, about the development and mechanisms of female drug use and the general awareness of gender roles and society and of one's own concept of the female role. Solidarity with women-specific issues, a feminist approach and the ability to transfer feminist knowledge into practice were stressed by feminist-oriented agencies.

6. Conclusions

Current estimates of the male-female ratio of problematic drug users (EU-data) vary between 4:1 and 2: 1 depending on the country - with lower percentages of female drug users in the south. Considering this difference, the women in this group are less likely to ask for drug treatment and seem to use informal support networks even when they have a large number of problems.

Why women do not enter into contact with social and drugs services has been attributed to two main reasons. Firstly, it has been seen as related to a higher social stigmatisation of drug-using women, a lack of support from their partners, and conflicting childcare and family responsibilities. Secondly, it has been found that "traditional" drugs services failed to attract women, or to provide services that meet their needs; in addition, the male-dominated environment of drugs services was identified as a potential problem for female clients. These two factors, which create barriers to treatment, have also often been found to lead to premature termination of treatment as well.

The survey among women's services and the analysis of the scientific literature presented in this report illustrate the specific treatment needs of women and factors that are important in attracting and retaining them in treatment. It documents a wide range of strategies on how female problem drug users in the community can be reached, and identifies current approaches to the work with this group in low-threshold agencies, out-patient centres and residential settings.

Many of the women-specific strategies and approaches have been newly developed by the staff of the agencies, based on their day-by-day experience with the target group, others are creative adaptations of existing general service offers to women clients' needs.

Knowledge about the specific life-context of women drug users, as well as awareness of staff for gender roles and stereotypes, plays an important role in the provision of services. An active approach to this "hard to reach" group of drug users, through streetwork, peripatetic outreach to institutions like hospitals and prisons, follow-up outreach, home-visits and through the provision of services at the locations where the women are, is a major tool to get in touch, and remain in contact with, this target group.

The study also shows that specific qualifications and a high degree of professional competence and training are required in low-threshold and in higher threshold services. Providing women's services and investing in qualified and well-trained staff increases the access to women drug users, makes it possible to treat them earlier, and reduce negative consequences of their drug use - also with regard to their children.

The availability of multi-professional resources (within the agency itself or through a network of other providers) that meet the unique and often multiple needs of the women, are a further prerequisite for efficient service provision.

Despite differences in target groups between the different service levels, a number of common key elements in the work with women drug users could be found.

Services aim to:

- provide a safe and supportive environment;
- promote the health of the women (which also includes psychological, mental, sexual, and reproductive health);
- empower the women and to further their self-help potential;
- support the women to increase their self-esteem;

- work on the basis of a comprehensive assessment of the women's situation (e.g. including assessment of childhood sexual abuse) and apply case-specific care and treatment planning techniques.

Many agencies provide various auxiliary services that support the women in addressing practical problems (e.g. childcare facilities; parenting, social and vocational skills training; help to find employment and housing).

The study also identifies some important gaps in service provision to drug-using women, for example:

- Low-threshold services experience a lack of women shelters or other types of emergency housing for women, to refer their clients to;
- agencies addressing pregnant drug users say there is a lack of medium-term accommodation possibilities for mothers and their young children;
- services of all levels see a key problem for the integration of women as related to their financial dependency. This is why many are promoting professional training and vocational integration projects that are shaped for women (some have initiated them) - but much more is needed, also with regard to protected interim work places for the target group.

There are several fields where research into appropriate service provision for women drug users would be useful. These include:

- the patterns of women's help seeking and service use;
- an examination of their views of different aspects of service provision;
- research into drug treatment programmes as well as treatment modalities for women;
- research into attitudes of health care providers towards drug-using women.

Service planning should more systematically be preceded by local needs assessments, and adequate tools for service evaluation, including assessments of service users' views, should be made available to the agencies. Awareness raising and advocacy play an important role at local and national level; information dissemination and training are indispensable among services within the community and beyond.

Providers of women's services have accumulated a wealth of knowledge and experience which is not yet adequately used. Effectiveness and quality of women's services across Europe could be increased, for example, by:

- bringing topic-specific expertise together in the form of a seminar or conference;
- stimulating networking among services and thus creating opportunities to learn from each other's mistakes and achievements through regular information exchange, e.g. a newsletter or website (keeping in mind that many agencies do not yet have access to the internet);
- conducting an analysis of policies with regard to women's services, supportive factors and impediments, using local examples (e.g. which strategies, consultative groups or tools have local service planners at hand with regard to target group specific demand reduction service planning and adequate targeting of funds?);
- deepening and expanding the work presented in this consultant study to further key services (e.g. statutory projects) in order to develop quality standards.

An in-depth analysis of the lessons learnt during the development of women's services in Europe over the past twenty years could also be a useful 'blueprint' to tailor drugs service provision in general more towards the needs of specific populations and could make a valuable contribution to their increased efficiency. In how far gender-sensitive approaches

have already found their way into the concepts of drug demand reduction services in general, would, in this context, be another interesting question to look at.

Appendix I: Responses from member States, agencies contacted and replies received

Austria: Questionnaire filled in by Sabine Haas, ÖBIG, Reitox Focal Point, plus chapters of Annual Reports 1996 to 1999 for EMCDDA, which address women's issues.

Key experts. Margit Putre (Ganslwirt), Christine Pichelhöfer (Streetwork), Johanna Hefel and Dagmar Witzersdorfer (Umbrella - HIOB), Christine Gruber (research). Further experts in institutions which provide women-specific services are Thomas Legl (Grüner Kreis) and Cornelia Thurnher (Umbrella - ifs).

Women's services. Recommended were **Streetwork**, an outreach project for female drug-using sex workers (A1), **the Umbrella network** project, a cross-border Austrian-Swiss health promotion project for this target group (A 2) and **Hotel Binder**, a therapeutic community for women (A3). All three replied and were included in the study.

Belgium: Questionnaire filled in by Gert Verstuylff, VAD Brussels.

Key experts. No further experts nominated.

Women's services. Recommended were the **Free Clinic** Antwerp, providing services to pregnant drug users and for women with children, low-threshold (B1) and **'Tipi'**, an auxiliary programme for mothers with children which is part of the mixed TC de Kiem (B2). Both were contacted, Tipi replied and has been included.

Bulgaria: Questionnaire filled in by Eleonora Nesheva, Management Board of the NGO Bulgarian Addiction Institute.

Women's services. There are no community-based projects for female drug users. The theme "women and drugs" is unknown in Bulgaria. The Institute has no information about services of organisations working in this field. Over the past two years some experiences have, however, been collected in Sofia with the care of pregnant clients in the methadone programme run by the National Addiction Centre.

Croatia: No reply to the survey among PCs.

Cyprus: Questionnaire filled in by Andreas Demetriou, Senior Specialist Psychiatrist, Athalassa Hospital.

Key experts. Kyriacos Veresies, Psychiatrist, Psychiatric Out-patient Department, Larnaca Hospital; Anna Petridou, Psychologist, Co-ordinator of "Perseas", an out-patient detoxification and rehabilitation programme for young drug users.

Women's services. There are no community-based projects for female drug users.

Czech Republic: Questionnaire filled in by Josef Radimecky, Executive Secretary of National Drug Commission and Permanent Correspondent.

Key experts. Dana Syslová from the Ministry of Social Affairs and Patra Exnerová from the Ministry of Health are responsible for the Ministerial drug policy. Jiri Richter, Vice-President of an umbrella organisation of NGOs working in the drugs field and Martina Teminova, Head of Sananim, the biggest NGO in Czech Republic and directly involved in women service at low-threshold centre.

Women's services. They are one of the main priorities of the National Drug Commission in the funding programme for 2000, but there are not many organisations which apply for establishing such services. Only few of the existing programmes provided by NGOs focus

on female drug users. Recommended and contacted were three agencies which provide women's services in mixed settings, all run by Sananim: **K-Center**, a low-threshold centre for drug users (CR 1), the **Day Center**, an out-patient treatment programme (CR 2), and **Karlo** (CR 3), a residential facility. Through contacts with Sananim, contacts were also established with a residential service for women with children, **Konákov** (CR 4), and with the Specialised Department of the prison in Opava. All but the prison service were included.

Denmark: Instead of the questionnaire, relevant chapters of the Annual Report 1999 by the Danish Focal Point were forwarded by Hans Henrik Philipsen, National Board of Health. Through the survey among EU-funded transnational networks, an expert from Odense Kommune was contacted, who forwarded the questionnaire for agencies to a local drop-in service for sex workers (Reden). However, the service did not reply.

Estonia: E-mailed reply by Tarmo Kariis, Permanent Correspondent: "For Estonia, the real drug problem is relatively new (since the beginning of the 90s). We do not have specialised services for female drug users yet - we are lacking treatment services in general. There has not been research on the topic."

In the course of the survey among agencies, information about a service for sex workers in Tallinn **AIDS-I Tugikeskus** (Est 1) was provided by the Umbrella network co-ordinator at SPI, Berlin. Among the clients of this agency are young heroin users, and it was included in the study (even though it is relatively new and small in size).

Finland: E-mail reply by Saini Mustalampi, Finnish Focal Point Stakes. No project that meets the criteria of the study is registered at Stakes, which co-ordinate drug preventive action in municipalities. In the past, however, projects have been implemented in two cities, which included work with high risk girl groups. The Finnish Central Organisation for Health Promotion, in charge of co-ordinating work by NGOs, has no on-going projects on the issue, but is going to fund drug and alcohol prevention projects targeted at girls and women, as from the beginning of 2000. Special topic chapter of the Annual Report 1999 was available.

France: Questionnaire filled in by Carine Mutatayi, Reitox Focal Point. Annual Report 1999 chapter women, children and drug use was available.

Key experts. Sylvie Wieviorka, Director of agency St Germain Pierre Nicole, a specialised centre for pregnant drug addicts in Paris. Anne Coppel, President of French group on harm reduction and Director of mobile outreach service for drug-using sex workers.

Women's services. Recommended were: **Centre St Germain Pierre Nicole** for pregnant drug users (F 1), **Bus des Femmes** (low-threshold service) (F 2), and the pre-release intermediary unit for women **QJS femmes** at the prison in Fresnes, near Paris (F 3). The low-threshold service did not respond, the two others are presented among key projects (F1) or other projects (F 3).

Germany: Questionnaire filled in by Christa Merfert-Diete, Deutsche Hauptstelle gegen die Suchtgefahren (German Focal Point). List of key providers of women-only services, brochures, literature list and copies of grey literature. Special topic chapter of the Annual Report 1999 was available.

Key experts. Alexa Franke (researcher). Key experts at NGOs, providing women-specific services: Frauenperspektiven (Hamburg), Lagaya (Stuttgart), Verein zur Hilfe suchtmittelabhängiger Frauen (Berlin), Bella Donna (Essen), Calla (Frankfurt) and a number of smaller NGOs (20 experts). All key providers were contacted.

Women's services. Women-only Counselling Centres: **Frauenperspektiven** (D 1), **LaGaya** (D 3), **Claire** Frankfurt (D 5), **Frauenberatungsstelle** Frankfurt (D7) and **Bella Donna** (D 9); a **low-threshold** and mobile outreach service in Frankfurt (D 8), **Kajal**, a counselling centre for girls & a staff training project in Hamburg (D 2), **Camille**, a residential home (D 4), and **Stoffbruch N.EU**, a vocational rehabilitation project in Berlin (D 6) and the **after-care/housing** project run by LaGaya Stuttgart (D 10). All but the services of LaGaya and the residential home Camille responded to the survey and are included in the report.

Greece: No reply to the survey among PCs.

Hungary: E-mail reply by Katalin Szomor, Permanent Correspondent. Drug problems among women in Hungary are mostly not with opiate use. The only NGO which works in the sector does not wish to become involved in the study because of lack of staff and language knowledge.

Ireland: Questionnaire filled in by Mary Jackson, Community Health Division of the Department of Health and Children. Relevant chapters of the Annual Reports 1998 and 1999.

Key experts. James Conway, Director of Addiction Services and John O'Connor / Brian Sweeney, consultant psychiatrists responsible for the management of services for drug misusers in the Eastern Health Board area (Dublin); Mary O'Neill, Woman's Health Research project: specific interventions for drug-using prostitutes.

Women's services. Recommended were the **Merchant's Quay** drop-in clinic for women drug users involved in prostitution (IRL 1), the **Ana Liffey Project**, a drop-in clinic for female drug misusers (IRL 2) and **SAOL**, a rehabilitation and support project for stable opiate users (IRL 3). None of these services responded to the questionnaire.

Italy: No reply to the survey among PCs.

Liechtenstein: No reply to the survey among PCs.

Luxembourg: Questionnaire filled in by Alain Origer, Directorate of Health. Special topic chapter of the Annual Report 1999.

Key experts. Terese Michaelis, Director of the National Prevention Center on Drugs and Drug Addiction, CePT.

Women's services. Community-based drug prevention projects target general population and not specifically women.

Malta: No reply to the survey among PCs.

Netherlands: Questionnaire filled in by Anke Wevers, GGZ Nederland (Association for Mental Health).

Key experts. Jos Smit, Boumanhuis (Rotterdam), staff member responsible for quality issues in treatment and research; Chairperson of working group on female drug use, which is one of the priorities in the 2000-2005 policy plan of the Boumanhuis. Mariska van Keulen, Director of project for female sex workers, both involved in the recommended projects. Anke Steinman, Project leader gender/mental health at Boumanhuis.

Women's services. The **Boumanhuis** "female drug user project" including 8 to 10 different in- and out-patient treatment offers (NL 1), and **HAP Utrecht**, a project for sex workers (NL 2). The latter did not reply; and the reply from Boumanhuis described a project of self-help groups for female partners and family members of addicts, which has not been included.

Norway: No reply to the survey among PCs.

Poland: Questionnaire filled in by Boguslava Bukovska, National expert responsible for rehabilitation programmes; Bureau for Drug Addiction.

Key expert. Grazyna Swiatkiewicz, Institute for Psychiatry and Neurology, Warsaw.

Women's services. There are no projects for female drug users of the type requested for the study. Since the beginning of 1999, however, there is a programme funded by the local authorities in the women's prison in Krakow.

Portugal: Questionnaire filled in by Maria de Fátima Trigueiros, Permanent Correspondent and by Irene Flores, Director of CAT Conde, and Maria do Carmo Marcelino, President of REVIVER. Special chapter in the Annual Report 1999 was available.

Key experts. Antónia Fernandes, co-ordinator of area drug addiction in the umbrella network project Autoestima (part of bi-national project for sex workers with South-Galiza, Spain); Louise da Cunha Teles, Fundação Nossa Senhora do Bom Sucesso, Lisbon (research); Margarida Matos Beja, Comunidade Terapeutica Lua Nova, Coimbra.

Women's services. Projects for drug-using women and for mothers with children provided by **N.S. Bom Sucesso**, Lisbon (P 1); drop-in & outreach services **Casal Ventoso** (P 2), **Autoestima**, a project for drug-using sex workers in Matosinhos, North Portugal (P 3). All three were contacted and replied. The project by N.S. do Bom Sucesso did not meet the criteria for inclusion in the study.

Russian Federation: Questionnaire filled in by Nikloday Ivanets, Director of the Research Institute on Addictions, Russian Federation, Ministry of Health and by Eugenia Koshkina, Epidemiology Department. No community-based services especially targeting women drug users.

The following additional information was provided on the topic of "medical help for female drug users in Russia": "In Russia, medical help to female drug users (in-patient and out-patient) is provided in specialised addiction institutions, and also by psychiatric services. The main principle is providing such medical services according to district basis. At the present time, this system includes 209 addiction dispensaries where there is out-patient service and 164 of them also have in-patient units. Beside dispensaries in several regions of Russia there are addiction hospitals. There are 11 such hospitals throughout Russia. In-patient treatment can also be provided by psychiatric clinics that every of 80 regions of Russia has (some have more than one). In rural areas treatment or further reference for drug users is provided at "addiction rooms" (1917 throughout the Russian Federation).

Counselling, motivational work, treatment referrals and other types of special care are provided by addiction dispensaries and rooms. There are no specialised female drug users services. Dispensaries and hospitals provide treatment to patients regardless of gender.

Any general practitioner, medical expert or employee of the Ministry of the Interior can recommend that a drug user consult addiction service units. In recent years, in major Russian cities, non-governmental institutions which are allowed to provide rehabilitation services have been set up. Centralised data about such services is not available as they are licensed at local level. They also provide treatment regardless of gender.

Regarding the projects that study female drug use, in Russia most of them study clinical aspects of the problem, for example "Course of drug addiction among female heroin users". Outreach work is carried out where grants of international organisation are provided (St. Petersburg, Yaroslavl, Moscow), but none are purely female-orientated."

San Marino: No reply to the survey among PCs.

Slovak Republic: Oral reply. There are no community-based projects for female drug users at the moment, but they shall be developed as a future priority.

Slovenia: Questionnaire filled in by Andrej Kastelic, Co-ordinator of centres for prevention and treatment at the Ministry of Health. Brochure women and drugs.

Key experts. Branka Celan-Lucu, Director of Centre for prevention and Treatment in Ljubljana; Janja Zver Skomina, Obstetrics Dept. Izola.

Women's services. The **Obstetrics** Department of the General Hospital in Izola (SLO 1), which provides counselling and education services to pregnant women in methadone maintenance, and the out-patient **Health Center Ljubljana**, which provides group counselling for mothers with small children (SLO 2). Even though both are part of the public health service system, they have been contacted. The project in the capital was included in the study.

Spain: Questionnaire filled in by Elena Garzón Otamendi, Technical Advisor at Ministry of Interior, Delegación del Gobierno para el Plan Nacional Sobre Drogas, Permanent Correspondent. List of projects women and drugs, funded by Ministry of labour & Social Affairs in 1999; list of drug co-ordinators for all autonomous communities.

Key experts. Concepcion Dancausa Trevino, Director Women Institute, Madrid. Begona Lopez-Doriga Alonso, Researcher at Women Institute Madrid. Pilar Estebanez Estebanez Director, Medicos del Mundo.

Women's services. **Medicos del Mundo** mobile unit for sex workers and/or mobile syringe and needle exchange (E 1), **APRAMP**, a drop-in for female sex workers and those at risk of drug use, prostitution, delinquency (E 2). The latter replied and was included.

Sweden: Questionnaire filled in by Torbjorn Althen, National Board of Health and Welfare. Special topic chapter Annual Report 1999 by Karin Trulsson.

Key experts. Annika Grufman Kalén, Kvinnoforum, Head of Abuse Programme; Bam Björling, Managing Director, Kvinnoforum; Karin Trulsson, Researcher, Kvinnoforum.

Women's services. No community-based projects for women in the sense of the questionnaire. "In Sweden, almost all abuse care is run by municipalities and the County Councils health-care systems committed to statutory, general health-care or hospital/clinic-based treatment services for wider target groups". An NGO-run day-centre for homeless women (Swe 1) was recommended and the reply included in the study.

Switzerland: Questionnaire filled in by Christoper Eastus, Scientific Collaborator, Swiss Federal Office of Public Health (SFOPH). Including several documents: evaluation of drug and HIV prevention at women's prison Hindelbank (in German language); "Points de vue sur les femmes toxicodépendentes en Suisse romande", publications by the Federal Office for Public Health: Argumentarium für frauenspezifische und frauengerechte Drogenarbeit (1998); Anforderungen an die niedrigschwelliger Angebote im Suchtbereich: ein Instrumentarium für die Praxis (pre-publication version).

Key experts. Marie-Louise Ernst, delegated by SFOPH for the promotion of women-friendly work in the field of drugs and therapy and co-author of above guidelines; Christine Spreyermann (Researcher), L Misteli, Director of residential treatment programme.

Women's services. A residential treatment programme for female drug users which is not community-based, Liliith (CH 1) was contacted and the reply included. Through the survey among Austrian services, the umbrella network project's partner in St Gallen was also included in the study (A 3/CH).

Turkey: No reply to the survey among PCs.

United Kingdom: Questionnaire filled in by Rosemary Jenkins, Team Leader Drug Misuse & Treatment Services, Department of Health. Special topic chapter of the Annual Report 1999.

Key experts. Anette Dale-Perera, Head of Policy and Practice, SCODA. Fiona Hackland, Training Co-ordinator, SCODA. Gill Hunter, Researcher, ISDD.

Women's services. Residential rehabilitation units **Maya Project** (UK 1) and **Milton House** (UK 2); and the **NECA Women's project** Newcastle, (UK 3). Maya responded and was included. The Milton House replied that their women's services were limited to women's groups. The NECA project did not respond.

European Commission: Information material on DG V-sponsored transnational networks, and on the Community Action Programme "AIDS and other communicable diseases".

Addresses of organisations and networks, mentioned in Chapter 2.4:

IREFREA Italia
attn: Paolo Stocco
Via Orsera, 4
IT- 30126 Lido di Venezia
Tel: + 39 41 526 88 22
Fax: + 39 41 526 78 74
E-mail: ctvr@doge.it

PREMIS - RITUUD
attn. Marie-Thé Fédi
14, Villa le Mesnil
F - 92320 Châtillon
Tel: + 33 1 47 46 97 00
Fax: + 33 1 47 46 97 29
E-mail: premis@premis.org

IHRA Network Women&Drugs
attn: Anke Wevers
Clemensstraat 122
NL - 3082 CL Rotterdam
Tel: + 31 (19) 428 11 87
E-mail: awevers@planet.nl

Eufedra e.V.
attn: Gertrud Umminger
Dreieichstrasse 59
D - 60594 Frankfurt/M.
Tel: + 49 69 62 12 54
Fax: + 49 69 62 08 97
E-mail: calla_ffm@compuserve.com

ICAA
P.O.Box 189
CH-1001 Lausanne
Tel: + 41 21 320 98 65
Fax: + 41 21 320 98 17
E-mail: secretariat@icaa.ch
<http://www.icaa.ch>

UNDCP
Vienna International Center
P.O.Box 500
A - 1400 Vienna

European Monitoring Center for Drugs and Drug Addiction (EMCDDA)
Rua da Cruz de Santa Apolónia, 23/25
P - 1149-045 Lisboa
Tel: + 351 21 811 30 00
Fax: + 351 21 813 17 11
<http://www.emcdda.org>

Umbrella Network Coordinating Centre
SPI Forschung gGmbH
Kohlfurter Strasse 41-43
D - 10999 Berlin
Tel: +49 30 252 16 19
Fax: +49 30 251 60 94
E-mail: e.steffan@spi-research.de

Appendix II: Project profiles

Low-threshold services

Project Profile: A 1

Service	Streetwork VWS = Vienna Social Projects Association			Tel	+43 1 810 13 02		
				Fax	+43 1 810 13 01-9		
Street	Rotenmühlgasse 26			E-mail	streetwork@vws.or.at		
City	1120 Vienna			Reply by	Eva Offner, staff member		
Country	Austria				Christine Pichelhöfer, project-leader		
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	Streetwork is a project of the NGO VWS, which was set up in 1996. It is funded by the Municipality of Vienna and by the Austrian Ministry for Work, Health and Social Affairs. It addresses both, drug-using women and men . A total of 17 staff members are employed, mostly on part-time contracts. All nine female workers provide women-specific services. Yearly funding.
Profile of service (infra-structure, functioning, approach, services)	Streetwork consists of a low-threshold centre for drug users and a mobile unit which provide outreach work, a needle/syringe exchange programme, condoms, crisis intervention, safer use/safer sex information, harm reduction, counselling, referral, health education and First Aid. Streetwork applies a gender-sensitive approach in their work but also offers specific services for women only; the conception for the gender-specific approach is currently being drafted to become an integral part of the overall concept of Streetwork.
Women target group & client characteristics	Female adolescents and young adults who use drugs; majority between 17 and 25 years old. Main drugs are morphine, heroin, cocaine, benzodiazepines; most clients are polydrug users. Many work as prostitutes for the purpose of drug acquisition, are victims of violence and are homeless.
Objectives in the work with female drug users	To get into contact and establish relationships with women drug users. To provide harm reduction information: prevention of negative health and social consequences of drug use and sex work. To reduce infections (Hep A, B, C, HIV and other STDs). Prevention of violence, health promotion. To provide counselling regarding violence, sexual abuse, risk behaviour, safer sex, health. To support the women in order that they can focus on their own needs and desires and express them.
Specific services for women drug users	A low-threshold "women café" (weekly) offering safer sex education, safety tips for sex workers, coping with violence on the drug scene (self-defence). Outreach work targeting drug-using women; outreach work in the drug-related prostitution scene at the railway station Westbahnhof and in the 2 nd district of Vienna. Once a month, leisure-time activities for women (Frauen-Freizeitaktionen) are organised by Streetwork. Written information material for women is provided at a distinct/separate location.
Main co-operation partners	Staff of other drugs services, but rather sporadic.
Women use service because...	"Atmosphere which gives space and attention to women. The service is close to the drug scene and has a low-threshold. Coffee and cake are offered free of charge".
Assessment Monitoring Evaluation	A systematic needs-assessment did not take place before the service was established. So far how far the target group is being reached is not being monitored and client satisfaction is not being assessed. No external evaluation. However, in casework with the women clients, individual objectives are being established and achievements are being evaluated systematically. And: all services/projects of VWS are currently starting with evaluation.
Documents	<i>Questionnaire, relevant chapters of latest Austrian National Reports to EMCDDA.</i>

Project Profile: A 3 / CH

Service	Umbrella Network Project Austria/Switzerland Inst. f. Sozialarbeit Bregenz			Tel	+ 43 5574 45 187		
				Fax	+ 43 5574 45 187-21		
Street	Schedlerstrasse 10			E-mail Internet	umbrella.vbg.sg@ifs.at www.intervention.ch/umbrella		
City	6900 Bregenz			Reply by	Cornelia Thurnherr, Project Leader		
Country	Austria				Johanna Hefel, Social Worker		
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other
General description (status, staff, funding, target group)	<p>The NGO Institut für Sozialdienste (Institute for Social Services) participates with this service in the EU umbrella network project, which is co-ordinated by the Sozialpädagogisches Institut Berlin (SPI), Berlin, which manages the EU co-funding and provides scientific advice. (Project Title: "Analysis of border issues with regard to HIV/AIDS/STDs and development of co-operative, border-crossing prevention" forms part of the Community Action Programme on AIDS and Other Communicable Diseases).</p> <p>The umbrella project Austria/Switzerland (work began in 1998) became operational in September 1999 and is funded by the regional authorities of Vorarlberg (A) and St Gallen (CH) as well as by EU CEC DG V (funding until Sept 2000). Besides a 3-person project management team, four streetworkers and a medical doctor are employed. The project addresses female sex workers (2 female social workers/ streetworkers) and their male clients (2 male social workers) in the border region of both countries.</p>						
Profile of service (infra-structure, functioning, approach, services)	<p>The <u>Austrian</u> part of the project (Bregenz) makes use of the existing low-threshold services in the region and the social worker is regularly present there to enter into contact with female drug-using sex workers who use low-threshold services. Furthermore, outreach visits to a pub where the target group can be met. Additional services for women are provided, on a weekly basis, in the form of a 2-hour "Women's Café", staffed by a social worker and a medical doctor. Free gynaecological consultations are offered. The women-specific approach is explicitly mentioned in the written concept.</p> <p>The <u>Swiss</u> part of the project (St Gallen) also provides outreach work at the places where the target group can be met (clubs, discos) as well as psychosocial counselling (here, the possibilities are limited: the project only has one room).</p>						
Client characteristics	<p>Female drug users in the Austrian/Swiss border region who sell sex-services to buy drugs (and their clients and private contacts). The Austrian part of the project targets drug-using women who engage periodically in sex work. The Swiss part targets sex workers from the non-professional sex industry in St Gallen.</p>						
Objectives in the work with female drug users	<p>Main objective of the umbrella network to promote low-risk (HIV/AIDS/STD) sexual behaviour and to raise sex workers' awareness of their own health. The Austrian/Swiss sub-project first of all aims to reach them, to provide information and advice, to develop and distribute prevention materials and to provide psychosocial assistance: increase self-esteem, increase responsibility towards oneself and others. A very important objective is the improvement of medical and, in particular, gynaecological care.</p>						

<p>Specific services for female drug users</p>	<p>Services offered by the joint project include psychosocial services: information, counselling, advice, accompaniment (administration, police, etc.) and distribution of harm reduction materials (condoms, lubricants, needle/syringe exchange). Specific advice and assistance with regard to sex work is offered (motivation for condom use, handling of condoms), as well as information exchange about clients and sex work (e.g. training of negotiation skills with regard to clients) and provision of legal information and advice.</p> <p>The Austrian part of the project (Bregenz) runs a Women's Café (2 hours weekly in the early evenings), which includes offering free gynaecological consultations. The Women's Café team consists of a social worker and a doctor, both women. The Café offers, besides free drinks and snacks, and the above-mentioned services: shower, washing machine, dryer, medical assistance: First Aid, blood-tests, medical consultation and treatment; gynaecological check-ups: gynaecological examination, smear/cancer-test, pregnancy test, information and advice with regard to STDs.</p>
<p>Main co-operation partners</p>	<p>The main low-threshold services in the region; NGO Aids-Hilfe; various social institutions in the context of referral of clients. Swiss part mentions in particular: co-operation with prevention project among sex workers (Barfüsserfrauen) and with Aids-Hilfe outreach project for sex workers in brothels and night-clubs.</p>
<p>Women chose this service, because...</p>	<p>"In the context of the general drugs services, prostitution is still a topic that is rarely addressed. It is often considered as a "secondary effect" of drug use. As drug-using women are at the lowest position in the hierarchy of the drug scene, women-specific topics are often not considered important, whereas there is a big need among the women to talk about the topic."</p>
<p>Assessment Monitoring Evaluation</p>	<p>A systematic needs-assessment took place from 11/98 to 2/99 (via a questionnaire filled in during interviews with sex workers); success in meeting the services' objectives is measured through regular case-documentation and monitoring of attendance at the Women's Café. Systematic measurement of client satisfaction has not yet been introduced as the service is too recent. Success in contacting the target group is not being measured. An external evaluation of project outcomes (by SPI), including supervision during "on-site visits" and standardised case documentation, is being performed.</p>
<p>Documents</p>	<p><i>Questionnaire; concept and application for umbrella network (02/98); documentation for project at co-ordination meeting of umbrella network projects in Berlin (09/99).</i></p>

Project Profile: CR 1

Service	K-Centre (Contact-Centre) Women Programme Sananim			Tel	+ 420 2 83 87 21 58		
				Fax	+ 420 2 83 87 22 58		
Street	Osadní 2			E-mail	office@sananim.cz		
City	Praha 7			Reply by	Petr Nosek, Deputy Chief K-Centre		
Country	Czech Republic				Irena Jelínková, Manager, Sananim		
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The K-Centre is a service of the NGO Sananim. It is funded yearly by the Ministries of Health, Labour, School and Youth, by the City Council of Prague, the Municipal Authority of Prague 7 and by the National Drug Commission. Of the 70 staff members of the NGO Sananim, 12 work in the K-Centre, which targets both male and female drug users . The Women's Programme within the K-Centre was set up in January 1999 and is run by 2 staff members.
Profile of service (infra-structure, functioning, approach, services)	The Contact Centre is a low-threshold contact café (providing showers and a laundry), and has a surgery and a treatment room, providing services for drug users aged over 15 years with all types of main problem drugs other than alcohol. General services include needle/syringe exchange and other harm reduction services, group and individual counselling, crisis intervention, social work, basic health service provision and legal counselling. The specific programme for women is explicitly mentioned in the written concept.
Women target group & client characteristics	Drug-using girls and women over 15 years of age. All female clients of the K-Centre are the potential target group for the women's programme, and are considered as being at higher risk from drug use than men. A specific sub-group is the Roma minority. Attention is given to the issue of pregnancy in drug-using women.
Objectives in the work with female drug users	To make a first contact with the girls and women who use the services of K-Centre and to offer a protected place and trustful attitude. These women have often suffered physical and emotional abuse, "identify with the male role and suppress their female role of woman and mother". To motivate female clients to stay in contact and attend women's programme meetings. To support them to develop the ability to feel like a woman (conditions for self-acceptance in both a physical and a psychological way); to support the women to appreciate their body and to take care of it (hygiene, food, clothes, look/image, safety). To provide health and social counselling; to refer to legal counselling; to help to solve problems of the Roma minority.
Specific services for female drug users	Thematic group for women; motivational training; work with the body; training of social skills. Cognitive-behavioural therapy with a female therapist: focus on actual problems of individual clients, self-efficacy training, identification of goals, training of coping skills.
Main co-operation partners	Other drugs services such as detoxification units, psychiatric hospitals, therapeutic communities, as well as specialised health facilities and social institutions such as unemployment offices and municipal authorities.
Women chose this service, because...	"It is the only service which provides a women's programme. The low-threshold approach is attractive and, besides K-Centre, there is only one other low-threshold centre in the city."
Assessment Monitoring Evaluation	There was no explicit assessment of the need for the service before it was set up. The development of the therapeutic women's groups is thoroughly documented in writing; the attendance of clients is monitored. Evaluation and preparation of each therapy-session by the therapeutic team. Peer supervision (2-weekly) as well as external supervision (monthly). Client satisfaction is assessed during group meetings and informal discussions outside the programme (no use of assessment instruments). No external evaluation.
Documents	<i>Questionnaire.</i>

Project Profile: D 8

Service	Women's Café & Nightbus (Low-threshold services of Frauenberatungsstelle Ffm)			Tel	+ 49 69 43 95 21 (FVsH) 23 33 61 (VAE)		
				Fax	+ 49 69 43 95 32 (FVsH) 23 18 61 (VAE)		
Address 1	Obermainstrasse 30 (FVsH) 60314 Frankfurt/Main			E-mail	no		
Address 2	Moselstrasse 47 (VAE) 60329 Frankfurt/Main			Reply by	Christine Heinrichs, Director		
Country	Germany						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other
General description (status, staff, funding, target group)	<p>The "Frauenberatungsstelle" (= women's counselling centre) in Frankfurt is a network of women-only services, covering a whole range of low-threshold, out-patient counselling and treatment, support and rehabilitation projects. Founded in 1989 as a single out-patient counselling and treatment centre for women with HIV/AIDS, as part of the NGO Frankfurter Verein für soziale Heimstätten (FVsH), it expanded its services continuously and, in 1995, established a co-operative project with the women's services of another NGO (Verein für Arbeits- und Erziehungshilfe, VAE). It is funded by the Land Hessen and by the municipality of Frankfurt on a yearly basis. The director and project teams co-ordinate the work in each service area. 35 female staff members are employed (also on part-time basis) and most work in more than one service. The target group is defined as "women in emergency situations"; in practice, the vast majority of clients are drug users. The general objectives of Frauenberatungsstelle are: survival help and support to give up drug use. The target groups of the low-threshold services are homeless drug users and sex workers.</p>						
Profile of service (infra-structure, functioning, approach, services)	<p>The low-threshold services of the Frauenberatungsstelle consist of a Women's Café (4 staff members and assistants) and the Nightbus, a mobile outreach unit (2 staff members).</p> <p>The <u>Women's Café</u>, set up in 1992, is located near the drug scene and the (illegal) street prostitution scene, and open from 18.00 to midnight. It has a big sitting room, a kitchen, showers, a laundry and a bedroom (4 beds). Based on a women-specific approach, social work services are provided to the clients (see below). Food, clothes, hygienic articles, needle/syringe exchange and condoms are also supplied. Men have no access to the Café.</p> <p>Since 1992, the <u>Nightbus</u> (a caravan) drives 4 nights per week to its location near the Frankfurt fairground, where (legal) street prostitution takes place. Opening hours: 4 hours late at night. It provides harm reduction services (e.g. needle/syringe exchange, condom distribution, health information and education) and limited counselling, but refers the women to other services.</p>						
Client characteristics	<p>Drug-using women who are homeless and/or sex workers with a long history of drug use and self-destructive drug use patterns, with HIV/AIDS, a growing number having co-occurring mental disorders. Age range: 18 to 60 years, with a major group being around 35 years. Services of the Nightbus are also open to sex workers who do not use illicit drugs.</p>						
Objectives in the work with female drug users	<p><u>Women's Café</u>: To provide a protected place and fulfil basic needs. To improve the situation of the individual clients with regard to health and drug use (and also, to some extent, education/professional training, employment).</p> <p>To support clients to start to quit drugs and their dangerous life circumstances; to promote the development of personal objectives and perspectives of their life outside the drug scene.</p> <p><u>Nightbus</u>: To provide a protected space, survival-help, HIV prevention and general risk-reduction, motivation and referral. To improve the health of the clients.</p>						
Specific services for female drug users	<p>Café: first contact, crisis intervention, counselling and referral to other services, as well as services mentioned above (food, hygiene, sleep, clothing). Health education and promotion of low-risk/health-preventive behaviour.</p> <p>Nightbus: Outreach work, survival help. Basic approach: the women are their own "experts" (and not the staff).</p>						

Main co-operation partners	Other drugs services, services for the homeless; social welfare offices, hospital (University Clinic), women's shelter, medical doctors.
Women chose this service, because...	"... we offer valuable services and are competent; the women can be in our services "as they are"; the women feel safe and accepted; men have no access to the services - the women have to leave their partners outside "because of us".
Assessment Monitoring Evaluation	The Nightbus was tested during a six-week pilot phase before it was established as permanent service. The Women Café did not the same type of structured needs assessment, but was developed out of other projects of the Frauenberatungsstelle (see D 7) and is highly accepted by its clients. Success in reaching the objectives is systematically measured through client surveys, the number of successful referrals, the quality of the casework (continuity of attendance), and the improvements of the life circumstances of the women. Client satisfaction is measured through interviews. An extensive external evaluation of the cost efficiency of the women's services was performed in 1997 and had a very positive outcome (Organisationsuntersuchung by Prognos & Simma, see Frauenberatungsstelle, 1997). At present, a study on organisational development is underway at one of the parent NGOs (FVsH), which assesses service quality and management issues.
Documents	<i>Questionnaire, Annual Report 1997.</i>

Project Profile: E 2

Service	APRAMP Drop-in Centre (= Asociación para la prevención, reinserción y atención de la mujer prostituta)	Tel	+ 34 91 369 31 79
		Fax	+ 34 91 420 17 08
Street	Plaza del Angel, 14 -1 Izda.	E-mail	apramp@retemail.es
City	28012 Madrid	Reply by	Rolio Nieto Rubio, Legal Representative APRAMP
Country	Spain		
Funding	Local	Regional	National
		Intern./EU	Insurance
			Donations
			Other

General description (status, staff, funding, target group)	The NGO APRAMP was founded in 1983 and their 24-hour low-threshold "drop-in centre" (Centro de Acogida) was set up in 1989. The target groups are sex workers, drug-using women, immigrant women, homosexuals, transvestites and transsexuals, involved in or at risk of prostitution. Their various services are funded by the Ministries of Work and Social Affairs (Institute for Women), and of Health and Consumer Protection (National Plan on AIDS), and by the regional and municipal authorities of Madrid. 9 staff members are employed, of which 6 work directly for the women's services. Courses and workshops for training and professional rehabilitation, and work in a reinsertion enterprise (recycling), are further parts of APRAMP's services. APRAMP addresses women who are sex workers or at risk of prostitution .
Profile of service (infra-structure, functioning, approach, services)	Through the "drop-in" centre, the clients have access to information, advice and harm reduction measures (services include social, medical, legal and psychological help as well as showers and a laundry service). Short-term emergency accommodation (2 beds), and accommodation aimed at abstinent living drug users or those in maintenance treatment, are also available. APRAMP runs a mobile outreach unit (6 days per week, at different locations of street prostitution) as an auxiliary service.
Client characteristics	The drug-using women are characterised by their very deteriorated physical and psychological condition and have various health and psychosocial problems; e.g. with drug use, homelessness.
Objectives in the work with female drug users	Detoxification and treatment (deshabitación) of substance use; enable the women to make use of the social and health services available to them (to bring them within their reach); improvement of their personal situation and self-esteem.
Specific services for female drug users	The drug-using women are contacted through the mobile outreach unit and the drop-in. The outreach unit offers information, advice and referral, as well as harm reduction measures such as syringe and needle exchange and distribution of condoms. The drop-in provides individualised advice and follow-up with a case-worker. A specific offer of APRAMP is a detoxification unit where the women can stay until referral to another adequate service. Short-term accommodation for abstinent living drug users or those in substitution treatment. Education, vocational training and the creation of workplaces in their own recycling enterprise are further noteworthy offers of APRAMP.
Main co-operation partners	Drugs services in the city and funding bodies: municipal authorities, work administration (Ministry of Work and Social Affairs), Institute for Women, National Plan on Drugs.
Women chose this service, because...	"Immediateness and quality of the services. Integral/complete response to the problems raised by the women and adequate follow-up/referral."
Assessment Monitoring Evaluation	No needs assessment before the service was set up. The attendance of the service is being documented. Client satisfaction is assessed in individual interviews. No external evaluation.
Documents	<i>Questionnaire, information leaflets.</i>

Project Profile: EST 1

Service	AIDSI Tugikeskus			Tel	+ 372 64 13 165		
				Fax	+ same		
Street	Kopli 32			E-mail	aids@anet.ee		
City	Tallinn, 10150			Reply by	Nelli Kalikova member of the Board		
Country	Estonia						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target gr.)	The services of the NGO AIDSI Tugikeskus/Seastar were established in 1997, and the Open Society Institute, New York will fund this project until the end of 2000. 5 part-time staff members are employed. It addresses young male and female heroin users . With its specific focus on sex workers, it belongs to the "umbrella network" of services for sex workers (for more details, see other "umbrella" projects: A 3/CH and P 3).
Profile of service (infra-structure, functioning, approach, services)	A needle exchange programme and a methadone detoxification programme were both set up in 1997. Since 1999, the agency provides methadone maintenance treatment, and since the beginning of this year, runs a rehabilitation country house. The needle exchange operates for 3 hours per day from the office and 3 times a week from a mobile unit (car). The methadone detoxification and maintenance programme operates daily at an out-patient cabinet. The rehabilitation house offers a life skills training programme. (As majority of activities are low-threshold, it has been included in this group.)
Women target group & client characteristics	Young heroin users: clients of the needle exchange are 15 to 25 years old; those in methadone treatment are 18 to 25 years. Some of them are sex workers. Almost all clients are of Russian descent.
Objectives in the work with female drug users	<ol style="list-style-type: none"> 1. Prevention of HIV/AIDS and Hepatitis B & C. 2. If possible, drug-free life. 3. The training of life skills.
Specific services for female drug users	The women are reached through outreach work, small methadone detoxification and maintenance programmes are provided (5-6 women attend the detoxification programme; 2 are in the maintenance programme). Furthermore, since the beginning of 2000, a rehabilitation unit (country house) has two places for young women IDUs.
Main co-operation partners	"We have problems with this, because there are very few institutions who care about problems of IDUs. Our main partner: the NGO 'Parents against Drugs'".
Women chose this service, because...	"Because they have no other choice."
Assessment Monitoring Evaluation	No information about needs-assessment before service was set up. Success in contacting the target group, as well as in meeting the service objectives, is not yet monitored. Client satisfaction is assessed via a questionnaire. No external evaluation.
Documents	<i>Questionnaire.</i>

Project Profile: P 2

Service	Gabinete de Apoio do Centro Social do Casal Ventoso			Tel	+ 351 21 39 5 77 34		
				Fax	+ 351 21 39 7 84 19		
Street	Casal Ventoso do Baixo, No 120			E-mail	no		
City	1350 Lisboa			Reply by	Joao Paulo Ribeiro, Co-ordinator Gabinete de Apoio, and Katarina Barao, Co-ordinator of Women's Services, Casal Ventoso		
Country	Portugal						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The Gabinete de Apoio (Support Office) at the Social Services of Casal Ventoso was set up in April 1994 and is an NGO funded by the Portuguese Government. It addresses male and female drug users. A "Women's Day" was established only recently, in November 1999. Of the 9 staff members, 3 female workers provide specific services for the female clients.
Profile of service (infra-structure, functioning, approach, services)	The Support Office is located in a little building in the centre of a deteriorated housing area called "Casal Ventoso", with small houses and shacks. The area is a large open drug scene frequented by approximately 500 persons per day. A considerable number of the drug users stay permanently in the area; they live in shacks or are without any shelter. The houses and shacks of Casal Ventoso are now being demolished row by row and new social housing for the residents is being built in the vicinity. The Support Office comprises an office, a store-room for harm reduction materials and medical emergency equipment, and a counselling room. A reception desk is located at the entrance and written information materials are available. Clients are contacted through outreach work in the area and are referred to the Support Office. The general aim of the service is to reduce the number of drug users who live at or come to Casal Ventoso. The immediate objectives are psychosocial and health care (including First Aid) and the reduction of infectious diseases. The project provides information on risk reduction, health education, basic health-care and harm reduction materials. It offers motivational counselling and referral. A case-management approach is applied and an integrated care-plan developed for each client.
Women target group & client characteristics	An important number of the drug users in the open drug scene of Casal Ventoso are women, some living permanently in the area. Female drug users who use cocaine and heroin; injection drug users; sex workers. Women facing less favourable conditions (low financial and social conditions, ethnic and cultural barriers) which increases their risk of HIV infection. The female drug users are aged between 20 and 40 years.
Objectives in the work with female drug users	Prevention of infectious diseases (HIV/AIDS, Hepatitis, Syphilis and Tuberculosis) and referral of those infected to adequate treatment. Increasing safer use, e.g. injection practices.
Specific services for female drug users	Referral to other women-specific services (health care, social services). Female staff members provide counselling about harm reduction, motivational counselling and referrals.
Main co-operation partners	General health care and social services; women-specific health and social services.
Women chose this service, because...	Service is too recent.
Assessment Monitoring Evaluation	Service is too recent; questionnaire surveys are conducted among clients.

Documents	<i>Questionnaire, Project description.</i>
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Project Profile: P 3

Service	Autoestima (Self-esteem) Programa de Saúde			Tel	+ 351 22 93 79 222		
				Fax	+ same		
Street	Rua do Godinho, 769			E-mail	no		
City	4450 Matosinhos			Reply by	Antónia Leonor Liberal Fernandes, Project Co-ordinator		
Country	Portugal						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other
General description (status, staff, funding, target group)	<p>Autoestima, set up in March 1998, is part of the public health services of Portugal (Servicio de Prevenção e tratamento à toxicodependencia - S.P.T.T., Administração Regional de Saúde do Norte, and the Municipality of Matosinhos). The project provides health services to female sex workers in North Portugal, and the priority target group is those who work in the street (as they are at higher risk). Many, but not all, are drug users. Services are also open to sex workers who do not work in the street.</p> <p>Besides being funded by the Regional Health Administration, its sub-regional and local structures (Porto, Braga & Viana do Castelo), the project's units will receive financial support from the Ministry of Health, the National AIDS Commission, the INEM, the National Institute for Health, Ricardo Jorge and the European Union until December 2000. Together with a similar project in Galiza (Spain), it participates in the EU/DG V umbrella network on border issues with regard to HIV/AIDS/STDs, under the co-ordination of SPI, Berlin, which manages EU co-funding and provides scientific advice (see also project A 3). The project is also member of the European network "AIDS and mobility". A total of 18 staff members are employed by the project to work in the services in four different cities in the northern region of Portugal (Matosinhos, Braga, Viana and Guimaraes). Planned extension to other cities on the North coast. Autoestima explicitly addresses female sex workers.</p>						
Profile of service (infra-structure, functioning, approach, services)	<p>Autoestima consists of a network of counselling centres (open during the week) and mobile outreach units (active between once a week and daily) in the above four cities. The women are contacted through outreach work at the places where prostitution takes place and are referred to the respective counselling centre. The project management is based at the city of Matosinhos: here, the counselling centre has a room where the clients can meet each other, a medical/gynaecological consultation room, a counselling room, showers and a laundry. Similar services are available in the other cities as well.</p>						
Client characteristics	<p>An important number of young female street prostitutes are drug users who sell sexual services to buy drugs and are characterised by multiple health and psychosocial needs.</p>						
Objectives in the work with female drug users	<p>To improve the health of the sex workers and to reduce their risk of contracting sexually transmitted diseases. To recover or to reinforce the self-esteem of the sex workers.</p> <p>To increase their knowledge about HIV and other STDs, and their prevention. To increase the use of preventive measures and their correct use. To diagnose and deliver early treatment of STDs and cervical cancer. To facilitate the access of the women to other social and health services as well as to legal advice.</p>						
Specific services for female drug users	<p>Information and a wide range of psychosocial, psychiatric, medical and legal counselling services are provided, organised through partnerships with several institutions (hospitals, institutes, social services). Referral to treatment services (Cat's) as well as to centres for professional qualification and rehabilitation. The services include primary prevention (health education, harm reduction e.g. vaccinations, needle/syringe exchange, distribution of condoms) and secondary prevention (facilitate access to medical care, diagnose, deliver treatment)</p>						
Main co-operation partners	<p>Large network of partnership with municipalities, hospitals, regional centres of social security as well as other public and private institutions.</p>						

Women chose this service, because...	"I think that drug-using women come to our service because they expect an immediate answer to their drug treatment needs." <i>Penso que, as mulheres toxicodependentes ocorrem a nosso serviço porque esperam uma resposta imediata para o seu tratamento ao nível da toxicodependência</i> "
Assessment Monitoring Evaluation	Assessment of the need for the service was undertaken on the basis of data collected by the Ministry of Health on the situation in the relevant communities. The University of Vigo (Spain) undertook a separate study on street prostitution. Service monitoring takes place through the systematic collection of epidemiological data, and through evaluation of the degree of continued attendance of clients at the service and an internal evaluation of client satisfaction. Systematic internal evaluation of the functioning of the service through questionnaires, developed and evaluated by Project Leader (Dr Carlos Daniel Bravo Pinheiro). An external evaluation of the project outcomes (by SPI), including supervision during "on-site visits" and standardised case documentation, is being performed.
Documents	<i>Questionnaire, Project description (06/99).</i>

Project Profile: Swe 1

Service	Klaragården			Tel	+ 46 8 787 86 27 or 20 99 56		
				Fax	+ 46 8 789 81 22		
Street	Box 22 66			E-mail	mija.bergman@sthlnsstadsmmission.a.se		
City	103 17 Stockholm			Reply by	Mija Bergman, Director		
Country	Sweden						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	Klaragården is the Day Centre for Homeless Women of the NGO City Mission of Stockholm. It was set up in March 1993 and addresses all homeless women in Stockholm . Ten women and men are employed and several volunteers work for this drop-in centre. The main funding source is private donations, which are attracted through advertising campaigns. About 15% of the funds come from the City of Stockholm.
Profile of service (infra-structure, functioning, approach, services)	The Day Centre is open from 8.00 to 19.30 on weekdays. It consists of a sitting room, shower, laundry, a room for activities, a dining room and a bedroom (3 beds). Between 80 and 100 daily guests are offered coffee and sandwiches, or home-cooked breakfast, lunch and dinner. The approach of the service is based on the theoretical perspective of culturally and socially determined gender differences. The staff considers the guests of the service as their employers, which gives the service credibility. Besides basic needs, the work with the homeless women focuses on family issues (many women have had their children taken away from them and experience guilt and shame about this), violence, sexual abuse and the women's exposure to other criminal offences. The "open door" of the Day Centre allows a guest to enter into contact without feeling trapped. Food, clothing, hygiene products, beauty products and condoms are offered. The staff listens and talks with the women about their experiences and problems - though the basic understanding is that change can only occur when the woman decides it.
Client characteristics	Drug users (heroin, amphetamines) are one important sub-group of the Centre's target group. They are characterised by a long history of drug use with several unsuccessful treatment attempts, severe physical illnesses (e.g. infections, but also injuries) and a growing number of them have co-occurring mental disorders.
Objectives in the work with female drug users	To provide a safe place, to fulfil basic needs. To stabilise living conditions, help to find a place to live. To support them to give up drug use. To support them to re-establish contact with their children, to enter into communication with social services again.
Specific services for female drug users	Besides the above-mentioned service offers, drug-using women are offered help to make an appointment with a gynaecologist, referral to a therapy centre for ex-prostitutes, counselling on sexual abuse and other violence, as well as referral to adequate drug treatment and/or psychiatric treatment.
Main co-operation partners	Other services of the City Mission of Stockholm: for the homeless, caseworkers, night shelter, mobile outreach unit. Staff of St Göran's Hospital provide out-patient psychiatric/medical consultations at Klaragården on a daily basis. Social welfare workers in different parts of the city.

<p>Women chose this service, because...</p>	<p>"I think it is important to mention that Klaragården is a beautiful place, situated in the centre of Stockholm. The environment, both external as well as internal, is crucial. We put great emphasis on the rooms being beautiful and nicely furnished, and details such as candles and flowers frames the picture of what the women first see when they come to us - we consider the women worth beautiful surroundings and we want our guests to feel welcome and at ease: we consider Klaragården to be of the character as being "home" for each women we meet, every day they come.</p> <p>The entrance is situated right on a big street, and it is easy to walk right in.</p> <p>I also believe that our success is based on an attitude of respect, warmth and interest - and an ability to <i>act</i> when needed - coming from the staff of Klaragården. They have a pride in their work paired with a strong sense of competence and they are professionals. Our guests often state that they feel that "the staff is working their to be of service to the women, not just to make a living".</p> <p>I also think that our intention to meet the women's basic needs is appreciated by our guests. As Kierkegaard put it: "if you truly want to help someone, you will have to meet that person where she is". Our method of being normative but not regarding ourselves as norms is a key to achieve credibility. We do not talk about morale in terms of "how to live", but in terms of "how to act".</p> <p>Finally, Klaragården is the only place in Stockholm that provides women-specific services to our target group."</p>
<p>Assessment Monitoring Evaluation</p>	<p>There was no specific needs assessment before the centre was established, but there is a high response among the target group (much above the expected number of guests). The total number of homeless women in the city is unknown. The objectives of the service are defined and written down and systematic analyses of the achievements and problems are undertaken regularly. To assess client satisfaction, a quality study is performed twice per year. In the present study, the competence of the staff (e.g. prevention of violence) is being evaluated. The guests evaluate in how far service objectives have been met.</p>
<p>Documents</p>	<p><i>Questionnaire. Concept & Annual Plan 2000 (in Swedish).</i></p>

Out-patient services

Project Profile: CR 2

Service	Day-Care Centre Sananim			Tel	+ 420 2 683 52 32 or 684 21 37		
				Fax	+ 420 2 66 31 53 06		
Street	Janovského 26			E-mail	office@sananim.cz		
City	170 00 Prague 7			Reply by	Kamil Kalina, Director Day-Care Centre Irena Jelínková, Manager, Sananim		
Country	Czech Republic						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The Day-Care Centre is a service of the NGO Sananim and was set up in January 1997. It is yearly funded by the Ministries of Health, of Labour, of School and Youth, by the City Council of Prague and by the National Drug Commission. Of the 70 staff members of Sananim, 7 work in the Day Care Centre, which provides an intensive structured, abstinence-oriented out-patient treatment programme for a maximum number of 12 male and female drug users . Separate gender group sessions have been integral part of the 3-months treatment programme from the start. In 1999, the male/female ratio was 6 : 4.
Profile of service (infra-structure, functioning, approach, services)	The Day-Care Centre has a room for group therapy and consultation rooms. The clients are referred to the treatment programme from other services but there is no specific mechanism for reaching female clients. The gender sessions are part of the co-educated programme and participation is mandatory for clients who participate in the out-patient programme.
Women target group & client characteristics	Heroin and amphetamine-addicted women who are motivated to stop using drugs and undergo the abstinence-oriented programme and who are able to attend an intensive out-patient treatment programme. Typical profile of female client: 20 years old, injecting heroin or amphetamine user (50 : 50), having been exposed to violence. Less than 3 years of problematic drug use, single, living with parents, changing boyfriends, some have engaged in sex work.
Objectives in the work with female drug users	Gender is considered an important dimension in treatment. To identify and address gender-related problems in order to promote the overall success of the women in the treatment programme. To share specific experiences with other women clients and female therapist. To support the women to develop a gender identity (concept of developmental tasks). To support the female clients, who are sometimes in a minority position in the co-educated programme.
Specific services for female drug users	90-minute women's sessions, once a week, with female therapist. Topics which are frequently addressed are sexual abuse, menstruation, contraception, eating disorders and relationships with boyfriends.
Main co-operation partners	There is no specific collaboration in the context of women-specific programmes. However: close co-operation with Sananim or other drugs services: referral of clients from outreach and low-threshold centres - and, after treatment, some clients are referred to residential treatment TCs or to after-care. As there are only two out-patient treatment providers in the country (there is no long experience as yet with this approach), co-operation is not really specialised.
Women chose this service, because...	"...for the same reasons as men, which vary according to the individual: referral by word of mouth from friends or through drugs services; good reputation of the service. Concerning the women's services within the Day-Care Centre, the clients attend them as all the other parts of the programme; in other words: it is not really a matter of choice".

Assessment Monitoring Evaluation	No needs assessment before special gender sessions were introduced; success in contacting the target group is not monitored specifically for the gender programmes. Success in meeting the service objectives is assessed through supervision, statistical analysis and follow up. Client satisfaction is a regular item during special group sessions that take place daily; clients have their own therapeutic diaries which serve as a feedback to the programme and to therapists; a special questionnaire on client satisfaction exists. No external evaluation.
Documents	<i>Questionnaire.</i>

Project Profile: D 1

Service	Beratungsstelle Frauenperspektive e.V. (Women's Counselling Centre)	Tel	+ 49 40 432 96 00
		Fax	+ 49 40 432 96 021
Street	Holstenstrasse 115	E-mail	no
City	22765 Hamburg	Reply by	Jutta Rahmeier, Director
Country	Germany		
Funding	Local	Regional	National
		Intern./EU	Insurance
			Donations
			Other

General description (status, staff, funding, target group)	In 1991, the NGO "Frauenperspektiven" set up their counselling centre as an independent, autonomous project by women for women, with the objective to translate feminist knowledge into the practice of the drug help system. It addresses women with alcohol and drug-related problems (all drugs). It is funded by the local health and social authorities as well as by the social insurance system (health and pension insurance take over costs related to out-patient treatment) and employs 8 women staff members on part-time contracts. Men have no access to the centre.
Profile of service (infra-structure, functioning, approach, services)	The centre has a foyer which serves as meeting place for all clients and for informal contacts with staff. Showers, washing machine and dryer. Counselling rooms for individual and group therapy. Auxiliary service: outreach work at the meeting points of drug users to make the service known, establish first contacts, encourage the use of the women-only service. Drug use is seen as a coping strategy (a reaction to problems related to the position of women in society, including social, psychological and cultural aspects) - and dependency is a negative long-term consequence of excessive use. Experiences of violence and self-destructive attitude towards own body are correlates. Subject-oriented, accepting, low-threshold approach, feminist informed. Clients who use illicit drugs are referred through the existing networks with detoxification units, other drug counselling centres and by word of mouth.
Client characteristics	Women who use drugs (this includes alcohol, medicaments and illegal drugs, as well as those in substitution treatment). Clients aged between 20 and 60 - most of them 30-40 years old. 60% of clients have alcohol-related problems, but drug users (heroin, cocaine, methadone - to some extent benzodiazepines and amphetamines) are major group as well. Users of illegal drugs are characterised by sex work, physical illnesses and large debts. 10% of the clients are migrants - most come from other EU countries.
Objectives in the work with female drug users	Accompaniment during addiction: survival-oriented support, health promotion, harm reduction; increase self-esteem; support of the attempts of the women to live without drugs. Stabilisation, referral to further treatment.

<p>Specific services for female drug users</p>	<p><u>Survival help</u>: basic needs (hygiene, food/drink), harm reduction (syringe/needle exchange); to offer a place where the women can be, can enter into contact; crisis intervention. <u>Stabilisation & help to quit drugs</u>: psychosocial and legal counselling, external counselling visits in hospital (detoxification). Feminist out-patient socio-therapy (recognised by insurance since 1996); out-patient aftercare. Several group offers for exchanging experiences with other women. Referral. Professional childcare is offered during mothers' meetings (temporarily, a weekly "Mothers' Café" was organised) and during the weekly breakfast, as well as by appointment during counselling or treatment of mothers. Specific counselling offers for lesbian women (group leisure time activities have been organised temporarily). Self-help group for female partners and friends of drug users, initiated by the centre, holds its meeting here. Weekly lunch meetings; painting group. Plenary meeting of staff and clients at irregular intervals.</p>
<p>Main co-operation partners</p>	<p>In-patient and out-patient treatment services, women-specific services (shelters, counselling centres), social day-care services (e.g. childcare).</p>
<p>Women chose this service, because...</p>	<p>"Most of the women deliberately chose a women-specific service - but for different reasons. 70-80% of clients have been victims of violence (by men), others want to discuss certain specific questions only with women. About 20-30% of the clients are lesbian and chose our service because of our acceptance of lesbian lifestyle."</p>
<p>Assessment Monitoring Evaluation</p>	<p>Needs assessment through a survey among drug-using women in in-patient treatment: women often did not feel attracted by existing services which were not gender-differentiated. Low-threshold, counselling and shelters for women were lacking. Reaching the target group: the estimated size of the female risk population in the city is 20.000 - the centre reaches 400/year. The extent to which objectives are reached is at the moment is only measured through the evaluation of team discussions and supervision; a documentation process of the work of drugs services in the city will start in 2000. Client satisfaction is not systematically measured - adequate instruments are not available. No external evaluation.</p>
<p>Documents</p>	<p><i>Questionnaire; Annual Reports 97 & 98; concept.</i></p>

Project Profile: D 5

Service	Claire - Beratungsbüro für suchtmittelabhängige Frauen			Tel	+ 49 69 62 12 54		
				Fax	+ 49 69 62 08 97		
Street	Dreieichstrasse 59			E-mail	calla_FFM@compuserve.com		
City	60594 Frankfurt/M.			Reply by	Anja Aatz, Social Worker		
Country	Germany						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other
General description (status, staff, funding, target group)	Claire is a counselling centre for girls and women , established in June 1996 by the NGO Calla. It employs two female staff members and is funded yearly by the Ministry of Health of the Land Hessen; out-patient treatment is funded by national public welfare funds and by insurance. As the service forms part of a federal model project (co-operation model follow-up of social outreach work for chronically dependent addicts - case management), one post will be funded by the Federal Ministry of Health until the end of 2000.						
Profile of service (infra-structure, functioning, approach, services)	The service has counselling offices and a room for group meetings. It offers information, short-term motivational counselling and case-management to women drug users, as well as psychosocial out-patient care for women who are in substitution treatment at other agencies. Claire initiates self and mutual-help groups for women which can meet on their premises. Clients are mainly referred by other (drugs) services; to establish a first contact, social workers visit the women in hospital, in prison, at other services or at home. Claire advertises in daily newspapers and specialised printed media.						
Client characteristics	Girls and women with drug or alcohol-related problems, 15 to 63 years of age. Clients in substitution treatment. Two-thirds of clients use illegal drugs, partly polydrug use; some suffer permanent health consequences of drug use; some have additional eating disorders. Some have little or no contact with drugs services while others are in contact with various help agencies.						
Objectives in the work with female drug users	To analyse and tackle the most urgent problems first. To change drug use patterns (e.g. reduction of drug use, less harmful use, if possible, abstinence). Overall goal: increase the clients' quality of life.						
Specific services for female drug users	All services as mentioned above. Claire applies a holistic approach in the care of women with drug use related problems (tackling of all problematic areas, referral of clients to further agencies only under specified circumstances and to obtain relevant auxiliary services) and individual care plans are based on an assessment of their resources and competencies. Outreach activities within the case management approach include active follow-up of clients, including telephone calls, letters and home visits.						
Main co-operation partners	Women-specific treatment services, women's refuges, public services responsible for social support for homeless women; shelters and emergency housing for homeless women; youth administration (in the case of drug dependent women with children).						
Women chose this service, because...	"Because staff are only women and clients can be more open, feel better understood. We do not send clients "from A to B" (referrals to another agency only to obtain specific auxiliary services), they receive continuous and holistic care, tackling all problem areas. Because we do not put them under the pressure of unrealistically high expectations. Because of our individual - and not schematic - approach. Because we use a clear language and no "therapy vocabulary". Because we provide concrete advice and support and because in our service we laugh a lot".						
Assessment Monitoring Evaluation	As part of the model project, the service is under external scientific evaluation by the Köln-based research institute FOGS (Gesellschaft für Forschung und Beratung im Gesundheits- und Sozialbereich). Standardised documentation of case management includes a questionnaire about client satisfaction, the assessment of the degree to which the target group is reached and the objectives are met. It is evaluated twice a year. The two progress reports on the model project which have been published so far indicate that it is successful.						

Documents	<i>Questionnaire. (Progress reports on evaluation and final evaluation report were not made available to the consultant).</i>
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Project Profile: D 7

Service	Frauenberatungsstelle Ffm (Women Counselling Cent.)			Tel	+ 49 69 43 95 21 (FVsH) 23 33 61 (VAE)		
				Fax	+ 49 69 43 95 32 (FVsH) 23 18 61 (VAE)		
Address 1	Obermainstrasse 30 (FVsH) 60314 Frankfurt/Main			E-mail	no		
Address 2	Moselstrasse 47 (VAE) 60329 Frankfurt/Main			Reply by	Christine Heinrichs, Director		
Country	Germany						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The "Frauenberatungsstelle" (= women's counselling centre) in Frankfurt is a network of seven women-only services covering a whole range of low-threshold, out-patient, counselling, treatment, support and rehabilitation projects. (For more details: see profile D 8). It employs 35 staff members. The target group is defined as " women in emergency situations ", in practice, the vast majority of clients are drug users. The general objectives of Frauenberatungsstelle are: survival help and support to give up drug use.
Profile of service (infra-structure, functioning, approach, services)	The <u>out-patient services</u> provided through the counselling centre are: a psychosocial support programme for women with HIV/AIDS and for those who are at high risk (formerly part of the federal model project "Women and AIDS", established in 1989) and a drug substitution programme for 30 clients (established in 1992). Auxiliary projects are: a housing project for women in methadone treatment and for drug-using women (11 apartments), a social skills training project and a work project. The clients are referred through the low-threshold services (see D 8), by doctors, courts, the social welfare authorities or employers. Some come after hearing about the services from other clients, finding the address in the telephone directory, or walking past (sign at the door).
Client characteristics	Women drug users, women in methadone substitution programme, women with HIV/AIDS. To participate in the work project, a certain degree of stability is required (e.g. own apartment, in methadone substitution).
Objectives in the work with female drug users	<u>Out-patient counselling</u> : counselling and support that take the living context of women drug users into account, and with particular focus on existential dependencies. Crisis intervention, improvement of health and social conditions; support the women to develop perspectives and objectives for a life without drugs; minimise the dependence of clients from the help system. <u>Substitution programme</u> : long-term orientation towards abstinence. <u>Women & AIDS</u> : Counselling with regard to specific problems of HIV/AIDS, that are related to female self-concept, role, understanding (perceived loss of attractiveness as a women). <u>Social skills training</u> : to train socially adapted, and situation-adequate behaviour; to increase adequate assessment of situations in a one-to-one setting and in groups; to train social skills during organised leisure-time activities for groups of clients (e.g. cinema, exhibitions, café, picnics) - in order to facilitate the establishment of social networks outside the drugs context. <u>Work project</u> : vocational rehabilitation through part and full-time employment (creation of subsidised work places [secondary labour market] in co-operation with parent NGO FVsH), training of social and professional skills that enable the women to find employment in the primary labour market. <u>Housing project</u> : to maintain the women's independence from the drugs system (in particular, in-patient care of women with AIDS), to enable them to lead a "normal" life (including work, friends, increased contact with own family, having own household).
Specific services for female drug users	Psychosocial out-patient counselling and treatment of individuals or in groups; case management; referral to further adequate services (e.g. treatment of eating disorders). Accompaniment to social welfare office, police; visits to imprisoned women; dispensing of methadone; medical consultations (but medical treatment takes place at nearby medical facility/general practitioner). For women with HIV/AIDS: support at home and in hospital.

Main co-operation partners	Other drugs services, services for the homeless; social welfare offices, hospital (University Clinic), women's shelter, medical doctors.
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Women chose this service, because...	"... we offer valuable services and are competent; the women can be in our services "as they are"; the women feel safe and accepted; men have no access to the services - the women have to leave their partners outside "because of us".
Assessment Monitoring Evaluation	The women-specific activities of the agency started in 1989, when it was set up as part of the federal model project "Women and AIDS". In the context of this model project, a needs assessment was performed and the efficiency of the agency was evaluated (Leopold & Steffan, 1994). Numbers of users show that it is highly accepted by its clients. Success in reaching the objectives is systematically measured through client surveys, the number of successful referrals, the quality of the casework (continuity of attendance) and improvements in the life circumstances of the women; client satisfaction is measured through interviews. The results of these assessments are presented in extensive annual reports on the work of Frauenberatungsstelle and in other publications (e.g. Heinrichs, 1995, 2000). An external evaluation of the cost efficiency of the women's services was performed in 1997 with a very positive outcome (Organisationsuntersuchung by Prognos & Simma, Frauenberatungsstelle 1997). At present, an analysis of the organisational development of one of the parent NGOs, which lays the foundations for service quality management and human resource development, is underway (at FVSH).
Documents	<i>Questionnaire, Annual Reports 1995, 1996 and 1997.</i>

Project Profile: D 9

Service	Bella Donna			Tel	+ 49 201 208 20 or 204 39		
				Fax	+ 49 201 22 28 72		
Street	Kopstadtplatz 24-25			E-mail	no		
City	45 127 Essen			Reply by	Renate Kreke, staff member Christa Heedt, staff member		
Country	Germany						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	<p>"Bella Donna" was founded in 1992 and is a women-only counselling centre run by the NGO "Verein zur Hilfe suchtmittelabhängiger Frauen Essen", which was set up in 1989. The agency is funded by the city of Essen and employs 2 female staff members. Having started as a model project in 1993, the centre was institutionalised in 1996. It addresses girls and women with problems related to illicit drugs. A further target group is female partners and relatives of drug users.</p> <p>Another service of the NGO - and unique in Germany - is a regional clearing house on women and drugs issues, set up in 1996, which offers courses for professional qualifications in the field.</p>
Profile of service (infra-structure, functioning, approach, services)	<p>Offices for counselling/treatment, group therapy room. General services include: short-term counselling, long-term psychosocial case management; out-patient treatment; referral to further drugs-related services (detoxification, in-patient, substitution, aftercare).</p> <p>Many clients are referred by other drugs or social services, others hear about the centre by word of mouth or through publicity. There are "open counselling hours" once a week (2 hours) where clients do not need an appointment.</p> <p>Staff participate actively in topic specific working groups and expert rounds; the clearing house provides staff training in women-specific approaches.</p>
Client characteristics	<p>Adolescent and adult women, women with children and pregnant women who are drug-addicted or are at risk of becoming addicted. Main drug is heroin, followed by cocaine, benzodiazepines, designer drugs, cannabis. Main pattern of heroin use: by injection, but some smoke; combination of heroin with other drugs very common "cocktail". Risk factors: sex work, drug-related crime. Many drug users have children.</p>
Objectives in the work with female drug users	<p>To support girls and women to take their own decisions and find ways towards a self-determined life. The work is oriented towards the resources - not the deficits - of the women.</p>
Specific services for female drug users	<p>All services mentioned above. Childcare is provided by appointment; visits to the clients or at home or in other institutions (e.g. detoxification ward) are offered.</p>
Main co-operation partners	<p>Methadone programmes at other agencies; hospitals (detoxification); social welfare services (e.g. youth administration: questions related to custody of children); treatment and aftercare services; medical doctors.</p>
Women chose this service, because...	<p>"Our offer matches their needs. Many women have accepted the counselling centre as "their" space and feel welcome. We are committed and provide competent services. The anonymity of the clients is safeguarded".</p>
Assessment Monitoring Evaluation	<p>Experiences of colleagues in other drugs services in the region pointed to the necessity of establishing a women-only counselling centre. At the moment, there is no systematic assessment of how far the target group is reached. Achievement of objectives shall be made measurable in the future: a quality management study is under discussion. Client satisfaction is not assessed in a systematic way. From 01/1993 to 06/1995 (model project phase), an independent researcher (University of Frankfurt/M.) performed an evaluation of the work of Bella Donna (Vogt, I.,1997).</p>
Documents	<p><i>Questionnaire, Evaluation Report for period 01/1993 -06/1995.</i></p>

Project Profile: F 1

Service	Saint-Germain Pierre Nicole Centre de soins spécialisé			Tel	+ 33 1 44 32 07 63		
				Fax	+ 33 1 44 32 07 62		
Street	27, rue Pierre Nicole			E-mail	swsgpn@micronet.fr		
City	75005 Paris			Reply by	Dr Sylvie Wiewiorka, Medical Director		
Country	France						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	This specialised treatment centre run by NGO the Red Cross (France), was set up in 1989. It receives its funding from national sources on yearly basis; 55 staff members are employed. The centre addresses both men and women with drug problems (including alcohol and medicaments), their families and partners. It also runs professional qualification courses.
Profile of service (infra-structure, functioning, approach, services)	The centre provides a wide range of in-patient and out-patient, short- and long-term treatment services including substitution as well as rehabilitation programmes. The women-specific programme consists of an out-patient methadone programme, which works in close co-operation with an obstetrical and gynaecological team and a 3-bed in-patient unit for pregnant women and for mothers and their small children (< 1 year). Other social services, hospitals, prison staff, and various health services refer clients.
Women target group and client characteristics	Pregnant women who use heroin and/or cocaine and/or alcohol. This group is characterised by social problems such as unemployment, homelessness, sex work, and by the absence of a social network which could support them. Women who have recently been released from prison belong to the target population as well. Clients are on average between 20 and 30 years old.
Objectives in the work with female drug users	To stabilise drug use during pregnancy. To help the women to prepare for the birth. To monitor the mother-child relationship after birth.
Specific services for female drug users	Methadone treatment for pregnant women in co-operation with an obstetrical team involved in the treatment of drug-addicted mothers. Medical follow-up, social and psychological support during and after pregnancy. In-patient unit for mothers and babies. Consultations with a psychiatrist, specialised in mother and child therapy. Relations with courts in cases of bad treatment.
Main co-operation partners	Obstetrical team; day-care services for children (nursery); other in-patient units for women and babies.
Women chose this service, because...	"We are the only one which provides an in-patient unit for pregnant women and women with babies in the Paris area; we were the first team providing methadone for pregnant women; we have a lot of women in our team".
Assessment Monitoring Evaluation	No systematic needs assessment and no external evaluation. Client satisfaction is assessed in interviews. During the followed-up of clients during several years through methadone treatment and psychotherapy, further assessments of the development of the women are made. Objectives and working methods have been critically assessed several times since the centre was set up in 1989 - and several changes have been made since then to improve its functioning.
Documents	<i>Questionnaire, brochure.</i>

Project Profile: Slo 1

Service	Health Centre. Centre for prevention and treatment of drug addiction			Tel	+ 386 61 172 37 25		
				Fax	+ 386 61 30 17 58		
Street	Metelkova 9			E-mail	no		
City	1000 Ljubljana			Reply by	Dr Branka Celan Lucu, Director		
Country	Slovenia						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The Health Centre is part of the public health services of Slovenia, and funded by the Ministry of Health Insurance Service. It addresses both men and women drug users and those at risk of drug use. In the Centre, 8 staff members are employed, of which four are also involved in the women-specific work.
Profile of service (infra-structure, functioning, approach, services)	The Centre provides out-patient methadone treatment, including medical treatment of the clients and all laboratory services. Case management, individual and group therapy. Psychiatric and psychological consultations.
Women target group and client characteristics	Pregnant women. Drug dependent mothers. The main drug is heroin and the main health problem is Hepatitis C. Most are injecting drug users. Among younger clients (< 22 years), the use of all kinds of medicaments is common. Many women are unemployed and live (also with their children) together with their families of origin.
Objectives in the work with female drug users	To give drug dependent mothers support to increase their self-confidence; to become good responsible mothers - if needed: advice with regard to their children. Support to stop using drugs; support to find work.
Specific services for female drug users	The centre offers medical and gynaecological consultations and a nurse runs birth-preparation classes ("maternal school"). As part of the methadone programme, special group meetings for pregnant women and for mothers are offered weekly. Yoga and fitness classes - for women only - are also organised on a weekly basis.
Main co-operation partners	General health care system.
Women chose this service, because...	"Women entered our methadone programme some years ago - became pregnant, gave birth. In all these years, many children were born so that we decided to offer a special group for mothers and pregnant drug-dependent women."
Assessment Monitoring Evaluation	None reported.
Documents	<i>Questionnaire.</i>

Residential services

Project Profile: A 2

Service	Hotel Binder Grüner Kreis			Tel	+ 43 2642 524 30		
				Fax	+ 43 2642 52384 - 10		
Street	Ausschlag-Zöbern 3			E-mail	marienhof@gruenerkreis.at		
City	2870 Aspang			Reply by	Dr Thomas Legl, Managing Director Head of socio-psychological treatmt.		
Country	Austria						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The NGO "Grüner Kreis" was established in 1983, runs nine specialised in-patient treatment facilities (186 beds in 1997) as well as several out-patient counselling centres (also in prisons), and aftercare services for men and women with dependency problems. Since 1991, a "women only" therapeutic community (Hotel Binder), offering long-term residential treatment of 1 1/2 years, is part of the system of services. A "kindergarten" had already become part of the residential service network in 1988 and has since then developed into a "parent-child house" (Marienhof), where psychotherapy is also provided for the children. A concept for a "children's house" has recently been developed by the organisation. The total number of staff is 91, of which 15 work in women-specific service provision. Treatment is funded by public social services and justice system (treatment instead of prison).
Profile of service (infra-structure, functioning, approach, services)	The abstinence-oriented treatment follows the therapeutic community concept: the patients participate actively in their own treatment and take over responsibility for themselves and other members of the group. The three pillars are work-therapy, psychotherapy and active leisure-time (sports, culture, yoga, meditation, organised vacations twice a year). After successful completion of treatment (1 year) and vocational training (6 months), clients can be offered temporary employment (on subsidy) for up to two years. This form of aftercare is considered to be very positive for long-term stability and successful treatment outcome. Clients are referred from other social services, from the NGO's own out-patient counselling centres, and from outreach workers in prisons.
Women target group	Girls and women with dependency problems - related to legal and illegal drugs or non drug-related. Drug-using women with co-occurring mental health problems.
Objectives in the work with female drug users	Abstinence. To address women-specific topics: motherhood, prostitution, sexual abuse and dependency in relations with men. To support the development of female identity.
Specific services for female drug users	Hotel Binder has 10 treatment slots for adult and 10 for adolescent women. Within the TC programme, women-specific individual and group therapy are offered. A special programme for adolescent women has its focus on vocational skills. Special services are provided to women with concurrent mental health problems.
Main co-operation partners	Youth administration, employment administration.
Women chose this service, because...	"Because of information/dissemination about the programme through various sources, in particular pre-treatment care (offered by out-patient services). Because of our specialised treatment programmes. Because of our reality-based aftercare services". (provision of continuing care)
Assessment Monitoring Evaluation	No assessment, no measurement of client satisfaction, no external evaluation. Through an image survey (<i>Imagebefragung</i>) by a social consulting firm, which the NGO commissioned, the extent to which the service was known to a female target group was evaluated. The success in meeting service objectives is monitored through follow-up studies of clients; the women-specific and mother-child-specific work is documented in several publications.

Documents	<i>Questionnaire, brochure and newsletters about work of Grüner Kreis, annual reports 97 & 98, general treatment concept of the TCs.</i>
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Project Profile: B 2

Service	Project Tipi TC 'de Kiem' VZW			Tel	+ 32 9 362 78 54		
				Fax	+ 32 9 362 83 26		
Street	Moortselestraat 61-76-78			E-mail	dekiemoost@ping.be		
City	9860 Oosterzele			Reply by	Dirk Calle, responsible for project 'Tipi'		
Country	Belgium						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The project "Tipi", an auxiliary service of the drug-free therapeutic community De Kiem which addresses men and women who are drug dependent , was set up in December 1996. It is a support service for up to 3 women who follow the TC programme with up to 6 children . It is funded by the federal organisation "Child and Family" as well as by donations and has NGO status. 4 of the 38 total staff of De Kiem work for "Tipi".
Profile of service (infra-structure, functioning, approach, services)	The women follow the long-term therapeutic programme during which they are given support to tackle the problems underlying their drug use. After completion, they have the possibility to move to a "children-friendly" half-way house, where they receive further support to become independent. Most women are referred by low-threshold services who know about the TC and "Tipi". Organised childcare during the day (with local school, kindergarten and day-care mothers) on weekdays; professional and family support for childcare by the mother during evenings and weekends.
Women target group	15 to 40-year old women who are addicted to alcohol, medicaments or illicit drugs and are motivated to follow the TC programme with their children of up to 6 years. Pregnant women.
Objectives in the work with female drug users	To combine a stay in the TC with the possibility to take pedagogic care of their own child(ren) in the evenings and on weekends.
Specific services for female drug users	Observation and training of parenting skills, social skills training (living together with the other clients). Observation and screening of the children. A women's group together with other women from the TC. Systemic family therapy (Nagy). Clarification of any legal issues with regard to the legal status of the mother towards her children.
Main co-operation partners	General health care, day-care mothers, schools, social welfare services, volunteers, university, medical doctors, pedagogues.
Women chose this service, because...	"It is the only possibility in Belgium to be in TC treatment without losing contact with one's child."
Assessment Monitoring Evaluation	Before "Tipi" was established, there was no other possibility for mothers who went into treatment in a TC to take their children with them. No monitoring of success in reaching target group or in reaching service objectives. Client satisfaction is systematically assessed (questionnaire) on discharge. The Governmental Health Service inspects the service twice a year.
Documents	<i>Questionnaire. Tipi information leaflet, reports by project manager of 2/99 and 7/99 (Dutch).</i>

Project Profile: CH 1

Service	Lilith Therapeutische Frauen-Kind Wohngemeinschaft			Tel	+ 41 62 393 10 50		
				Fax	+ 41 62 393 30 66		
Street	Unterer Bifang 276, P.O.Box 211			E-mail	lilith_frauen_kind@bluewin.ch		
City	4625 Oberbuchsitzen			Reply by	Lis Misteli, Managing Director Head of Treatment		
Country	Switzerland						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	Lilith is a 12-bed " women only " residential treatment facility (therapeutische Wohngemeinschaft), run by the NGO Loreto, which was set up in May 1996. It addresses single female drug users and women drug users with children. 16 female staff members are employed, 24-hour presence of staff. Lilith operates on the basis of per capita funding; costs are covered by local, regional and national public sources (rehabilitation funds, justice), through donations and contributions by family members of the clients.
Profile of service (infra-structure, functioning, approach, services)	Treatment of up to 12 women and 4 children, which lasts between 6 and 12 months. The facility has 16 single rooms in two houses, communal kitchens and living-rooms. A vocational training centre (workshops), an external day-care service (for children of clients and local children), crisis accommodation with a farmer's family and an external half-way apartment also belong to the facilities. Clients are referred from other drugs services (detoxification, low-threshold, counselling and treatment services), from the criminal justice system (treatment instead of prison) and from social welfare authorities. Furthermore, word of mouth from former clients, public relations activities (internet, media) and institutional co-operation.
Client characteristics	Single women, women with children, and pregnant women, who have used illicit drugs, after at least 14 days of abstinence. Age range 18 to 40 years. Main problems drugs: heroin and cocaine, priority pattern: injection, but also sniffing and smoking. About half of clients have co-occurring health problems: eating disorders, borderline, depression and other mental health, as well as somatic, problems. Experiences of sexual abuse and violence are common. Long history of problematic drug use. 1/3 of the women come together with their children, another 1/3 have children who are placed in foster families or in homes.
Objectives in the work with female drug users	Reintegration into work/employment system. Acquisition of new vocational skills: orientation towards the community through possibility to work outside the facility after 6 months of in-patient treatment (community reinforcement approach). <u>For the women:</u> To reach more independence and responsibility towards: children, drugs, work, finances, leisure time and housing. <u>For the children:</u> Increase trust and security in mother-child relationship, to build a stable and secure environment.
Specific services for female drug users	Work area: Training of vocational skills, independence and self-confidence. Qualification courses. Systemic approach in counselling and treatment. Involvement of significant members of the clients' social network in the treatment process. Individual and group therapy, family therapy (external therapist), marital (couple) therapy and system meetings (involving legal representative of the child/ren). Case management. Mother-child: Training of parenting skills, increase commitment and mutual trust. Others: Sports, body awareness training.
Main co-operation partners	Association of professionals in women-specific drugs service provision (AG VSD). Psychiatric and medical care institutions, social welfare system. Non-drug specific women's services and family placements; gender-specific services in general. National co-ordination unit for drugs services (KOSTE).

Women chose this service, because...	"We guarantee women-specific working and living conditions. Women can bring their child/ren. Earlier treatment attempts of the women failed because of relationships to men."
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Assessment Monitoring Evaluation	A lack of treatment slots for women drug users was documented in a study for the BAG (Ernst <i>et al.</i> , 1995), even though at this time there were still four other women-specific institutions in Switzerland. They are now all closed. There is considerable demand for this women-only residential service and Lilith has a waiting lists for treatment uptake. Since the agency is only 3 years old, it can not yet be assessed in how far the service objectives have been met. In 1998, systematic quality management and standardised documentation tools were introduced.
Documents	<i>Questionnaire. Internal evaluation reports (1996 - 1999), information leaflet, concept brochure.</i>

Project Profile: CR 3

Service	TC Karlov Sananim			Tel	+ 420 2 683 52 32 or 684 21 37		
				Fax	+ 420 2 66 31 53 06		
Street	Smetanova Lhota			E-mail	office@sananim.cz		
City	Cimelice, reg. Písek			Reply by	Marta Sturmová, Director TC Karlov Irena Jelínková, Manager, Sananim		
Country	Czech Republic						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The TC Karlov is part of the service-network of the NGO Sananim (see also CR 1 & 2). It is funded by the Ministries of Health, of Labour, of School and Youth, by the City Council of Prague, by the National Drug Commission and by the foundation "Katholieke Noden". 10 staff members are employed by the TC Karlov, which addresses drug-using men and women . An extension of the programme to drug-addicted mothers with children is planned for the year 2000.
Profile of service (infra-structure, functioning, approach, services)	Karlov provides in-patient mid-term (6 months) treatment, care and re-socialisation for drug-addicted adolescents and young adults. It is situated in the former barns of Karlov castle and has flats for 15 clients, communal kitchens and dining rooms, further community rooms and an office for the therapists. One of the main characteristics is self-sufficiency, based on workshops, art studios and barns for animals. Referral of clients from Sananim Contact Centre; no specific mechanism has been established for reaching a female target group.
Women target group	Injecting heroin or amphetamine users, 16 - 25 years old; clients have engaged in sex work to buy drugs; suffer from health consequences of drug use, in particular infectious diseases.
Objectives in the work with female drug users	Overall objective in the re-integration of clients into society. To address the underlying problems that led to drug use. To address specific problems of women drug users and support the women to deal with them.
Specific services for female drug users	All members of the therapeutic team participate in the separate women's groups, which are part of the general cognitive-behavioural training programme in the TC and cover sexual abuse counselling, promotion of better perception of own body, support for development of increased self-esteem and self-confidence. To address self-destructive relationships with men, absence of limits and depression. Use of non-verbal techniques. Focus on female identity and lifestyles.
Main co-operation partners	Within service network of Sananim (referral, diagnosis, motivation - after-care, sheltered accommodation). With gynaecologist and sexologist. Co-operation through national umbrella organisation of service providers with other care and treatment facilities and with the drug authorities.
Women chose this service, because...	"for various individual reasons (recommendation by friends, referral from other drugs facility, word of mouth, good reputation of service)".
Assessment Monitoring Evaluation	No needs assessment, no external evaluation. Reaching service objectives is monitored through supervision, statistical analysis and follow-up. Degree of success in reaching objectives in individual treatment plans is assessed monthly and for each of the four treatment phases and includes measurement of client satisfaction.
Documents	<i>Questionnaire.</i>

Project Profile: CR 4

Service	Konákov Resocializační zařízení pro drogově závislé ženy a matky s dětmi			Tel	+ 420 659 73 25 22		
				Fax	+ 420 659 71 23 34		
Street	Stredová 39			E-mail	charita@grendel.cz		
City	73562 Czesky Tesin - Konákov			Reply by	Marcela Chrobocková, Director		
Country	Czech Republic						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other

General description (status, staff, funding, target group)	The Konákov TC is part of the Czech charity of Caritas. The 12 bed "women-only" therapeutic community programme was set up in April 1998 and is funded by the Ministry of Labour and Social Affairs, Caritas, by regional authorities, contributions from clients and - temporarily - EU/Phare funds (Social Welfare Initiative Fund). Clients are referred from psychiatric hospitals and detoxification programmes.
Profile of service (infra-structure, functioning, approach, services)	The 6 to 12-month TC programme provides comprehensive services for women who voluntarily decided to stop using drugs and who have completed a detoxification phase (often following a 3-month short-term motivational therapy in psychiatric medical institution). It provides a special and safe environment for women to analyse their situation and to prepare changes.
Client characteristics	Single women who are 17 years or older; women with children with former drug use. Usually injecting use of combinations of drugs, mainly heroin/methamphetamine.
Objectives in the work with female drug users	To help clients to gain their social stability and to prepare them for their return to society and life without drugs.
Specific services for female drug users	TC programme, group psychotherapy, family therapy, social care, random drug tests, regular health checks, relapse prevention programmes, organised leisure time activities, work therapy. Services are provided by female and male treatment staff.
Main co-operation partners	Psychiatric hospitals, regional public health service, general health care and specialised health services, shelters, regional and national social welfare offices, drugs services.
Women chose this service, because...	"One of our strengths is that we provide services also to women with children."
Assessment Monitoring Evaluation	No previous assessment. Active targeting of clients is envisaged through co-operation with main Czech drugs service-provider (Sananim). Reaching of objectives of each of the programme stages is evaluated by client and by community (clients and staff). This is done in writing and includes an assessment of client satisfaction. After leaving the programme, clients are followed up in co-operation with social institutions, workplace, family and others. Former clients can contact the TC in case of problems. External evaluation is underway by the chairman of the charity, by the National Drug Coordination Office and by a supervisor from Sananim.
Documents	<i>Questionnaire. Annual report 1998-99 (Czech)</i>

Project Profile: UK 1

Service	Addaction Maya Project			Tel	+ 44 171 635 54 93		
				Fax	+ 44 171 732 93 82		
Street	14-16 Peckham Hill Street			E-mail	maya@addaction.org.uk		
City	London SE 15 6BN			Reply by	Beverly Parson, Project Manager		
Country	United Kingdom						
Funding	Local	Regional	National	Intern./EU	Insurance	Donations	Other
General description (status, staff, funding, target group)	<p>Addaction is a voluntary organisation which runs various prison-based, community-based and criminal justice projects, as well as specific services for young people.</p> <p>The Maya Project, set up in 1985, is its only residential unit, and addresses single drug-using women and women with children: priority is given to women from black communities. 20 Staff-members are employed - also on part-time basis. Donations and grants from statutory and non-statutory sources fund Addaction's projects: several health and local authorities, the Department of Health, the Home Office (prison and probation services) and the European Social Fund. Maya operates on the basis of per-capita funding (client placements).</p>						
Profile of service (infra-structure, functioning, approach, services)	<p>A 12-bed residential home which provides a 6-month programme for women who have experienced problematic drug use. Three programme stages. Structured Monday to Friday programme with compulsory sessions of group therapy, art therapy, acupuncture and meditation. Communal kitchen, living- and laundry room, a group room and a computer suite. Urine tests.</p>						
Client characteristics	<p>Single women drug users over 17, drug-using women with children under 12, and pregnant drug-using women. Priority: women from Black communities. Service is open for women from all over the country, though majority of clients comes from London area. All types of drugs, but service has acquired specific competence to work with women crack/cocaine users.</p>						
Objectives in the work with female drug users	<p>To provide a safe, caring environment for women who want to address their drug use. To help women to examine ways in which they can make positive changes to their lives. To help and support women to make use of Maya's good community links. To help clients to re-establish links in their home community.</p>						
Specific services for female drug users	<p>Case management. Drug use seen as symptom of underlying problems, which staff helps to identify and deal with in one-to one key working sessions and an individualised treatment/care plan. Emotional, social and practical needs are addressed: e.g. withdrawal difficulties, relationships, debt problems, health issues and housing problems. Help to re-establish links into own community. Childcare support during groups and for external activities. In-house nursery or local nursery; older children: placement at local school.</p>						
Main co-operation partners	<p>Drugs services, local authorities, criminal justice system, health care etc.</p>						
Women chose this service, because...	<p>"Because clients want a "women only" service where they can explore often deep emotional issues in a safe environment. Because staff are women. Because they can bring children."</p>						
Assessment Monitoring Evaluation	<p>The need for a service such as Maya had already been assessed in research carried out by SCODA in the later 1980s. The NGOs Research and Quality Department together with the Head Office monitor the Maya Project. At the end of each stage of the programme, clients complete a Client Satisfaction Survey. They are also monitored after leaving the programme. The number of children who have returned to their families or have been taken off the local authorities Child Protection Register is a further indicator of the degree to which objectives are met. Within Addaction, Focus Groups including service users and staff are organised. A Peer Audit Programme is in place to monitor quality of service delivery; good practice elements are disseminated within the organisation. Development of operational standards and production of organisational Operational Policies and Guidelines by the Research and Quality Department together with Project Managers. Electronic data management system introduced in four services (monitoring of service use, aftercare and treatment outcome).</p>						

Documents	Questionnaire, Addaction Annual Report 1999, Maya Project client info leaflet.
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Appendix III: Questionnaires

Questionnaire 1: Community-based projects for female drug users within the member States of the Pompidou Group

member State:

Questionnaire filled in by:

Name	
Institution, Position	
Address	
Telephone	
Fax	
E-mail address	

Definitions:

"Community-based approach": Services integrated into the community, especially locally based, multidisciplinary initiatives, involving the voluntary sector (according to terms of reference, see P-PG (98) 16, page 3).

Included: non-statutory, non-hospital-based services providing counselling, motivational work, treatment referrals or otherwise special care, e.g. outreach, low-threshold, out-patient treatment services within a community, as well as in-patient/residential treatment services (usually small-size) for target group within community.

Excluded: Statutory, general health care or hospital/clinic-based services; treatment services for wider target groups outside the community, where the institution is based.

"Female drug users": The research is mainly focused on women who use opiates or are polydrug users (i.e. those who primarily use heroin or other opiates but also use other substances, in particular pharmaceutical drugs such as benzodiazepines).

Community-based services which target female cocaine or amphetamine users may also be included.

1. Networking of professionals

1 a) Responsible national expert, whom we might contact for more detailed information (if different from above):

Name	
Institution, Position	
Address	
Telephone	
Fax	
E-mail address	

1b) Could you please list **other key experts, networks, associations or institutions** working in the field of women and drugs - or, more specifically in the field of "community-based projects for female drug users" in your country?

Name	
Institution, Position	
Address	
Telephone	
Fax	
E-mail address	
Short description of scope of work	

2. Research

Are there any recent (last 5 years) or on-going **evaluation/research studies** in your country of service provision for female drug users?

[Please tick as appropriate]

- I don't know.
- No.
- Yes. If so, **please give details.** (Please could you send documentation, bibliographic references and copies of grey literature. Languages: English, German, French, Portuguese).

3. Information on community-based projects for female drug users in your country

Could you please provide a brief description of the types of community-based projects specifically for female drug users in your country?

[Please tick as appropriate]

- No, community-based projects for female drug users don't exist in my country.
- Yes. Please give details here and provide any **documentation.**

*For some countries, it might be possible to attach a **list of projects.** Please use table in Appendix II to provide contact details.*

4. Selection of projects

Could you please recommend one or more projects in your country, which focuses on female drug users? Of particular interest, according to the terms of reference, are those which:

- have been or are currently evaluated or otherwise documented in detail;
- are well-reputed in their community;
- are run by female staff.

Name of project	
Address	
Contact Person	
Telephone	
Fax	
E-mail address	
Short description of project	
Recommended for case-study	

**Questionnaire 2: Community-based Services for Female Drug Users
Study for the Council of Europe Pompidou Group
November 1999**

1. Contact details: Institution - Address / Tel / Fax / E-mail:

Designation of women-specific services (if separate programme)

Women's services set up in: (date mm/yy): _____

Status of the institution: please tick (✓)

() NGO () part of public services () other: _____

2. Questionnaire was filled in by: (Name, position)

3.a What category best describes your women-specific services?

(please indicate and give details)

() Low-threshold services: e.g. drop-in centre / shelter / outreach

() Treatment services: e.g. out-patient / in-patient / substitution treatment

() Work & occupation: e.g. occupational programme / professional training

() Other, please specify: _____

3.b Please describe your infrastructure:

(e.g. medical consulting room, showers, no. of beds in overnight institution, creche, etc.)

➔ Please attach a copy of any printed material about your service:
Concept, Annual Reports (past 2 years), etc.

4. Number of staff:

...in the institution: _____ ...in the women-specific services: _____

5. Funding:

By whom are you funded? _____

How long is your funding secure? (mm/yy): _____

6. Which is (are) the main target group(s) of the women-specific services?

(please indicate age, main problem drug(s), drug use patterns and other relevant characteristics, as adequate, e.g. risk-taking behaviour, risk factors; migration)

7. Work with the target group: _____ (target group)

(If you have more than one main target group, please copy this and the next page (question 7) and fill it in for each group)

- How do you reach this group? What are the main obstacles/problems met?

- What are your objectives in the work with this target group?

- Please describe the women-specific services you provide to this group.

- What can you recommend as good practice in the work with this target group?

- What, on the basis of your experience, does not work well? What would you suggest to others to avoid?

8. Does your institution only address female drug users?

YES NO. The institution also works with male clients.

9. Is the provision of women-specific (or gender-specific) services explicitly mentioned in the written concept of your institution?

YES. Please attach copy. NO

10. What are the most important qualifications of staff for working with female drug users?

11. In the context of the women-specific services: with which others in your community do you mainly co-operate? (e.g. drugs agencies, women's services, general health care, social services, youth, work administration, enterprises, etc)

12. How much are you networking with other women and drugs services? (and on which levels: local - regional - national - European)

13. Was the need for your women-specific service assessed in the community before it was established?

YES. If yes, how? NO

14. Do you monitor your success in contacting the target group(s)?

YES. If yes, how? NO

15. Do you monitor your success in meeting the service objective(s)?

YES. If yes, how? NO

16. Do you systematically assess client satisfaction?

YES. If yes, how? NO

17. Have your women's services undergone evaluation by an external agency?

YES NO

If yes, please provide details of that evaluation / send report.

18. Why, in your experience, do women drug users chose your service?

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